

2021

## **Breaking the silence: Insights from WA services working with Aboriginal/ LGBTIQ+ people: Organisations summary report 2021**

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**Authors**

Braden Hill, Bep Uink, Jenny Dodd, Dameyon Bronson, Anne-Marie Eades, and Sian Bennett

# Insights from WA Services Working with Aboriginal/LGBTIQ+ people

Organisations Summary Report

2021



## **Acknowledgement of Country**

This study was designed, developed and implemented on Whadjuk Noongar Country. We acknowledge and respect our continuing association with the Noongar people, the traditional custodians of the land upon which our Western Australian campuses stand. ECU is committed to reconciliation and recognises and respects the significance of Aboriginal and Torres Strait Islander peoples' communities, cultures and histories.

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## Glossary

The use of current and appropriate terminology for this study has been the result of wide-ranging consultation. The terminology that is used by different interest groups is evolving and the research team have strived to be as inclusive as possible. The research team have been guided by LGBTIQ+ peak body literature and specifically the Glossary compiled by Black Rainbow (<https://www.blackrainbow.org.au/>). We acknowledge that people may identify under an individual description such as “gay” while others may use multiple descriptors. The research team uses the descriptor of LGBTIQ+ as a short-hand way of capturing the diverse ways that Aboriginal and Torres Strait Islander people may identify their sexual and gender identity/ies within multiple contexts. The intent of this usage is to encourage an expansion rather than limiting of identity/ies for sexually and gender diverse Aboriginal and/or Torres Strait Islander people living in Western Australia.

| Terminology     | Explanation  |
|-----------------|--|
| <b>LGBTIQ</b>   | This is an acronym for Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer.   |
| <b>LGBTIQ+</b>  | This is an acronym for Lesbian, Gay, Bisexual, Transgender, Intersex, Queer the + symbol represents self-identifying members of the community who are not included in the LGBTIQ+ acronym.   |
| <b>Lesbian</b>  | This term is used to describe women who experience sexual, romantic, and emotional attraction to other women.<br><br>*Some women may also refer to themselves as Gay and when doing so the same definition below applies, but in a female context.                 |
| <b>Gay</b>      | This term is used to describe men who experience sexual, romantic, and emotional attraction to other men.<br><br>*As above, women who are Lesbian may also use the term Gay to describe themselves.  |
| <b>Bisexual</b> | Bisexuality is an umbrella term for people who experience sexual, romantic, and emotional attraction to people of two or more genders. The term ‘pansexual’ is also used to describe forms of attraction that are not limited to binary male or female identities. |

| <b>Terminology</b> | <b>Explanation</b>   |
|--------------------|--|
| <b>Transgender</b> | Transgender is an umbrella term that describes people that do not identify with the genders they are assigned at birth. This includes transgender men and women, gender fluid (flexible identification), and a range of other gender diverse identities. Sistergirl and Brotherboy can also be used by Aboriginal and Torres Strait Islander Transgender people. See below.                        |
| <b>Sistergirl</b>  | Sistergirl is considered a culturally, as well as a socially, accepted term to describe Aboriginal and Torres Strait Islander Transgender people who identify as female.   |
| <b>Brotherboy</b>  | Brotherboy is considered a culturally, as well as a socially, accepted term to describe Aboriginal and Torres Strait Islander Transgender people who identify as male.   |
| <b>Intersex</b>    | Intersex people are those who are biologically gender variant. Intersex Human Rights Australia defines Intersex people as those who are born with physical sex characteristics that do not fit medical and social norms for female or male bodies.   |
| <b>Queer</b>       | Queer is sometimes used as an umbrella term for the Lesbian, Gay, Bisexual, and Transgender communities. Queer is also used to describe gender and sexual variance where other identifications (gay, lesbian, bisexual) are deemed too limited. For example, people may identify their gender as 'genderqueer' or 'non-binary' as they do not primarily or permanently identify as male or female. |
| <b>Questioning</b> | This is used to describe a person who is not completely sure of their sexual or gender identity as fixed and may still be trying to define this for themselves.  |

## Breaking the Silence Research Team Profile



*he/him*  
Braden Hill

Professor Braden Hill is a Noongar (Wardandi) man from the south-west of Western Australia and the Pro-Vice-Chancellor (Equity and Indigenous) and Head of Kurongkurl Katitjin, Edith Cowan University's (ECU) Centre for Indigenous Australian Education and Research.

He has significant experience in Aboriginal education, as well as leading a range of equity initiatives including Sage Athena SWAN, Respect Now Always, Reconciliation Action Plan and Disabilities and Access Inclusion Plan within the tertiary sector. His current portfolio responsibilities include leading ECU's commitment to Australian Aboriginal and Torres Strait Islander advancement, Equity and Diversity initiatives and working across the University to provide an environment that welcomes, and facilitates the success of, students and staff from a range of diverse backgrounds.

Professor Hill's research interests include Indigenous education, identity politics, queer identities in education and transformative learning. He is also chief investigator on a project exploring the lived experiences of Indigenous LGBTQI people to better inform community health organisations in their working with queer-identifying Aboriginal and Torres Strait Islander people.



*she/her*  
Bep Uink

Dr Bep Uink (Master of Applied Psychology (Clinical), PhD) is a Noongar woman from Perth, WA. She works at Kulbardi Aboriginal Centre, Murdoch University as a researcher. Her research focuses on understanding how socially determined disadvantage impacts the social emotional wellbeing of young people, both Indigenous and non-Indigenous, and how social systems such as higher education can support young peoples' wellbeing.

Her work spans investigations into adolescent emotion regulation, the barriers and enablers of Indigenous student success in higher education, gendered barriers to higher education, and Aboriginal and Torres Strait Islander LGBTQA+ youth mental health.



*he/him*

Dameyon Bonson

Dameyon Bonson is of the Mangyari (NT) and Maubiag peoples of the Torres Strait. He is a gay male and is recognised as Indigenous suicide prevention subject matter expert, specifically in Indigenous LGBTIQ+ suicide prevention. Dameyon has extensive experience working in and with remote Indigenous communities in suicide prevention and in 2013 founded Black Rainbow, Australia's first and only national Indigenous LGBTIQ+ suicide prevention charity organisation. He holds a post graduate qualification in Suicide Prevention studies and is currently undertaking a Master of Suicidology. Dameyon developed and delivers the country's first Indigenous LGBTIQ+ cultural competency program for suicide prevention, health and social services. His work has been the catalyst for three Indigenous LGBTIQ+ suicide prevention and wellbeing research studies underway in Australia. Dameyon currently leads a co-design project with Indigenous LGBTIQ+ young people of the NT, with aims to create safer homes and communities. He is an independent practitioner and lives and works in his hometown of Darwin in the Northern Territory (NT).



*she/her*

Anne-Marie Eades

Dr Eades is a Noongar woman from WA and a descendant of a Wilman father and Minang mother. Dr Eades' research interests relate to the role of psychosocial factors in chronic disease and building resilience in Aboriginal and Torres Strait Islander health. She has a particular interest in women's issues and children in out of home care. Dr Eades has a background in Nursing and her PhD study was understanding how individual, family and societal influences impact on Indigenous women's health.



*she/her*  
Sian Bennett

Sian Bennett is a Gamilaroi woman currently engaged as a Lecturer at Kurongkurl Katitjin, Edith Cowan University's (ECU) Centre for Indigenous Australian Education and Research. She has worked as an educator for many years, principally in access programs in higher education, including the award-winning K-Track Indigenous Enabling Program, and the Ngoolark Special Project unit (both at Murdoch University). She has extensive experience providing academic and pastoral support for undergraduate Aboriginal and Equity students. She has been responsible for writing, developing, implementing, and coordinating a campus wide enabling program in addition to school-based support units. Her current duties include teaching Aboriginal and Torres Strait Islander cultural content into undergraduate units at ECU's School of Education. Ms Bennett's research interests include Aboriginal higher education, Scholarship of teaching and learning (SoTL), equity and diversity in higher education, innovative pedagogy, and identity politics.



*she/her*  
Jenny Dodd

Dr Jenny Dodd is a non-Indigenous woman who has lived in Perth WA for 35 years. She is a researcher who works at Kurongkurl Katitjin, ECU. Her research over 20 years has focussed on maternal and child health, social and emotional well-being of parents, fathers and young people, including Aboriginal people and people from culturally, linguistically and ethnically diverse backgrounds. In recent years she has worked with senior Aboriginal researchers on various research and evaluation projects associated with Aboriginal and Torres Strait Islander health, maternal health, child health, education, social and emotional well-being.

# Executive Summary

## The Report

The 'Breaking the Silence' research project is one of the first to focus on the unique experiences of Aboriginal and/or Torres Strait Islander LGBTIQ+ people living in Western Australia. The report presents the first phase of a two-part research project that explores how a range of health, social support and education organisations respond to the needs of Aboriginal and/or Torres Strait Islander people, living in Western Australia and identifying as LGBTIQ+.

This report presents the findings of focus groups, interviews and surveys with staff employed within a range of organisations that work closely with Aboriginal and/or LGBTIQ+ individuals. The discussion explores the extent to which diverse health, social and emotional wellbeing, education and community services meet the needs of participants, how staff working in these organisations are supported and what else is needed to provide effective and responsive services for Aboriginal and/or Torres Strait Islander clients who also identify as LGBTIQ+.

Please see the 'Breaking the Silence: Insights into the Lived Experiences of WA Aboriginal/LGBTIQ+ People, Community Summary Report' on findings from a survey distributed to Aboriginal and/or Torres Strait Islander LGBTIQ+ in the community of Western Australia.

## The Study

The study is understood to be the first of its kind in Western Australia to focus specifically on the experiences of Aboriginal and/or Torres Strait Islander people who also identify as LGBTIQ+. It is also one of the first to be developed and led by Aboriginal researchers who also identify as LGBTIQ+.

## Key Findings

- Visible signs, symbols and Aboriginal and Torres Strait Islander and Pride (Rainbow) flags were identified as important first steps in ensuring inclusive professional spaces for Aboriginal/LGBTIQ+ clients.
- Education and staff development opportunities for organisational leadership and boards of directors was viewed as critical in creating important organisational cultural change towards more inclusive practices, policy and spaces.
- Staff development opportunities across service levels, reinforced by relevant policy and practice guidelines, was ad hoc or intermittent and more sustained approaches to inclusion is required to address:
  - Uncertainties about appropriate terminology for Aboriginal/LGBTIQ people
  - Mandatory training on LGBTIQ+ training for all staff at all levels of organisations
  - Overreliance on Aboriginal LGBTIQ staff to address Aboriginal/LGBTIQ matters.
- Rainbow Tick accreditation was understood to be a valuable starting point for organisations to become more LGBTIQ+ inclusive. However, it was noted that this may not adequately meet service needs of Aboriginal/LGBTIQ+ people.
- Proactive and inclusive data collection was understood as being a key enabler to a 'person-centred' approach to care, that is, collecting optional client data if they identify as part of the LGBTIQ+ community.
- Mainstream LGBTIQ+ community and advocacy organisations need to forge partnerships and collaborate with Aboriginal specific health and social support organisations.
- Both Aboriginal and non-Aboriginal-specific services felt well supported by their organisations to respond to the needs of Aboriginal LGBTIQ+ clients.
- Significant concerns were raised about a lack of clarity about safe external referral pathways, particularly for Trans people.
- Aboriginal Elders and senior leaders were perceived as being critical to shaping a culture of inclusion or exclusion in communities in relation to Queer-identifying Aboriginal people.
- The employment of Aboriginal/LGBTIQ+ staff was considered vital in enabling an organisation's visible and proactive approach to being an inclusive organisation.

## Introduction and Background

The 'Breaking the Silence' research project is one of the first to focus on the unique experiences of Aboriginal and/or Torres Strait Islander LGBTIQ+ people living in Western Australia. Research focusing on the intersection of Indigeneity and gender/sexual diversity is severely lacking in Australia. Previously, major research pertaining to LGBTIQ+ Australians rarely focused on Aboriginal and Torres Strait Islander same sex attracted or gender variant individuals (Bonson, 2017; Dudgeon, et. al., 2017; Growing Up Queer, 2014; Whitton, et. al, 2015; Hill, et. al., 2021).

This report presents the key findings of focus groups, interviews and a state-wide survey as completed by organisational staff providing a range of health, social support and education services across the state of Western Australia. These research activities formed the first phase of a two-part study (a summary report on the findings from a survey during the second phase of the study, that was distributed to Aboriginal and Torres Strait Islander people who identify as LGBTIQ+ in the WA community is also separately available 'Breaking the Silence: Insights into the Lived Experiences of WA Aboriginal/LGBTIQ+ People, Community Summary Report).

This organisational report presents important information about how organisations provide health and social support services to Aboriginal and Torres Strait Islander people who identify as LGBTIQ+, including the extent to which diverse health, social and emotional wellbeing, education and community services meet the needs of participants.

## **What we did for the study – Methodology**

The 'Breaking the Silence' Aboriginal and LGBTIQ+ led research team, has used a strengths-based, participant focussed, mixed-methods methodological approach. This has included the development and facilitation of community forums, participatory workshops and collaborative research partnerships with senior community members who also identify as LGBTIQ+. Research directions and approaches have been directly informed through research partnerships with professionals and workers from diverse roles and levels of key health and social support organisations including Aboriginal Community Controlled Health Organisations in Western Australia.

This research approach has enabled organisational staff to safely articulate their experiences about providing services to Aboriginal and Torres Strait Islander people who identify as LGBTIQ+.

## **Ethical Considerations**

The research was initially approved by the Murdoch University Human Research Ethics Committee (MUHREC) and subsequently by the Edith Cowan University equivalent (ECUHREC). All participants were informed that they could withdraw at any time without consequence to themselves or their families, and that they were entirely free to refuse to answer any or all questions during any of the research activities. Throughout the project, the researchers ensured that participants' stories and experiences were collected with respect and sensitivity. The researchers were guided by the NHMRC National Statement on Ethical Conduct in Research involving Humans (2007) and the NHMRC Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research (2003). The researchers also sought the guidance of Noongar Elders and Senior people and followed protocols required by cultural groups. The research participants had access to an Aboriginal specific counselling service that was a partner of the research study who agreed to act as a culturally appropriate counselling service, where participants and researchers could be referred if needed. The research team were also able to refer participants to an alternative counselling service if needed.

## Organisational Research Activities and Results

Organisational research participants included all staff aged from 18-80 from across diverse roles and different levels of the organisations. Due to the ethical conditions advised by the MUHREC the research team were directed to start research activities with organisational staff in the first instance, although this was not the preference of the research team whose aim was to be informed by community by using a strengths-based approach toward Aboriginal and Torres Strait Islander LGBTIQ+ people in the community (see findings from subsequent community research activity in 'Breaking the Silence: Insights into the Lived Experiences of WA Aboriginal/LGBTIQ+ People).

Recruitment of organisational participants for focus groups and interviews began with our initial three organisational research partners (two of these were Aboriginal Community Controlled Health Organisations). Additional participants were invited through existing Aboriginal and Torres Strait Islander professional and organisational networks as well as referrals and guidance from Noongar Elders and senior Aboriginal professional and community people on our Advisory Group. Survey participants were invited through the existing professional networks of Kulbardi Aboriginal Centre, Advisory Group and research team and research partner email and social media networks.

## **Inclusion criteria for organisational research activities**

Participants for all research activities were required to be over the age of 18 and working for an organisation in Western Australia that currently provided services, programs or interventions for Aboriginal and/or Torres Strait Islander peoples (or were likely to). The category of LGBTIQ+ was not specified to ensure that all organisations that provided services to Aboriginal and Torres Strait Islander peoples were included (whether they identified as providing services for LGBTIQ+ people or not).

Focus group, interview and survey data collection tools broadly asked basic questions about how organisations currently respond to the needs of Aboriginal and Torres Strait Islander people who identify as LGBTIQ+. These included the level of Aboriginal and/or Torres Strait Islander and LGBTIQ+ client engagement with organisations as well as any referrals to external services. Survey tools used Likert scale questions and were designed to collect descriptive statistical data as well as individualised qualitative commentary. Survey tools collected quantitative results to capture the characteristics and activities of organisations that enabled or detracted from service provision to Aboriginal and Torres Strait Islander LGBTIQ+ people (Jason & Glenwick, 2016). The questions required participants to reflect on the policy environments of organisations, attitudes of staff and their own individual information and educational needs. Participants were also asked questions about various forms of discrimination including racism, homophobia and cultural safety of organisations.

## Focus group and interview results

### *Focus groups*

Four health and social support services and three educational student support centres (combined as one group) participated in the focus groups (n = 5 focus groups, n=49 participants). Three of these focus groups were among Aboriginal-specific services (n=32 participants), with the remaining two groups from non-Aboriginal specific services. While not individually identifying focus group organisations (for confidentiality reasons) the spread of health issues responded to included: social and emotional well-being, mental health, alcohol and other substance use, sexual health, chronic health, accommodation and refuge services, medical services, student education and support services.

### *Interviews*

Five participants drawn from the community (n = 2), health sector (n = 2), and an LGBTIQ+ advocacy service (n = 1) completed one-on-one interviews with a member of the research team. Two of these research interviews had two participants with a total of 5 research interview participants in all. These interviews served as supplementary data collection to the focus groups and provided an opportunity for workers to discuss sensitive or confidential issues.

### *Focus Group and Interview Participants*

All participants were over the age of 18. The majority were working for organisations in the Perth metropolitan area. One interview participant was working in the North-West of WA. Participants were not asked to identify as Aboriginal and/or Torres Strait Islander or LGBTIQ+. Nonetheless, most participants from Aboriginal-specific services identified as Aboriginal people. At least a third of participants from the education support service focus group self-identified as Aboriginal people, while a non-Aboriginal health service focus group only had one Aboriginal person present. Several participants across the focus groups and interviews identified as LGBTIQ+ or non-binary.

Focus group and interview participants were drawn from all levels of the organisations and included: CEO's, Aboriginal Health Workers, Student Support Workers, Case Workers, Clinical Counsellors, Youth Educators, Family Support Workers, Alcohol and Drug Workers, Managers of Clinical Governance, Resource Officers, and Reception Staff.

The presentation of the analysis and findings from these research activities were subsequently presented to organisational participants (n=21) for their feedback, suggestions and guidance for future research directions.

All focus group and research interviews were conducted or supervised by Aboriginal researchers some of whom also identified as LGBTIQ+. Qualitative in-depth interviews utilising an appropriate culturally sensitive research method informed by “Research Yarning” (Bessarab & Ng’Andu, 2010) was used to explore the more sensitive aspects of this research topic with organisational staff. The research team have ensured rigour when using qualitative research methods by adopting transparent processes, recording and auditing the process, inviting guidance and analysis from those outside the immediate research team, checking authenticity and representation of data with our participants and research partners and through ongoing research team reflection on potential for bias (Ackermann, et. al., 2006; Cho & Trent, 2006; Davies & Dodd, 2002; Smith & Noble, 2014; Thompson & Pascal, 2012).

### Organisational Survey

The initial findings that emerged from these focus groups and interviews (along with the guidance and advice of a community forum, research partners and our advisory group) informed the development of an organisational e-survey (Survey Monkey). Through existing professional networks of Kulbardi Aboriginal Centre based at Murdoch University, our organisational partners and research team networks, the organisational survey questionnaire was distributed through email and social media platforms. An invitation and link to the survey was also distributed through health, mental health, Aboriginal health and community and LGBTIQ+ advocacy email networks.

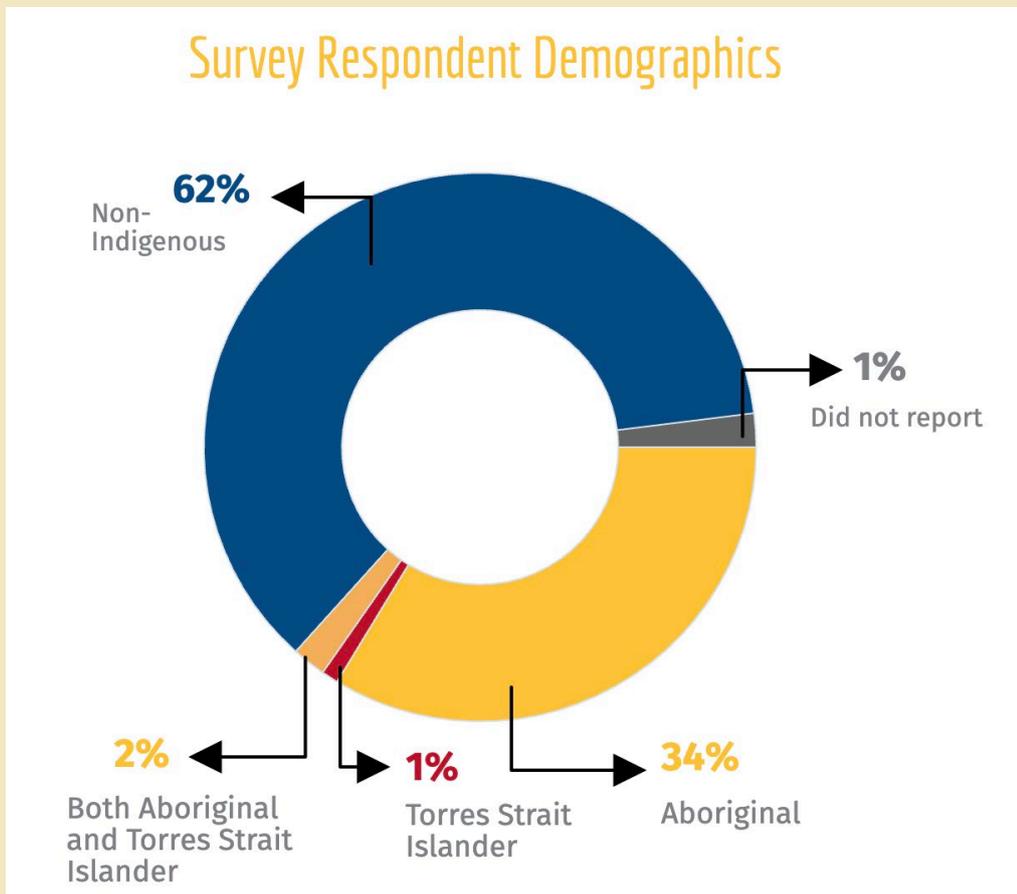
## Survey Results

The survey response resulted in 206 completed and valid surveys, with the average age of organisational respondents being 37 years. Over a third of all respondents were Aboriginal and/or Torres Strait Islander people (Figure 1a; Figure 1b).

**Figure 1a: Aboriginal and Torres Strait Islander Respondents**



**Figure 1b: Services Survey Respondents**



## Respondents' Gender Identity

Respondents used gender and sexual orientation terms, for example, "hetero female," other terms used included:

- Male
- Female
- Transgender
- Agender
- Fluid
- Non-binary.

Over half of all respondents considered themselves a part of the LGBTIQ+ community (Fig 2a) and of those 44.6% were 'out' or 'open' about their identity, as shown in Fig 2b. Participants were also asked a follow up question about how comfortable they felt about being open about their sexual or gender identity/ies (Fig 2c).

**Figure 2a: Being 'out' or 'open' about LGBTIQ+ identities**



Figure 2b: Being 'out' or 'open' about LGBTIQ+ identities

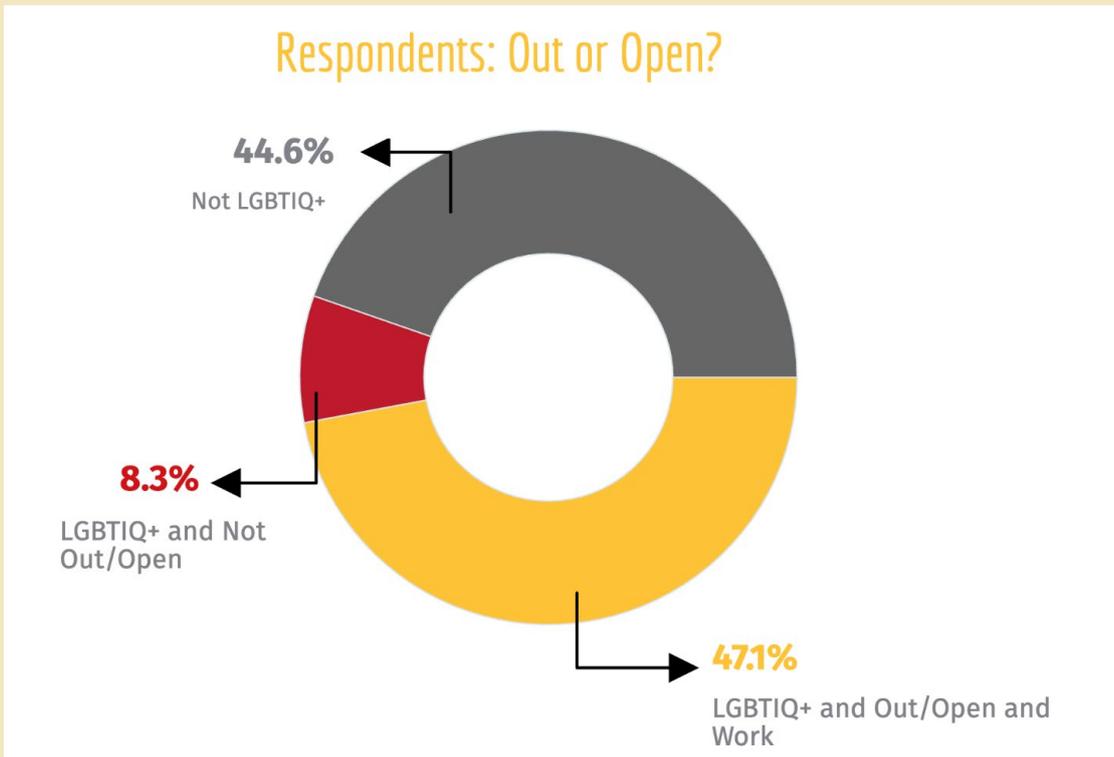
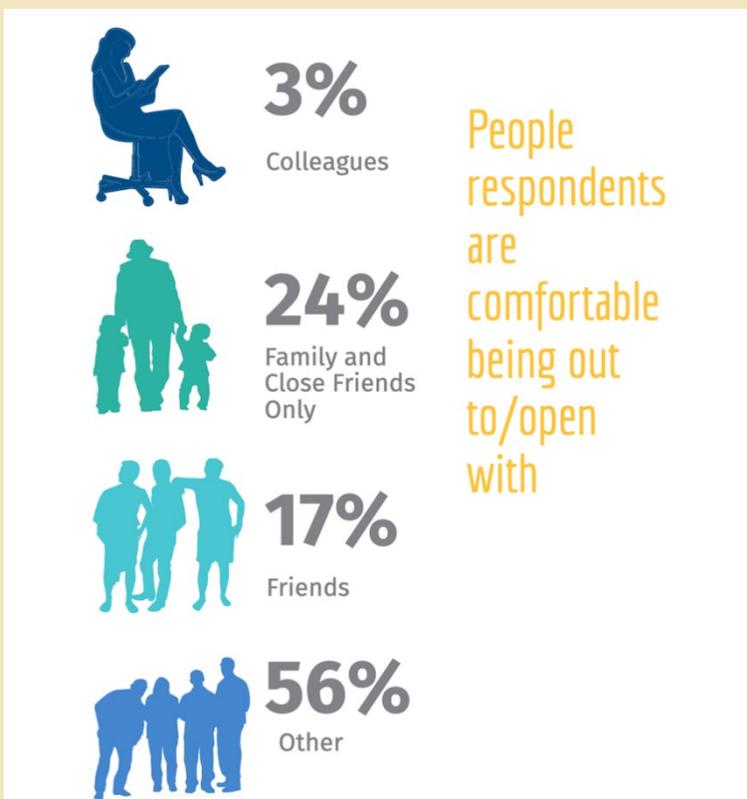


Figure 2c: Comfortable about being 'out' or open to

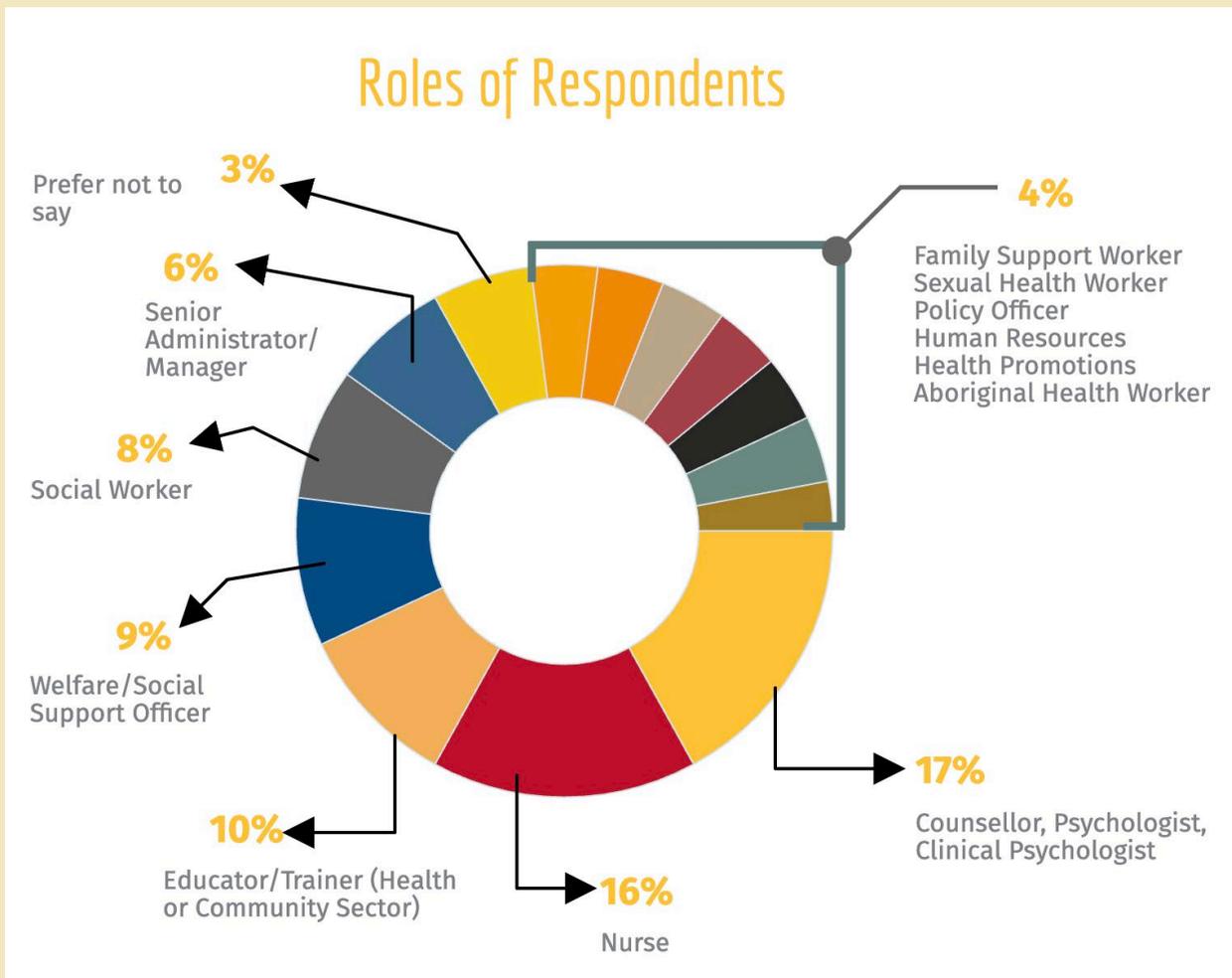


The results show that while 24 per cent of participants were 'out' to family only, 17 per cent chose friends and only 3 per cent chose work colleagues. Over half of participants chose 'other' as people they were 'out' to and then wrote comments such as 'everyone' or 'everyone except family' or 'everyone except work colleagues.'

### Occupational roles of survey participants

The occupational roles of survey participants included: education and family support workers, mental health workers, Aboriginal health workers (8 per cent), sexual health workers, policy officers, human resource workers and social workers, as shown in Figure 3 below. This shows that the survey was distributed to and completed by a diversity of workers across all levels of organisations.

**Figure 3: Roles of Services Survey Respondents**



### Which terms best describe your service?

The survey asked participants to identify the types of organisational that they worked for with 188 participants responding to this question.

Twenty per cent of organisational services were Aboriginal specific services. Services were diverse encompassing health, emotional well-being, sexual health, clinical, education, family support, advocacy, housing, social and community support, as shown in Figure 4. Seven per cent of those services that responded were from LGBTIQ+ Advocacy services.

**Figure 4: Key functions of services in respondent group**

| Organisation Type/Function/Service           | Proportion of Respondents |
|--|---------------------------|
| Non-Aboriginal Mental Health Service         | 10%                       |
| Sexual Health                                | 10%                       |
| LGBTIQ+ Support/Advocacy                     | 7%                        |
| Community Health Service                     | 9%                        |
| Welfare and Social Support                   | 6%                        |
| Tertiary Education                           | 5%                        |
| Community Education                          | 5%                        |
| Aboriginal Health Service                    | 5%                        |
| Public Hospital                              | 4%                        |
| Aboriginal Alcohol and Drug                  | 4%                        |
| Aboriginal Mental Health Service             | 3%                        |
| Aboriginal Family Support                    | 3%                        |
| Non-Aboriginal Alcohol and Drug Service      | 3%                        |
| Non-Aboriginal Family Support                | 3%                        |
| Aboriginal Program in non-Aboriginal Service | 2%                        |
| GP   | 0.5%                      |
| Private Hospital                             | 0.5%                      |
| Nil Response                                 | 6%                        |
| Other  | 14%                       |
| <b>Total</b>                                 | <b>100%</b>               |

## Key Research Findings

The key findings from the range of research activities undertaken, including surveys, focus group and interviews with organisational participants are grouped under similar themes where appropriate. Where there are unique findings that have resulted from a specific research activity (such as research partner engagement with findings) these will be identified separately.

## The work-place environment



*Sexual Health Quarters Perth  
Main Entrance*



*Entrance at Kurongkurl Katitjin, ECU*

### Signs, Symbols and Flags

Focus group participants, interviewees and survey respondents were asked questions about how their organisation presented as a 'safe' or 'welcoming' space for Aboriginal and Torres Strait Islander people who identified as LGBTIQ+. This included whether Pride and/or Aboriginal and/or Torres Strait Islander flags, posters or other symbols were displayed, the provision of all gender facilities and the existence of work-place policies around cultural safety and LGBTIQ+ issues. While visibility for being a LGBTIQ+ inclusive and safe space was viewed by the majority of organisational participants as very important, this was not exclusively so. For example, a participant who worked for a sexual health organisation emphasised the importance for a service that responded to LGBTIQ+ sex workers as needing to be very discreet and not publicly visible as a support for LGBTIQ+ sex workers.

Participants from the Aboriginal specific organisations or services that participated in focus groups (n=32), supported the statement that signs, information and symbols indicating an "Aboriginal safe space" was more prominent in their organisation than LGBTIQ+ symbols, flags or informational resources. The need for the organisational space to also have clear visual signals, signs and symbols such as the Aboriginal flag, paintings and other indicators that the service was a safe space for Aboriginal and Torres Strait Islanders was also emphasised by all focus group and interview organisational participants as being most important.

“ Currently don’t have a Rainbow (Pride) flag but think it’s a good idea. Even if they don’t want to openly identify at least then they know it’s a **safe space**. ”

*CEO, Aboriginal Health and Family Support Service,  
Perth Metro*

“ While [X health and social support service] values are welcoming, non-judgmental and inclusive, it is not obvious that they are LGBTIQ+ friendly, we need to take that extra step to show it is an **inclusive service**. ”

*Aboriginal Health Worker, Aboriginal specific health  
and social support service, Perth Metro*

For some of the Aboriginal managed services it was acknowledged that while in theory the display of a Pride or Rainbow flag was a relatively simple thing to do, it would need to be negotiated with Elders and Board Members who might hold more conservative views.

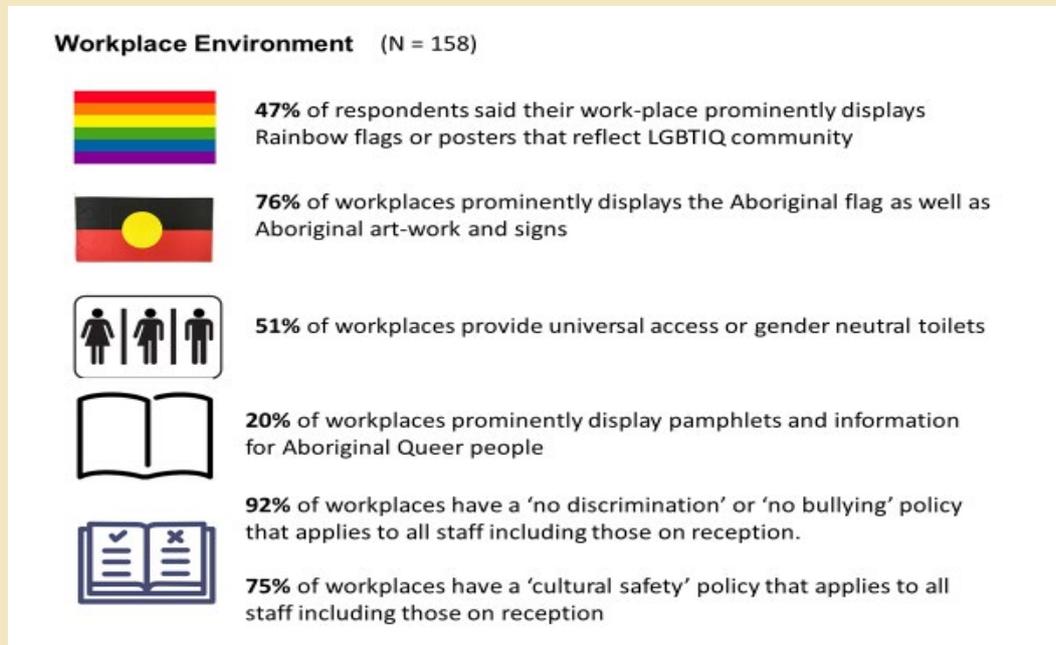
“ If they’re coming to this space, this physical space, I think it’s fantastic that they walk in and see those signs and see the painting and see the flag [Aboriginal] and walk past the apology and they’ll come up to the upstairs training room and there’ll be a rainbow flag on the table and if I’m using a PowerPoint, there’s flags and there’s rainbows. So, there may be a young person in the room that does not identify to others as LGBTIQ, and they may be the quietest person in the room but they already know, before I’ve spoken, **that they’re welcome**. ”

*Non-Aboriginal, LGBTIQ+ youth worker,  
main-stream health service, Perth Metro*

Other focus group participants of an Aboriginal-specific health and social support service were of the view that the 'greater good' was more important than individual views of board members who may be resistant to these for cultural or religious reasons. Participants (n=14) in one focus group were initially sceptical about the importance of being visibly "LGBTIQ+ friendly," however, toward the end of the discussion a majority of the participants acknowledged that as an organisation they needed to be more overtly visible as an LGBTIQ+ friendly space.

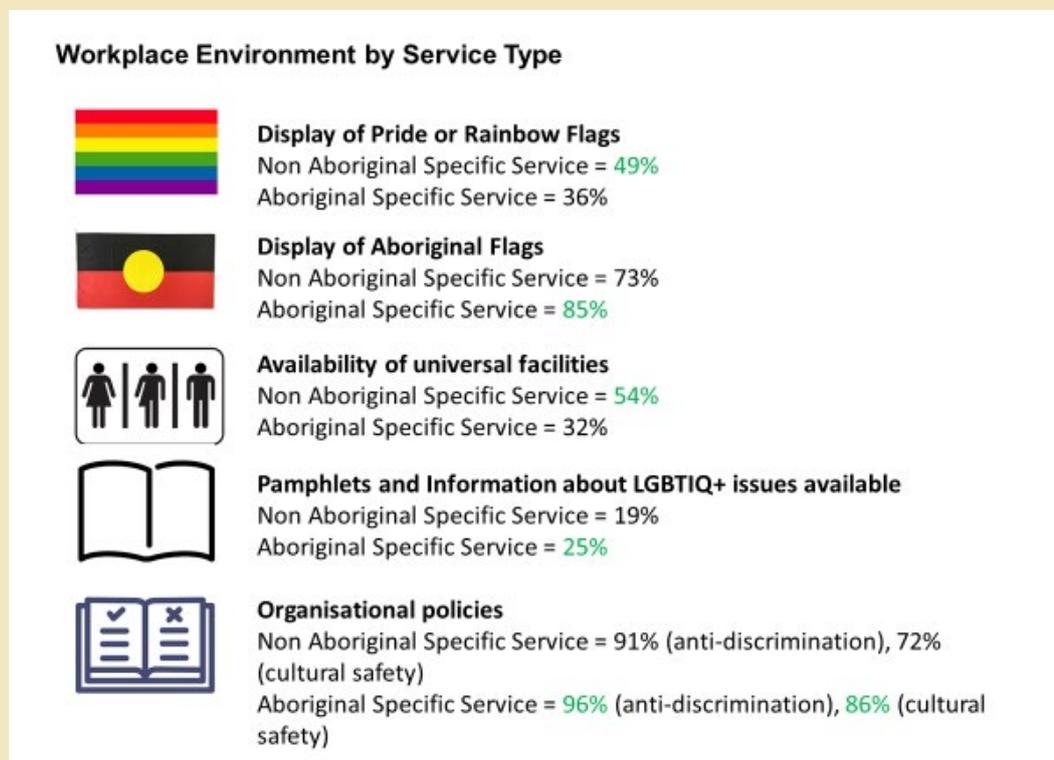
The survey results presented in Figure 5, show that while just under half of respondents (n=158) identified that their organisation displayed the Pride flag, over three quarters or 76% of respondents stated that their organisation displayed the Aboriginal flag as well as Aboriginal artwork and signs.

**Figure 5: Workplace environments, flags, facilities, information & policies**



The results from the organisational survey were analysed to identify if there were any differences between Aboriginal and non-Aboriginal specific services in the ways they presented as welcoming and inclusive, as shown in Fig 5a. The results show there are some differences, while non-Aboriginal services are more likely to display Pride flags, Aboriginal specific services are most likely to display Aboriginal flags. Aboriginal services are also more likely to have cultural safety policies in place (86%) compared to 72% for non-Aboriginal services.

**Figure 5a: Differences by service type in workplace environments, flags, facilities, information & policies**



It was agreed by the majority of participants across the organisational focus groups (n=49) that information brochures about LGBTIQ+ health, mental health and social issues and concerns should be available and visible, particularly in reception areas.

University based Aboriginal support centre participants and participants from Aboriginal organisations were more likely to emphasise that being ‘seen’ as an Aboriginal friendly space was more important than being seen to be LGBTIQ+ inclusive (n=32).

Organisational staff from the focus groups identified that visible signs and symbols such as Pride flags, Aboriginal and Torres Strait Islander flags, signs and artwork while very important, should be viewed as a first 'step' only (n=49). The majority of participants stated these needed to be followed up with respectful and 'safe' service delivery that were informed by appropriate policies.

## Organisational Policies

Focus group and survey participants were asked similar questions by the research team about the kinds of policies that were implemented in their workplace and the extent to which they agreed, staff employed by the organisation, took the policies seriously and followed them closely. The workplace policies workers were asked about included cultural safety, non-discrimination and anti-bullying policies and guidelines.

- **There was widespread acknowledgement amongst participants that more embeddedness of policies and education was needed. All organisations could see some potential and opportunity for doing this (n=49).**
- **Participants from 3 organisations (and interviews) reflected on the complexities of working toward this respectfully with Elders (n=36)**

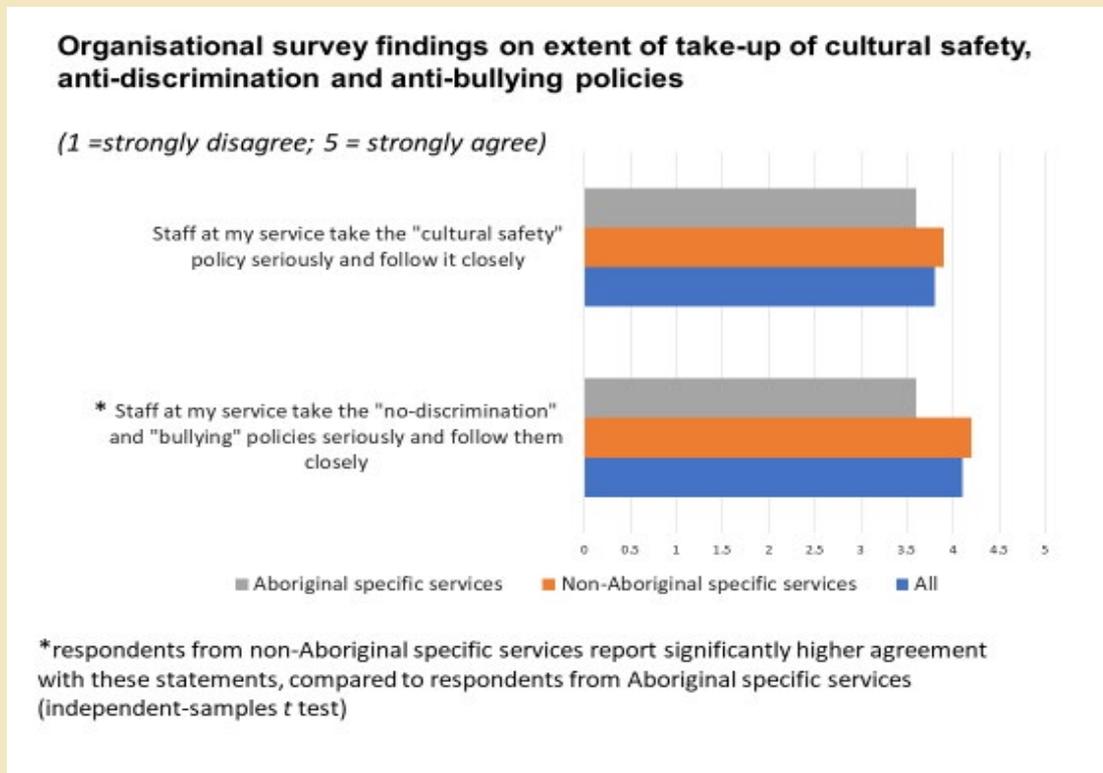
A majority of participants from four out of the five focus groups (n=42) reported that organisational policies responding to LGBTIQ+ issues were ad-hoc and/or intermittent and not necessarily adhered to consistently by all staff. It was acknowledged (particularly by Aboriginal workers) that those policies that referred either to issues concerning Aboriginal people, or people who identified LGBTIQ+, tended to be overly reliant either on Aboriginal workers and/or those (some of whom were Aboriginal) who identified as LGBTIQ+.

A strong theme that flowed from this was the enormous reliance on and an identified need for specific Aboriginal and/or Torres Strait Islander LGBTIQ+ workers.

## Survey findings on Organisational policies

Survey findings in response to questions about the presence of anti-bullying or discrimination policies show that over 90% of organisations had at least one of these policies. Of the 182 survey respondents who answered a Likert scale question about organisational policies and the extent to which these supported workers, a majority felt “somewhat supported” “mostly supported” or “very supported” (3.6/5) by organisational policies. There was no statistical difference in the response to this question between Aboriginal specific and non-Aboriginal specific services, as shown in Figure 6 below.

**Figure 6: Extent workers agree on take-up of work-place policies**



## How organisations support workers to respond to the needs of Aboriginal and/or Torres Strait Islander LGBTIQ+ people

Focus group and survey participants were asked how the organisations that they worked for supported them in responding to the needs of Aboriginal and/or Torres Strait Islander people who identify as LGBTIQ+. This included questions about policies, information and education supports.

Four out of the five participating focus groups (n=43) raised concerns about existing policies around LGBTIQ+ issues being intermittent and ad-hoc, stating an increased need for these to be embedded into every service delivery response.

There were commonly reported key areas of concern including:

- **Lack of mandatory requirements for all staff to undertake professional development in LGBTIQ+ issues (Aboriginal specific organisations in particular).**
- **Uncertainty about correct language and terminology to be used to reflect the diversity within the 'catch all' category of LGBTIQ+ (non-Aboriginal participants were also concerned about lack of knowledge about how terminology might be different when addressing Aboriginal and/or Torres Strait Islander LGBTIQ+ people).**
- **Knowledge about safe service referral pathways (for Aboriginal clients generally and Aboriginal LGBTIQ+ people specifically).**

Focus group participants from Aboriginal specific services (n=32) highlighted that while professional development training about LGBTIQ+ issues was sometimes available this was not mandatory or ongoing.

Two of the organisational focus groups (n= 18) that were Aboriginal-specific services raised concerns about how to work respectfully with Boards and Elders in attaining greater recognition and responsiveness to service provision for Aboriginal and Torres Strait Islander LGBTIQ+ people. It was widely acknowledged that support for initiating a consultative process required support from CEOs and needed to be led 'from the top.'

*“ There’s a tendency to rely on Indigenous individuals who are staff members to drive and develop service responses. This may not work if that person **does not identify themselves** as LGBTIQ. ”*

*Aboriginal health professional.  
Aboriginal specific health and support service, Perth Metro*

Aboriginal specific organisations were more likely to describe their organisations as needing to do more work in the provision of appropriate services to Aboriginal and/or Torres Strait Islander people who identified as LGBTIQ+. They were also more likely to describe needing to negotiate with their Boards before important changes to current responses could be made.

This view contrasted with a non-Aboriginal specific health service (n=8) that had well established policies and service models for responding to the needs of clients who identified as LGBTIQ+ and that was led by their CEO.

Focus group participants from Aboriginal specific services (n=32) were also more likely to mention the “Rainbow Tick” accreditation program, but to also articulate that complying with the requirements of this program was some way off. Participants discussed the need to reflect on and discuss their existing organisational culture and the need to unpick the complex intersections of cultural and LGBTIQ+ identity/ies. Several participants expressed doubts about whether the “Rainbow Tick” accreditation program was appropriate for the needs of Aboriginal and/or Torres Strait Islander LGBTIQ+ clients.

Other participants from Aboriginal specific services referred to the existing potential for building on current organisational policies and procedures. This included designing services to reflect the current 'client-led' approach of their organisation thus ensuring that the needs of Aboriginal and/or Torres Strait Islander clients who were also LGBTIQ+ were responded to effectively. One Aboriginal specific organisation currently collected data on Aboriginal and LGBTIQ+ clients and provided this as an example of where work could begin in the development of appropriate services for this group.

*“ There is some tension for individual gay workers who feel they may be perceived as “driving a gay agenda” – they need to have **team support** – it’s not effective if there is just one individual advocate. ”*

*Aboriginal health professional,  
Aboriginal specific health service, Perth Metro*

Participants from all the focus groups also emphasised the importance of using Aboriginal and/or Torres Strait Islander LGBTIQ+ 'peer' workers wherever possible.

This view was qualified with concerns about the danger in making these workers solely responsible for responding to Aboriginal and/or Torres Strait Islander clients who identified as LGBTIQ+.

*“ So just from our hiring policies, we get a spread across the LGBTIQ – we get a spread across the rainbow. “Hard-coded” into our practice we have to hire LGBTIQ people. ”*

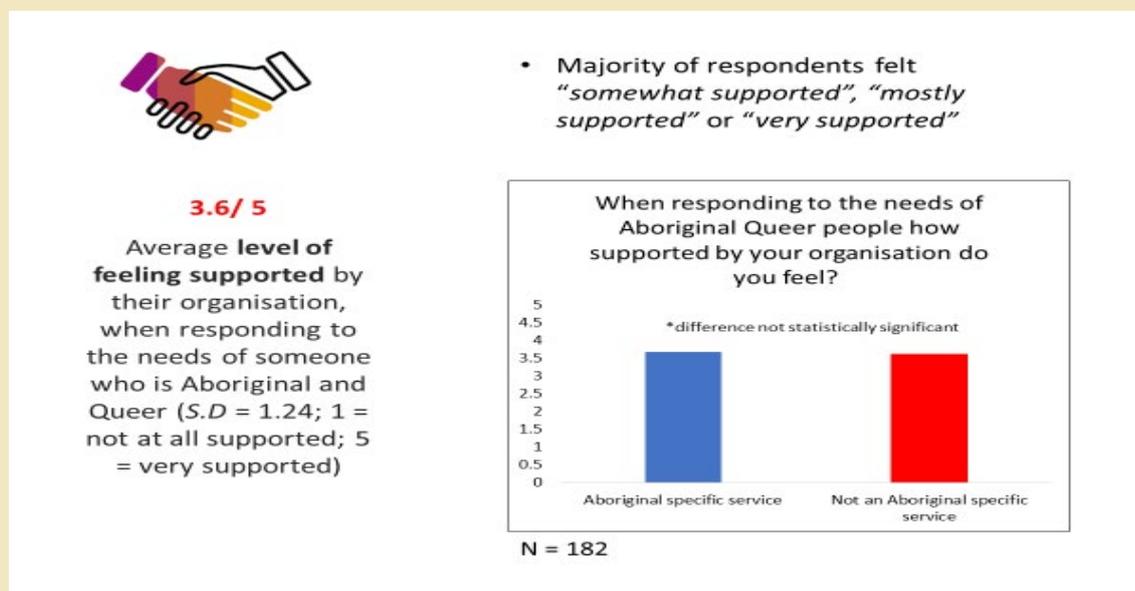
*CEO, non-Aboriginal Health Service, Perth Metro*

## Levels of organisation support reported by survey participants

Survey participants were asked about their experiences of feeling supported by their organisations in responding to the needs of Aboriginal and/or Torres Strait Islander people who also identified as LGBTIQ+. Figure 7 below shows that the majority of participants (n=182) felt either 'somewhat,' 'mostly,' or 'very supported.'

The findings also show there were no significant differences in this finding between Aboriginal and non-Aboriginal specific services.

**Figure 7. How supported workers feel within their organisations**



## **What works in supporting Aboriginal and Torres Strait Islander people who identify as LGBTIQ+?**

Focus group and survey participants were asked similar questions about how to effectively work in the support of Aboriginal and/or Torres Strait Islander people who identified as LGBTIQ+.

Focus group participants from across the organisations (n=49) commonly identified the following as important considerations about 'what works' in supporting the needs of Aboriginal and/or Torres Strait Islander clients, including:

- **Appropriate language and terminology**
- **Knowing what to say when – being able to address the diversity within the category of LGBTIQ+**
- **Non-Indigenous workers frequently raised concerns about using the right language (for Aboriginal and Torres Strait Islander and LGBTIQ+ clients)**
- **That relationships were crucial; the client knowing who was LGBTIQ+ in an organisation was highlighted as important particularly by Aboriginal workers**
- **The need to be open minded, trustworthy and confidential**

There were three key education and information needs identified by workers from across the organisational focus groups and interviews (n=52).

- **Recognition across organisations that workers need to know about safe referral pathways and that these services need to exist in the first place.**
- **Concern that the right language is used with clients, and;**
- **Knowing when to respond to clients themselves and when to refer on.**

The majority of focus group and interview participants (n=49) were concerned about inadvertently putting up barriers if staff were unaware and uninformed about LGBTIQ+ issues.

Education and information resources that provided information and knowledge about how culture and LGBTIQ+ issues intersected were also identified as being essential for organisations, clients and their families (particularly for older family members and Elders). Participants from Aboriginal specific services were the most likely to raise this as an issue (n=32).

## Survey findings on what works responding to the needs of Aboriginal and/or Torres Strait Islander LGBTIQ+ people

Survey respondents identified the following support, education and information needs. There are differences in how these were prioritised by Aboriginal-specific services compared with non-Aboriginal specific services. A high proportion (over 80 percent) from both Aboriginal-specific and non-Aboriginal specific services identified that knowing about referral pathways and support were very important. Participants from non-Aboriginal specific services were more likely to identify the need for Education and information resources (68% compared to 59%), participants from Aboriginal specific services were more likely to identify the need for policies and protocols (62% compared to 55%).

**Fig 8. The information and support that is useful for responding effectively to Aboriginal LGBTIQ+ individuals.**

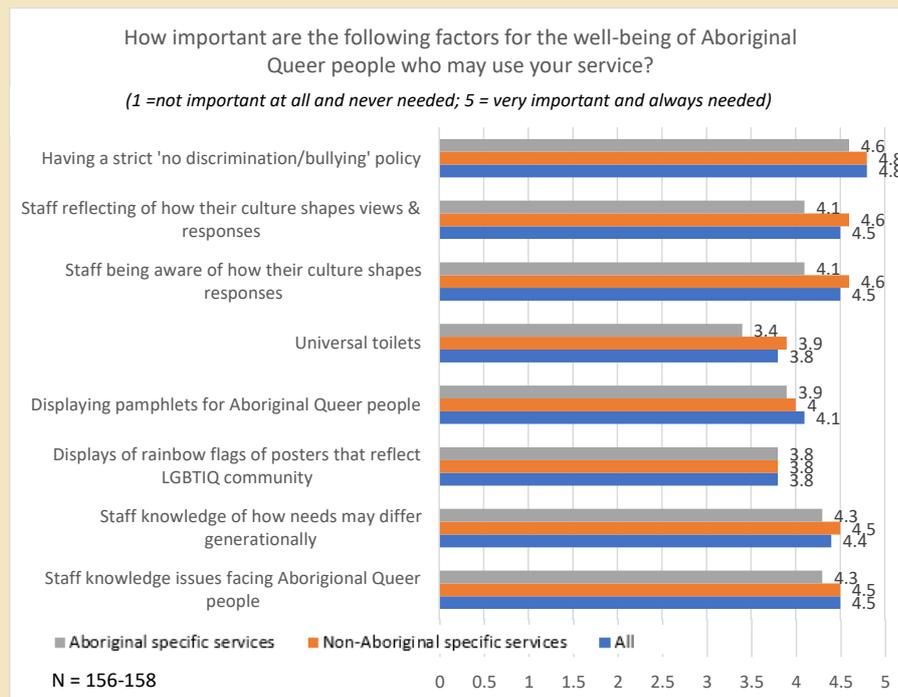
| Response                                     | Aboriginal Specific Services | Non-Aboriginal Services |
|--|------------------------------|-------------------------|
| Knowing about referral pathways and supports | 81%                          | 83%                     |
| Education and information sources            | 59%                          | 68%                     |
| Organisational policies and protocols        | 62%                          | 55%                     |
| Appropriate service models                   | 46%                          | 56%                     |
| Greater empathy and understanding            | 57%                          | 52%                     |

Figure 9 presents the findings from a survey question that asked participants to rank the importance of having anti-discrimination policies; and staff being self-aware about how their culture shaped their responses to Aboriginal and/or Torres Strait Islander LGBTIQ+ people. It shows that organisational survey participants (n=158) from both Aboriginal specific and non-Aboriginal specific services identified the importance of:

- **Strict no discrimination policies**
- **Staff reflecting on how their own culture shapes their views, responses and attitudes when responding to the needs of clients,**
- **Staff knowing about the different generational needs of clients, and Staff being knowledgeable about the issues that may confront Aboriginal and/or Torres Strait Islander clients.**

Participants from non-Aboriginal specific organisations were more likely to identify that being aware of their culture and how this shapes their responses to Aboriginal and/or Torres Strait Islander clients who also identified as LGBTIQ+ was important.

**Figure 9. Service delivery: What is important**



## Key barriers to providing services for Aboriginal and/or Torres Strait Islander people who identify as LGBTIQ+

The majority of participants across all the organisational focus groups and interviews identified the following key barriers to providing services for Aboriginal and/or Torres Strait Islander people who identified as LGBTIQ+.

- **Lack of knowledge about, and availability of safe referral pathways**
- **Training about LGBTIQ+ issues needs to be mandatory**
- **The need for more education and information about appropriate language and terminology**
- **The religious or traditional cultural views of Board Members and workers in Aboriginal specific services can be a barrier.**

A majority of participants in Aboriginal specific services (n=32) also identified that the religious or traditional views of Board members and workers could be a barrier to organisations being more broadly inclusive and openly welcoming to Aboriginal and/or Torres Strait Islander people who identified as LGBTIQ+.

“ And so, specifically in the gender diverse community, its just - I feel like we're very quickly trying to cover **thousands of gaps** and there's still a huge amount to be done. There's still far less [services] than there is [demand] out there. ”

*Health peer worker, Health Service*

A majority of focus group and interview participants identified that even if their service was accessible for Aboriginal and/or Torres Strait Islander LGBTIQ people, there was then the dilemma of where to safely refer clients. A key concern was a perceived lack of knowledge about appropriate “safe” services for this group (including intensive or complex counselling, homelessness and mental health needs) as well as a view that many of these services were not available:

Participants from one Aboriginal health and social support organisation also stated that one bad experience at a service could result in it being very difficult to then refer a client out, even if overall the external service provided appropriate services.

*“ You sometimes come across – where clients have had a bad experience. So there may be some larger services out there when the client has had a bad experience with maybe one staff member [this doesn't mean the whole service is bad] but unfortunately this can result in the client branding the whole service as not good. Then that can become a **barrier** to that person accessing that particular support within a larger service. ”*

*Health worker,  
Aboriginal specific health and social support service*

Organisational workers from across the focus groups agreed that while progress was being made in responding more effectively to the needs of clients who identified as Lesbian or Gay, Aboriginal and/or Torres Strait Islander people who identified as Trans\* were much less likely to have their needs met.

*“ I read in X report was, I think, a year ago, which identified that universities more welcoming of gay male students and are chillier towards trans students overall in the report. ”*

*Student support officer – University based university student support*

Support staff from university Indigenous Centres and other student support services stated that universities tended to be more welcoming of people who identified as lesbian or gay but were less inclusive to those who identified as Trans\*.

Aboriginal organisational staff (n=14) from one Aboriginal specific service identified an organisational emphasis on treating clients as: “everyone’s the same” while also acknowledging that although this seemed equitable, they could unintentionally exclude Aboriginal and/or Torres Strait Islander clients who also identified as LGBTIQ+. This sentiment was also expressed by several workers in another Aboriginal specific service.

*“ But we can’t impose that [engagement with LGBTIQ+ issues] because there are staff members who have very strong religious views. And I guess, from an organisational position, our Board of Directors have spoken about being an LGBTI gay space, but it hasn’t been fully informed into practice by...[staff] we have a cultural safety policy which really emphasises the way we connect and engage with Aboriginal and Torres Strait Islander mob. But we don’t have any inclusion of that queer sector at the moment. So today’s low participation had demonstrated to me that there is still old ways of thinking. ”*

*Health worker – Aboriginal specific health organisation*

Participants from three of the Aboriginal specific health organisations (n=32) maintained that religious views of some Board Members and staff including a lack of awareness about LGBTIQ+ issues and how this intersects with culture was a significant barrier to offering effective and welcoming services.

*“ Well I’ve been here 10 years and the Opening closets has been the first formal training, ”*

*“ Training [on LGBTIQ+ issues] may need to be ‘mandatory’ as in trauma informed training, if people don’t see it as mandatory they won’t participate. ”*

*Health worker – Aboriginal specific health organisation*

Participants across all the focus groups stated that training about LGBTIQ+ issues would need to be mandatory as currently there was no requirement for workers to undertake this and that this needed to be actively promoted by CEO’s of organisations. Low participation in one Aboriginal organisational focus group was highlighted as an example of reluctance or lack of acknowledgement by staff.

The lack of knowledge about the appropriate language and terminology when responding to Aboriginal and/or Torres Strait Islander LGBTIQ+ clients was commonly identified by a majority of participants as a potential barrier to providing responsive and inclusive services.

Aboriginal and non-Aboriginal workers raised concerns about using the correct terminology or language when responding to LGBTIQ+ clients. Participants who were non-Aboriginal while more confident around LGBTIQ+ terminology were far less confident about how this knowledge related or transferred when responding to the needs of Aboriginal and/or Torres Strait Islander LGBTIQ+ clients. This response from a confidential individual written exercise is one example of this:

“ And I guess I know we’ve talked about training, but I guess the language is really important. And you know when people access the service it’s important you don’t assume anything until they tell you. So, it’s using the gender-neutral language – by referring them to as their name not his or her. You know you can say the same things about a person’s cultural identity. I can’t tell you how many services I’ve gone into and either not been asked the question about whether I identify as Aboriginal or having a very surprised look from reception staff who say, “no really?” you don’t look Aboriginal. And I guess that would be the same kind of principles not making an assumption how a person chooses to identify themselves. ”

*Health worker,  
Aboriginal specific health service*

“ While I feel very comfortable about acknowledging and responding to a client who is Indigenous and LGBTIQ there are sometimes elements that can be uncomfortable. Sometimes I am very aware that I’m not Indigenous and in some of the communities I work with it may not be culturally appropriate for me to talk about any sexuality issues, particularly with young men, sometimes with young women. However, I may be the only person willing to talk about sexuality issues. As for the Indigenous worker with me, it may not be safe for them to talk about LGBTIQ issues. Cultural issues I respect and am very respectful of but aware that I do not always have total understanding of. ”

*Health worker,  
non-Aboriginal specific health service*

Several university Indigenous centre and health focus group participants reiterated that the acronym of LGBTIQ+ is too broad and may contribute to individuals feeling excluded from services or support when most people do not identify with the acronym LGBTIQ+ but rather as (for example) with terms such as 'gay' or 'lesbian.' For example:

*“ I think other barriers is with the acronym itself. I don't think any LGBTIQI person identifies as LGBTIQI. Technically may identify as lesbian or gay or bisexual or transgender or intersex, but I think it would be rather impossible for them to identify with the entire lot. And therefore, I think it would be difficult to identify the barriers for the entire acronym. ”*

*Student support officer – university-based support office*

## The importance of Identity

Research that explores the experiences of LGBTIQ+ clients when accessing a range of health services identifies that while staff may not be overtly homophobic; or may even be “LGBTIQ+ friendly” this does not necessarily result in appropriate service delivery to this target group (McGlynn, et. al., p.1). This may be because staff do not believe clients who are LGBTIQ+ experience problems that are different, or that they just assume all clients presenting to them are cisgender or heterosexual (McGlynn, et. al., 2019).

This issue was raised in focus group activities with organisational workers. This included open discussion as well as individual (confidential) written responses from participants about the question of when LGBTIQ+ identity is relevant. Views and opinions on this topic varied between organisations and there was not always consensus within organisations with some participants expressing views about why this might not always be the case. Across four of the five health organisations and the education organisational focus group there were at least one or two workers who expressed this view. Analysis of the discussion in focus groups showed that:

- The majority of participants stated that an individual's identity always is and was associated with views about Human Rights.

“Basic human rights should be relevant for everyone.” (Education workers non-Aboriginal specific health and social support service).

- Several participants from two Aboriginal specific services claimed that for many of the services they provided it would not be.

“Address a person's needs firstly, I do not have to know the person's sexual orientation unless they feel comfortable enough to share with me. “(Health worker Aboriginal health service).

- A response from one university-based participant who stated it was relevant for issues such as discrimination but not for administrative issues such as course enrolment changes.

“Not relevant when it's just about admin, relevant if it's about discrimination.” (Indigenous support worker – university student support centre).

For those participants (n=7) who maintained LGBTIQ+ identity was not relevant when providing services this was generally because they felt ‘treating everybody the same’ or being ‘non-judgmental’ would still eventuate in effective service provision. While not explicitly discussed in the focus groups these views are likely an interpretation of the Equal Opportunity Legislation that workers would consider as part of their responsibility in providing ‘fair’ services to all, rather than an intention to exclude clients identifying as LGBTIQ+.

“ We just treat everyone the same. It doesn't matter where they from or who they are. As long as they are getting the help they want that's all that matters. You don't really know who's who. Some are out there you do know and some you don't know – how do you know? ”

*Health worker, Aboriginal specific health organisation*

## Support, educational and information needs of workers

There were three key education and information needs identified by workers from across the organisational focus groups and interviews (n=49) and some of these have been discussed previously in the report either as ‘barriers’ or areas where organisational policy development is needed. They include:

- Recognition across organisations that workers need to know about safe referral pathways and that these services need to exist in the first place
- Concern that the right language is used with clients, and
- Knowing when to respond to clients themselves and when to refer on.

The issues most often discussed across the focus group and interview participants included their concerns about inadvertently putting up barriers if staff were unaware and uninformed about LGBTIQ+ issues. Language and terminology, knowing what to say, when to say and how to raise issues with Aboriginal people who also identified as LGBTIQ+ were key concerns. Education and information requirements about how culture and LGBTIQ+ issues intersect were also identified as being needed for organisations, clients and their families (particularly older family members and Elders).

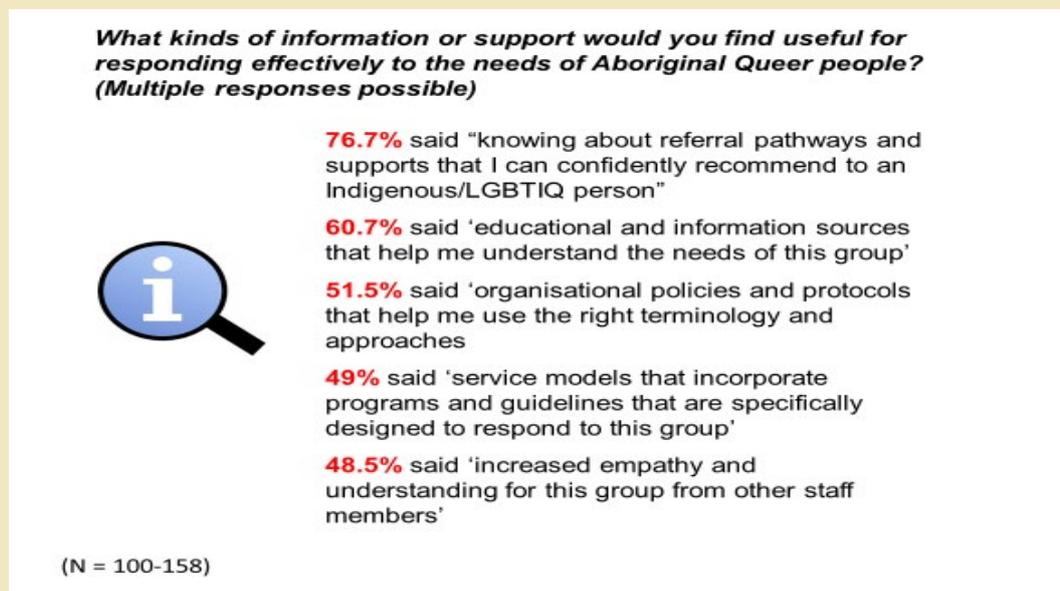
Survey respondents identified the following support, educational and information needs. There are differences in how these were prioritised by Aboriginal specific services compared with non-Aboriginal specific services. A high proportion from both Aboriginal specific and non-Aboriginal specific services identified that knowing about referral pathways and support was very important (over 80 per cent).

**Figure 10. Identifying support, educational and information needs**

| Response                                     | Aboriginal Specific Services | Non-Aboriginal Specific Services |
|--|------------------------------|----------------------------------|
| Knowing about referral pathways and supports | 81%                          | 83%                              |
| Education and information sources            | 59%                          | 68%                              |
| Organisational policies and protocols        | 62%                          | 55%                              |
| Appropriate service models                   | 46%                          | 56%                              |
| Greater empathy and understanding            | 57%                          | 52%                              |

When survey participants were asked specific questions about the kinds of education, information and support they needed to respond appropriately to Aboriginal and/or Torres Strait Islander LGBTIQ+ clients nearly 80 per cent of participants identified that knowing about safe referral pathways was useful. Over half of the participants also identified that knowing the correct language and terminology to use would also be useful.

### Figure 11. Identifying support, educational and information needs



Several participants from Aboriginal specific health and social support organisations (in focus groups, survey comments and interviews) identified the need for more resources, information and support to respond to Stolen Generations and for older LGBTIQ+ individual's needs. Participants described many complexities and little in the way of known resources, information and support that they could use.

“ Are there any resources that are for community and engaging effectively with Elders? That’s one of the challenges you know – how can services do this effectively and be respectful at the same time. Because there is that two worlds – which is challenging in terms of what we were saying. Not being culturally [disrespectful] – not being [disrespectful] of the Elders as well. It’s not just educating in terms of the clients – it’s much broader than that as well. ”

*Health worker,  
Aboriginal specific health service*

Three interview participants also described the need for dialogue with Elders and Senior people in Aboriginal communities claiming that prior to colonisation, and missions, being Aboriginal and/or Torres Strait Islander with an LGBTIQ+ identity did not necessarily result in overt homophobia. An example of this view from a regional interview participant:

“ There is a need for information about how diversity in sexuality was responded to before colonial and missionary influences – we need this education for Aboriginal people. We also need to recognise the diversity within Aboriginal cultures and family groups, there can be supportive as well as unsupportive Elders and family members. We need to understand the complexity within categories such as ‘sexuality,’ ‘culture’ and ‘gender.’ ”

*Regional interview participant – family and health support organisation,  
Aboriginal specific family support program*

## Cultural safety for Aboriginal and/or Torres Strait Islander people and safety for those who identify as LGBTIQ+

Embedding leadership, policies, service delivery approaches, education and information needs, mandatory training (LGBTIQ+) and cultural safety in organisations for LGBTIQ+ people has been identified in previous research (Barrett, Turner & Leonard, 2013; Petrie & Cook, 2019). A systemic approach to responding the needs of Aboriginal and/or Torres Strait Islander LGBTIQ+ clients has similarly been identified by participants for this research study. The use of the term cultural safety in this study refers to services being culturally appropriate and responsive to the needs of Aboriginal and/or Torres Strait Islander people as well as being safe for those who also identify as LGBTIQ+.

Cultural safety in relation to services being safe in the first instance for Aboriginal and/or Torres Strait Islander people was prioritised as most important by a majority of both Aboriginal specific and non-Aboriginal specific focus group and interview participants. Several workers from across the different focus groups also individually observed that while cultural safety for Aboriginal and/or Torres Strait Islander people was most important there was also a need to acknowledge the need for safety for those who identified as LGBTIQ+. The following is an example of the kind of views that were expressed by workers:

*“ There’s still a lot of internal systemic racism in the health profession. And I guess, being under X Aboriginal health service vision, we are here to provide culturally appropriate healing services to the Aboriginal community. Well, the Aboriginal community is diverse. So we need to have wider lenses on to include those who are LGBTIQ+. ”*

*Health worker, Aboriginal specific health service*

A majority of the participants from across all of the focus groups agreed that organisations needed to provide a welcoming, safe space, that clients needed to be able to trust staff and that staff were able to reassure clients they were unjudged. Furthermore, that confidentiality was key.

*“ Confidentiality, I think that is one of the biggest barriers. They think that as a black fella organisation that we’re going to be [judgemental]. In a “white” organisation we [Aboriginal and/or Torres Strait Islander LGBTIQ+ people] are going to be doubly judged. ”*

*Health worker, Aboriginal health and social support organisation*

Several participants across the focus groups expressed concerns about expectations that Aboriginal and/or Torres Strait Islander workers would be made individually responsible for assuring cultural and queer safety. Aboriginal workers who worked in the LGBTIQ+ space wanted wider organisational support to enable their being proactive within a context where the whole organisation was supporting their efforts.

*“ This comes back to people’s personal beliefs [about LGBTIQ+ issues]. “Oh, X is just trying to drive their agenda for their community mob.” Whereas the majority of all my networks are non-gay. But then if it’s a directive, [from CEO or Board] I’d be comfortable to do it. But it would have to be. I’d like to have a team behind me because it would be non-effective if it’s just me driving it. ”*

*Health worker, Aboriginal health and social support organisation*

Other suggestions by Aboriginal workers (some of whom identified as LGBTIQ+) across focus groups and interviews (not specified to preserve confidentiality) included:

- The need for organisational CEO’s and Boards to recognise that if they are employing Aboriginal and or Torres Strait Islander LGBTIQ+ peer workers that they too may have experienced deeply internalised stigma
- That it was not adequate for organisations to have only one ‘gay’ worker in an organisation and expect this to address all the service gaps and needs for this group.

Several participants from across the Focus Groups also stated that while Aboriginal and/or Torres Strait Islander workers who are professional may offer an adequate service for those clients who identified as LGBTIQ+, they would not necessarily be as pro-active as LGBTIQ+ workers in ensuring the best service.

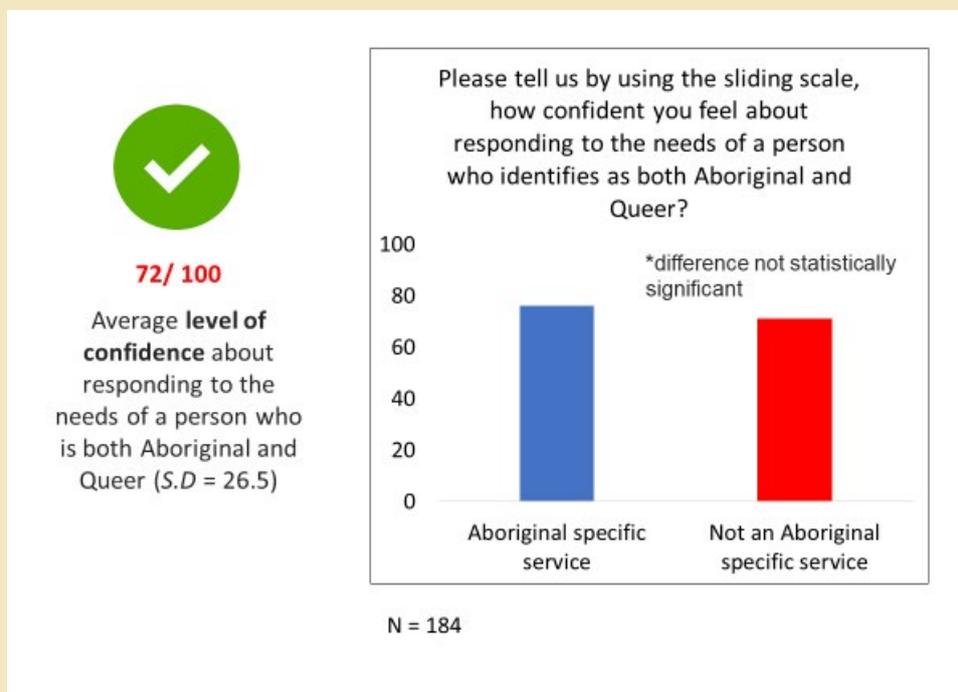
## **Comfort and confidence in responding to the needs of Aboriginal and Torres Strait Islander people who identify as LGBTIQ+**

One of the recognised limitations of focus groups is the ability for participants to feel confident about presenting their honest views on sensitive issues or on topics where they may feel judged either by peers or supervisors. The research team developed an individual exercise as part of the focus group activity where participants could individually reflect and confidentially write down their responses to questions about their levels of comfort and confidence in responding the needs of Aboriginal and/or Torres Strait Islander LGBTIQ+ clients. Analysis of these responses show:

- Most workers (n=35) reported feeling reasonably comfortable responding to the needs of Aboriginal and/or Torres Strait Islander LGBTIQ+ clients if they had appropriate organisational support.
- For non-Aboriginal workers there was more confidence expressed about responding to LGBTIQ+ issues generally, however, they were concerned about whether they could translate this knowledge and skills to effectively meet the needs of Aboriginal and/or Torres Strait Islander clients who also identified as LGBTIQ+.
- Participants (n=27) from three of the focus groups expressed some reservations about how to respond to trans clients.
- Some workers from two of the Aboriginal specific health organisation stated they 'would treat everybody the same' (n=14).

In survey questions that asked participants to reflect on how confident they felt about responding to the needs of Aboriginal and/or Torres Strait Islander clients a relatively high proportion (72 percent) stated they felt confident about this. The survey also measured the responses from both Aboriginal and non-Aboriginal services and the findings show there was no statistically significant differences in the responses, as shown in Figure 10 below.

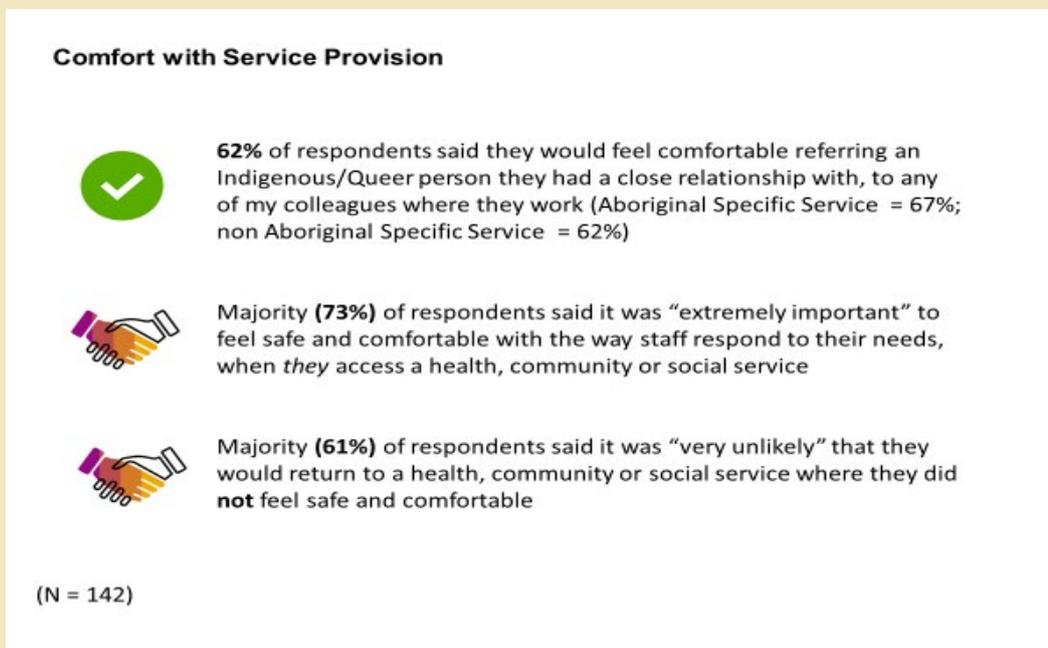
**Fig 12: Levels of confidence in responding to the needs of Aboriginal and/or Torres Strait Islander people identifying as LGBTIQ+.**



Participants were also asked how comfortable they would feel about referring someone they knew (and who they were close to) who was Aboriginal and or Torres Strait Islander and LGBTIQ+ to their colleagues. Figure 11 below shows that 67 per cent of workers from Aboriginal specific services would feel comfortable and 62 per cent of workers from non-Aboriginal specific services stated this was the case.

Participants were also asked how likely it was they (personally) would return to a service where they did not feel safe or comfortable. 73 per cent of participants from all services identified that 'feeling safe and comfortable' was extremely important for clients when accessing a service. While over 60 per cent stated it was 'very unlikely' they would return to a service themselves where they did not feel safe and comfortable.

**Figure 13: Worker level of comfort with service provision to Aboriginal and/or Torres Strait Islander LGBTIQ+ clients.**



## Perfect ways of responding to needs of Aboriginal and Torres Strait Islander clients who identify as LGBTIQ+

The exploratory nature of this research project has resulted in the participants reflecting on areas for improvement or where there are gaps in knowledge, appropriate services and education. The researchers also wanted to ‘uncover’ what participants thought would contribute to better services for Aboriginal and/or Torres Strait Islander LGBTIQ+ clients within a mindset of imagining that they had the funding and resources required to do this.

A majority of participants (n=49) from across the five focus groups identified the following elements as contributing to an improved service for Aboriginal and/or Torres Strait Islander people who also identified as LGBTIQ+ including:

- Visible signs, symbols, Aboriginal, Torres Strait Islander, Pride (Rainbow) flags and artwork throughout the organisation
- For diversity in clients and the ways in which they identified to be viewed as something to celebrate rather than as a ‘problem’ to be addressed

- For workers to feel 'safe' about sometimes 'getting it wrong' and to be guided without judgement to respond appropriately in the future – for staff to support each other in providing the best service possible
- For organisations to be a generally welcoming and safe space (for Aboriginal and/or Torres Strait Islander clients including those who identified as LGBTIQ+)
- For workers to make authentic connections with their clients, to display friendly body language and use the appropriate language

“ Also, that those services have great enough flexibility so as to not accidentally exclude people and I think that that's a really common trap that some places would fall into and then it's not that they are exclusive or excluding people, but just having an inflexible model can create huge gaps. I think just having a drop-in clinic is massive for us, yeah. ”

*Health worker,  
non-Aboriginal specific health and education service*

For the organisation to have a culture of flexibility –

- Organisational workers that are the same as their clients (Aboriginal and/or Torres Strait Islander and LGBTIQ+) working for the service

“ If I'm having my own way – making sure we've got LGBTIQ employees. And I think sometimes who you have at reception is so important. ”

*Health worker – Aboriginal specific health and social support service*

- To be resourced to bring in young people from diverse communities (as educators) – to have as many peer volunteer or paid workers as needed
- The ability to refer clients when transitioning in safe ways, feeling confident they would receive the appropriate service responses.

## Research Partner Feedback on Organisational Survey and Focus Group Results

A workshop with the five research study partnering organisations was facilitated in May 2019 where the key findings resulting from organisational survey and focus group activities was presented to participants (n=20). Members of the research team were also present to facilitate and provide further detail on findings where needed. Workshop participants from research partner organisations were invited to provide feedback on key findings, identify areas for changes that they could implement (in the short and long term) and to provide guidance around the kinds of questions the research team could develop for the survey to be distributed to the Aboriginal and/or Torres Strait Islander LGBTIQ+ community.

Through a series of workshop activities, the research partner participants identified three key factors to consider when responding to the needs of Aboriginal and/or Torres Strait Islander LGBTIQ+ clients. These were:

- **Highly visible signs and symbols (Aboriginal and Pride flags, posters and artwork) displayed throughout the organisation but particularly in main reception areas**
- **To ensure that frontline staff and board members were not homophobic, indifferent or close-minded to the needs of Aboriginal and/or Torres Strait Islander LGBTIQ+ clients**
- **The development of respectful protocols and strategies for engaging with Elders and senior Aboriginal Board Members in the development of service models that meet the needs of Aboriginal and/or Torres Strait Islander LGBTIQ+ clients.**

### Making Organisational Changes in the immediate and longer term

Research partner participants were asked to reflect on the findings of the organisational surveys and focus groups and interviews to identify areas where they could make immediate changes within their organisations and effectively and appropriately respond to the needs of Aboriginal and/or Torres Strait Islander people who identify as LGBTIQ+. The participants identified the following as practices they could adopt immediately to make a difference:

- **Visual changes, including the display of the Pride Flag, posters, art work and information brochures about LGBTIQ+ issues**
- **Ensure that all workers were trained in the use of inclusive language and that this was used in all marketing and promotional materials about their organisation.**
- **That a sense of belonging and welcome was experienced by clients and included not only Aboriginal and/or Torres Strait Islander people but also those who identified as LGBTIQ+ and that this was ensured by authentic connection with clients.**

Organisational research partners were concerned that service responses to the needs of Aboriginal and/or Torres Strait Islander people who identified as LGBTIQ+ were not embedded enough through policy and practice to be consistently applied. Research partners emphasised the importance in ensuring that organisational policies and service models were designed for Aboriginal and/or Torres Strait Islander LGBTIQ+ clients so that changes were meaningful and lasted even when individual staff members left an organisation. The following were key points raised about the issue:

- **Enable genuine broad buy-in across all levels of organisations, through CEO's and senior managers leading by example, training, policies, service model design and data collection of Aboriginal and/or Torres Strait Islander LGBTIQ+ demographic statistics.**
- **CEOs and managers taking the responsibility to have uncomfortable conversations with those staff who were resistant to change or who needed additional support to understand how to respond appropriately to the needs of Aboriginal and/or Torres Strait Islander people who identified as LGBTIQ+**
- **To ensure workers had plenty of information, education and training about the issues confronting the LGBTIQ+ communities and ensure safe, respectful discussion about the issues so as to provide support for those who were less confident or comfortable working in this area**
- **Being careful to adopt a strengths-based rather than deficit approach toward Aboriginal and/or Torres Strait Islander clients who identified as LGBTIQ+.**

Although research partner participants identified several areas where responses to Aboriginal and/or Torres Strait Islander clients could be improved the majority described themselves as individually confident in responding to these needs.

## Confidence of workers in responding to the needs of Aboriginal and/or Torres Strait Islander LGBTIQ+ clients

The majority of the research partner participants felt themselves individually capable and confident in responding to the needs of Aboriginal and/or Torres Strait Islander clients, however, concerns were raised about other barriers to providing effective services to this group.

For example, with some LGBTIQ+ organisations (not Aboriginal specific) research partner participants described while they individually had the confidence to work with intersectionality, Aboriginal clients were “not walking through the door.” The observation was made that while spaces could be created this did not necessarily result in these being accessed by Aboriginal and/or Torres Strait Islander LGBTIQ+ clients. One solution suggested to counteract this was for community based LGBTIQ+ organisations to forge partnerships and collaborate with Aboriginal specific health and social support organisations.

Several participants described being confident in themselves but not being confident about some of their colleagues’ responses to Aboriginal and/or Torres Strait Islander LGBTIQ+ clients. Research partners identified the need to ensure that all workers understood that ‘equality’ in service responses did not mean ‘everyone was treated the same’ but rather they received the services they needed as individuals. The need for workers to recognise and respond to the diverse needs of different ages and cohorts of the Aboriginal and/or Torres Strait Islander LGBTIQ+ population was also identified.

Research partner participants reinforced the need for greater awareness about LGBTIQ+ issues generally across all aspects of service delivery. This included:

- Display of Pride and Aboriginal and Torres Strait Islander flags and posters
- The use of inclusive language including the correct use of pronouns when referring to LGBTIQ+ clients

Research partner participants identified broader organisational changes that were needed to support them in being more confident in responding to the needs of Aboriginal and/or Torres Strait Islander LGBTIQ+ clients. These included, education, service model development and ongoing training.

Research partner participants suggested that for most organisations a 'cultural change' was required where LGBTIQ+ issues were not just viewed as an 'add on' but were a whole body of knowledge that should be integrated. It was agreed that broader philosophical discussions needed to inform a de-colonisation approach to the development of services for LGBTIQ+ clients including addressing the issue of religious beliefs that were held by staff and board members at some organisations.

The collection of Aboriginal and/or Torres Strait Islander LGBTIQ+ statistics to inform funding frameworks and organisational service development was also viewed as an essential element.

The mandatory training of all organisational staff in LGBTIQ+ issues was also identified and that these should be tied to accreditation standards, adopt a person centred approach and be ongoing.

## What do research partners identify is needed to respond to the needs of Aboriginal and/or Torres Strait Islander clients?

Research partner participants were asked to identify the organisational resources and supports that would be most useful for Aboriginal and/or Torres Strait Islander LGBTIQ+ clients. These included:

- Client/patient safe services and rights to confidentiality
- The employment of LGBTIQ+ staff in front-line services
- The professional development of all staff about how to respond to LGBTIQ+ clients
- Information about LGBTIQ+ support and resources in a variety of formats, including, flyers, posters, credit card type foldouts, electronic resources, online apps and short videos.

Participants detailed the content that should be provided through the diverse educational resources. For clients they suggested this should include:

- The services available for Aboriginal and/or Torres Strait Islander LGBTIQ+ clients
- Where to find support and how to access support
- How LGBTIQ+ clients could communicate with family, work colleagues, community and children about their identity/ies (if needed)
- That information should be designed to be Aboriginal and/or Torres Strait Islander and LGBTIQ+ visually inclusive
- That there should be appropriate information developed and available for children.

In consideration of the needs for research partnering organisations the following information and resources were identified:

- Resources and information about how to respond to the needs of Trans clients (including for front-line workers, community and family)
- Collection of data on client intake and demographic details
- Best practice guides including checklists
- Protocols for respectfully asking LGBTIQ+ clients about their LGBTIQ+ status
- A collection of stories and experiences of the diversity of LGBTIQ+ people
- A flexible policy framework that enabled responses for LGBTIQ+ clients to be integrated across all service roles

- Flags and indicators of need for organisational training to be driven by and articulated by Executive levels of organisations
- Manuals and training guides, webinars and videos on LGBTIQ+ issues, including basic 'do's and don'ts,' 'how to start the conversation' in responding to the needs of LGBTIQ+ clients
- Guides for more confident staff – who are willing to advocate and drive change for LGBTIQ+
- Information for people who do not identify as LGBTIQ+ on how to support LGBTIQ+ family members, colleagues and clients and their significant others
- Basic guides on language use and terminology
- How to create policies and other frameworks and processes to improve or support currently successful inclusive practices so that they are responsive to the needs of Aboriginal and/or Torres Strait Islander LGBTIQ+ clients.

Research partner participants identified the need for information resources for Aboriginal and/or Torres Strait Islander community/ies and family members of LGBTIQ+ clients. These included:

- The services available for families of LGBTIQ+ clients
- A brochure featuring Frequently Asked Questions about children who are LGBTIQ+
- Information that explains what LGBTIQ+ means, through case histories, stories and the experiences of Aboriginal and/or Torres Strait Islander people who identify as LGBTIQ+
- Information about how families can support their LGBTIQ+ family member.

## Organisational and Community results and their interrelationship

This research study was designed in response to the requirements of our original Ethics Committees in two distinct phases of research activities. Our research activities were focussed in the first instance on organisations and the staff that worked in them. These in turn, informed the development and dissemination of a survey to community participants across Western Australia. The survey was wide-ranging and comprehensive resulting in much needed (and previously uncollected) data on the lived experiences of Aboriginal and/or Torres Strait Islander LGBTIQ+ people living in Western Australia. (See 'Breaking the Silence: Insights into the Lived Experiences of WA Aboriginal/LGBTIQ+ People, Community Summary Report).

There are several findings that resulted from the research activity with community that are directly pertinent to how organisations deliver services to Aboriginal and/or Torres Strait Islander LGBTIQ+. These support the observations and reflections of organisational participants about the need for an increased emphasis on inclusive language, awareness and education for organisational staff, community and families about LGBTIQ+ issues. Furthermore, for organisational staff to not 'out' or make assumptions about sexual and/or gender identity/ies of clients. Community participants identified the need for greater awareness of LGBTIQ+ issues, for service providers to use inclusive language and for organisations to be culturally safe for participants as both Aboriginal and/or Torres Strait Islander and LGBTIQ+ people.

The community findings also show the extent to which Aboriginal and/or Torres Strait Islander LGBTIQ+ people experience discrimination, 'outing', bullying and violence as Aboriginal and/or Torres Strait Islander and/or being LGBTIQ+. This discrimination was experienced from the wider non-Aboriginal community as well as within community participants own families, work colleagues and Aboriginal communities, as well as on social media and dating apps.

The findings from the community survey also show that participants have relatively high levels of trust of their GPs, psychologists and counsellors and demonstrated a significant degree of agency in seeking out these health services. A concerning finding was the relatively high number of participants (50%) who had presented at an Emergency Department in the past 12 months.

The research activities from both the organisational and community phases of this study and the resulting findings have been analysed to identify common findings across the two cohorts as well as those findings that were unique to either organisational or community participants. These have informed the overall recommendations from the study as a whole and are presented with a key to identify whether they are based on both organisation and community findings and where they are either organisational or community findings (See Recommendations attached).



*Breaking the Silence Elders Yarning Group*

## Elders Yarning Group

Throughout our research, a common concern from participants has been the idea that community elders would have a negative view of those who are part of the LGBTIQ+ community. We presented this and other findings to 18 Elders across two meetings in May 2021. These elders came from a range of communities in Western Australia, but were mostly from Noongar country. After a short presentation of the key findings of the research, Elders were invited to discuss and comment on the perception that Aboriginal LGBTIQ+ experience racism and homophobia from the wider and Aboriginal communities. In response there was broad and positive support from the Elders for Aboriginal and Torres Strait Islander people who are also LGBTIQ+. The commentary from this group show that Elders are knowledgeable about the issues and are supportive of Aboriginal LGBTIQ+ people. The Elders insights are instructive for those who work in government strategy and policy areas as well as Aboriginal and non-Aboriginal specific organisations.

The research leaders invited Elders to specifically reflect on two reflective questions about Aboriginal LGBTIQ+ people. Firstly, what was the 'one thing' they would like to say to Aboriginal LGBTIQ+ individuals and secondly, what could *all* of the Aboriginal community say and do so that Aboriginal LGBTIQ+ individuals felt acknowledged and accepted. In response to the two reflective questions that Elders were asked to comment on, typically responses used phrases such as Aboriginal LGBTIQ+ people should be "*strong and proud*" and furthermore for their families and the broader Aboriginal community to be "*non-judgmental*" and embrace, acknowledge and accept Aboriginal and Torres Strait Islander people who are also LGBTIQ+.

Elders also strongly stated that Aboriginal LGBTIQ+ people are “Moort” (family in the Noongar language) and should always be included and embraced as such.

In the words of the Elders:

*“Don’t be judgmental, be there to support them.”*

*“Be yourself (as an Aboriginal LGBTIQ+ person) Feel good about yourself.”*

Some Elders referred to the changing attitudes that are becoming more prevalent in communities about Aboriginal LGBTIQ+ individuals:

*“Just be yourself, most Aboriginal people have changed their thinking, behaviours and acceptance.”*

*Elders suggested that Aboriginal LGBTIQ+ people ‘Find someone your trust and talk about the issues’*

A key message from the Elders was the importance of education. They were deeply interested in learning more to advocate for greater LGBTIQ+ inclusion in their families and communities. This supports the findings in the research that shows organisations and communities need to work together to develop and provide this kind of information and education for workers in organisations, Aboriginal LGBTIQ+ individuals and their families and the broader Aboriginal and non-Aboriginal community.

*“There needs to be education with the wider [community] and within the Aboriginal community.”*

The yarning group stated often that ‘moort’ or family is important and that Aboriginal people who are also LGBTIQ+ are an integral part of this.

*“Life is a revolving door, life changes. So why do my community stay behind the door (and) not change with our young community? Do not condemn our LGBTIQ+ they are our Moort. Community needs to change, change their views, change their ways, to help overcome the hate and racism against our Aboriginal LGBTIQ+ community. Support and assist.”*

*“ All Noongar families should accept ALL children in our community.”*

*“Their families need to accept the children who are part of the LGBTIQ+ community and remember they ARE family.”*

The findings from the Elders yarning group show that there is much potential and promise for workers from organisations to advocate and work in support of Aboriginal LGBTIQ+ people. Their comments reinforce our findings that show that leaders from health, education and social support organisations need to be more pro-active in their responses to the advocacy, social support, education and information needs of Aboriginal LGBTIQ+ people. The Elders insights also demonstrate that there is momentum in this area and that the leaders of organisations and communities should take steps to invite respectful collaboration with Aboriginal LGBTIQ+ individuals, Noongar Elders and other senior Aboriginal leaders in working toward providing inclusive and safe community and organisational support for Aboriginal LGBTIQ+ people.

## Conclusion

As a result of a variety of research activities organisational workers have been enabled to critically reflect on current organisational models of service and the philosophical underpinnings of service delivery. These have included examining and discussing in detail assumptions about 'cultural safety' 'safety,' 'equality' and 'treating everyone the same.' These discussions have at times resulted from what appears at first glance to be basic conversations about whether to display Pride flags; or about other Aboriginal and/or Torres Strait Islander and LGBTIQ signs and symbols and the extent to which these are clearly visible (or not) in organisations.

The findings show that organisations and the individuals who work in them are positioned along a continuum of different levels of awareness and knowledge about the experiences of Aboriginal and or Torres Strait Islander LGBTIQ+ people who may access their services. Across both Aboriginal and non-Aboriginal specific services there is an identified need for education and information about how to use inclusive language and service responses that ensure Aboriginal and/or Torres Strait Islander LGBTIQ+ clients feel safe as both Aboriginal and/or Torres Strait Islander people and as people who are LGBTIQ+. Furthermore, that these responses should not be left up to individuals, be ad-hoc or intermittent but embedded at all levels of the organisation and must be led by organisational boards and executives.

Common across health, education, social support sectors and Aboriginal specific and non-Aboriginal specific services is an identified need for increased attention to the employment (and retention) of Aboriginal and/or Torres Strait Islander workers who are also LGBTIQ+ and for these workers to be supported by the whole organisation and not just left as individuals to respond to the needs of Aboriginal and/or Torres Strait Islander people who are LGBTIQ+.

The participation of organisational staff in the multiple research and consultation processes of the research activities have resulted in increased awareness about the influence of current organisational cultures within organisations. This has also shown, how individual attitudes of organisation staff and board members can play a key part in driving future responses to working more effectively in meeting the needs of Aboriginal and/or Torres Strait Islander clients who are LGBTIQ+.

The research activities of this study, including the close collaboration with Aboriginal and non-Aboriginal specific research partners, have resulted in the development of recommendations that identify the multiple and layered approaches needed for inclusive and safe services that are culturally safe for Aboriginal and/or Torres Strait Islander people and for those that are LGBTIQ+.

The recommendations reflect what community individuals, organisational workers and executives identify can be acted upon by organisations across sectors and different levels of government to effectively provide safe inclusive services for Aboriginal and/or Torres Strait Islander people who are LGBTIQ+.

## Recommendations

The “Breaking the Silence” research team have developed the following recommendations based on the survey results with the Aboriginal and/or Torres Strait Islander LGBTIQ+ community living in Western Australia and focus group, interview and survey results with a range of service providers from the Aboriginal health, mainstream health, legal, social support and education sectors in Western Australia.

Where recommendations are based on either ‘organisational’ and/or ‘community’ findings this will be indicated through the Key below.

**Key:** C = Community Finding

O = Organisational Finding

## Government Policy and Funding

1. Australian Bureau of Statistics to include data collection of Aboriginal and/or Torres Strait Islander LGBTIQ+ individuals (including Trans and Intersex) in all National, State and Territory Population, Health and Social Census Statistics, by using consistent and common definitions and increasing the use of data linkage with different government and non-government agencies. (C;O)
2. Commonwealth, State and Local Governments to collect and share data on proportion of Aboriginal and/or Torres Strait Islander LGBTIQ+ people who are represented as victims of crime, violence and in homelessness statistics. (C;O)
3. Commonwealth, State and Local Government to develop tender documents that require health, mental health, ACCHO and the range of not for profit community social support organisations applying for funding to include key performance indicators and evaluations that reflect how they have met the needs of Aboriginal and/or Torres Strait Islander people including those who identify as LGBTIQ+ Trans or Intersex. (C;O).
4. Commonwealth and State Government research grant bodies (including NHMRC, ARC and Healthway) allocate appropriate funding and resources through research and community project grants to enable researchers to properly resource community engagement when conducting research to

ensure that the diverse views, experiences and perspectives of Aboriginal and/or Torres Strait Islander people who identify as LGBTIQ+, including Trans and Intersex and those who live in rural and remote areas are captured and reflected in research data and findings. (C).

5. Commonwealth, State and Local Governments resource and fund community-based, local, mental health support organisations that are managed and led by Aboriginal and/or Torres Strait Islander LGBTIQ+ people to the same extent as those more recognised national bodies such as Beyond Blue and Life Line and encourage funding applications that require collaboration with Aboriginal and/or Torres Strait Islander LGBTIQ+ people rather than competition between different services. (C).

## Organisational Policy

6. Health, mental health, ACCHO's, education, social support, legal community and housing organisations collect data on client base that includes Aboriginal and/or Torres Strait Islander and LGBTIQ+ including Trans and Intersex people and use this information to inform funding and grant applications for the delivery and design of services and programs. (C; O).
7. Health, mental health, ACCHO's, education, social support, legal, community and housing organisations to develop policies that not only emphasise and enable cultural safety but also acknowledge and respond to Aboriginal and Torres Strait Islander LGBTIQ+ safety. (C;O).
8. Human Resource policy to ensure that attraction and retention policies include strategies for increasing the representation of Aboriginal and/or Torres Strait Islander LGBTIQ+ employees and that these employees are supported by the broader organisation through peer support networks and mentorships to avoid individuals becoming 'token' Aboriginal and/or Torres Strait Islander LGBTIQ+ workers in isolation. (O)

## Discrimination and Microaggression

9. Organisational Boards, CEO's and Executive staff to advocate, lead and strategically plan services that respond appropriately and effectively to the needs of Aboriginal and/or Torres Strait Islander people who also identify as LGBTIQ+, such as developing anti-racism campaigns with a focus on LGBTIQ+ people and that are informed by Aboriginal and/or Torres Strait Islander LGBTIQ+ community. (C).
10. Organisations who employ Aboriginal and/or Torres Strait Islander staff to visibly facilitate and support those workers who also identify as LGBTIQ+ and ensure that all staff are responsible for responding appropriately and effectively to the needs of Aboriginal and/or Torres Strait Islander LGBTIQ+ clients. (O; C).
11. Organisations resource and enable LGBTIQ+ peer support and mentorship opportunities for Aboriginal and/or Torres Strait Islander LGBTIQ+ staff. (C).
12. Organisations to encourage all staff including non-Aboriginal and/or Torres Strait Islander staff and those who do not identify as LGBTIQ+ to take responsibility for educating themselves through providing resources such as on-line information and appropriate training modules about Aboriginal and/or Torres Strait Islander people and Aboriginal and/or Torres Strait Islander people who identify as LGBTIQ+. (C).

## Community

13. Aboriginal and/or Torres Strait Islander community bodies such as NAIDOC and those organising state based and national celebrations such as Pride events, showcase and have as major themes events about Aboriginal and/or Torres Strait Islander LGBTIQ+ people. (C).
14. Commonwealth, State and Local governments to fund community projects and programs that identify and enable community advocates about how to support Aboriginal and/or Torres Strait Islander parents of LGBTIQ+ children. (C).

15. Peak Aboriginal and LGBTIQ+ organisations develop information and education about the importance of not 'outing' people who are LGBTIQ+ for organisational staff and community. (C).
16. Peak Aboriginal and LGBTIQ+ organisations develop information brochures and guides that includes answers to Frequently Asked Questions for Aboriginal and Torres Strait Islander children who are LGBTIQ+ (O).

## Education, Training and Information

Education and Information resources, including social media campaigns about the experiences, issues and needs of Aboriginal and/or Torres Strait Islander people who identify as LGBTIQ+ is supported by Commonwealth and State funding and developed by the appropriate Aboriginal led peak organisations. That resources are developed to meet the information needs of organisations, families and the broader community (including information appropriate for children. (O; C).

17. Education and Information resources are designed and distributed to ensure they reflect the diversity of services that may be accessed by Aboriginal and/or Torres Strait Islander LGBTIQ+ clients. That the design, development and distribution of these is led by Aboriginal led and managed peak organisations including The Lowitja Institute, National Aboriginal Community Controlled Health Organisation, Aboriginal Legal Services, and the Aboriginal Health Council of Western Australia as well as Children and Family Commissioner, Parenting support organisations, Family and Domestic Violence organisations and Sexual Assault Referral Centres, in consultation with the Aboriginal and/or Torres Strait Islander LGBTIQ+ community/ies. (C).
18. Organisations to ensure that the completion of Professional Development and training about Aboriginal and/or Torres Strait Islander LGBTIQ+ people is mandatory and completed by staff across all levels of organisations including front-line staff. That the training is offered in multiple formats including webinars, manuals, checklists, brochures, videos and on-line platforms and include content such as: "Basic do's and don'ts and how to start a conversation with Aboriginal and/or Torres Strait Islander people who identify as LGBTIQ+ including Trans\* and Intersex people." (C; O).

19. Community members including Elders and Senior community leaders are supported through education and respectful discussion led by the CEO's, Executives and other professionals in ACCHO's to consider and advocate for the needs of Aboriginal and/or Torres Strait Islander LGBTIQ+ people. (C;O).
20. Indigenous Centres in Universities to be openly LGBTIQ+ friendly as well as culturally safe, through programs such as "Follow the Dream" linking into universities. (C).
21. Information resources including social media are designed and developed for the community by State Health Government bodies such as Child and Adolescent Health WA and Department of Communities about how family members and friends who are not LGBTIQ+ can support parents who are LGBTIQ+ and/or children who identify as LGBTIQ+. (C).
22. State government bodies such as Child and Adolescent Services, Maternity hospitals and Child Health nurses develop parenting information and education resources that are inclusive and use language and terminology that includes the experiences and expectations of parents who are LGBTIQ+ in collaboration with Aboriginal LGBTIQ+ people. (C).
23. Educational Guides are developed for those staff who are more knowledgeable and confident about responding to the needs of Aboriginal and/or Torres Strait Islander clients who identify as LGBTIQ+ and that this includes ideas for marketing, promotion and advocacy of LGBTIQ+ issues and concerns in collaboration with the Aboriginal and/or Torres Strait Islander LGBTIQ+ community members.

## Organisational Service Models

24. State government bodies such as Child and Adolescent Services, Maternity hospitals and Child Health nurses develop parenting support services that are inclusive and use language and terminology that includes the experiences and expectations of parents who are LGBTIQ+. (C).

25. Organisations, mental health professionals and general practitioners adopt 'affirming' care models in their practice that recognise and respond to the diversity of gender and sexual orientations of Aboriginal and/or Torres Strait Islander people seeking support and who are LGBTIQ+. (C).
26. Organisations are proactive in seeking representation of Aboriginal and/or Torres Strait Islander people who identify as LGBTIQ+ on Boards and Management Committees. (C).
27. Organisations such as the Aboriginal Doctor's Association and the Australian Indigenous Psychologists Associations include representatives on their Boards who identify as LGBTIQ+. (C).
28. Boards of management, CEO's and executive levels of organisations sign up to programs such as "Pride in Diversity," and complete the accreditation for Australian Workplace Equality Index. (O; C).
29. Criminal Justice and Legal Organisations such as the Aboriginal Legal Services, Youth Justice, Legal Aid, Aboriginal Women's Legal Service, Women's Legal Services, SARC and DJINDA (Relationships WA) to recognise and respond to the specific homophobic crimes experienced by Aboriginal and/or Torres Strait Islander LGBTIQ+ through the development and implementation of appropriate victim support services and programs. (C).

### Professional Development for Organisations

30. Organisations develop a range of professional development resources and opportunities for staff about how to respond appropriately and effectively to the needs of Aboriginal and/or Torres Strait Islander people who identify as LGBTIQ+ with content that includes:
  - The use of inclusive language and terminology
  - Basic information about sexually and gender diverse people
  - Information about the diversity within the category of LGBTIQ+ including Trans and Intersex
  - Information about how Interpersonal Violence may be experienced by LGBTIQ+ people
  - The importance of ensuring safe referral pathways particularly for those who identify as Trans or Intersex
  - The importance of not 'outing' LGBTIQ+ colleagues or clients. (O: C).

## Signs, Symbols and Visibility

31. Services across health, education, legal, housing and social support sectors ensure they have visible signs and symbols such as Pride flags, Aboriginal and Torres Strait Islander flags, posters and artwork that display they are welcoming, safe and inclusive services for Aboriginal and/or Torres Strait Islander people to access. (O; C).
32. LGBTIQ+ organisations invite the participation of Aboriginal and/or Torres Strait Islander LGBTIQ+ people in the design of specific, highly visible, celebratory events and allocate funding for these to showcase Aboriginal and/or Torres Strait Islander people who identify as LGBTIQ+. (C).
33. Organisations such as NACCHO and Close the Gap Committee members to develop and promote “Statements of Inclusion” about Aboriginal and/or Torres Strait Islander LGBTIQ+ people. (C).

## Social media and dating apps

34. Education to be designed and developed by Peak Aboriginal institutions for Aboriginal and/or Torres Strait Islander LGBTIQ+ people using social media and dating apps about how to safely engage with other users and when, if and how to ‘disclose’ Aboriginality and/or LGBTIQ+ status. (C).
35. Peak Aboriginal and LGBTIQ+ organisations to take the lead in the development of anti-racism strategies and awareness about the racism that is experienced by Aboriginal and/or Torres Strait Islander LGBTIQ+ people from the wider non-Aboriginal LGBTIQ+ community. (C).
36. Educating young Aboriginal and/or Torres Strait Islander people about homophobia on social media platforms and dating apps through peer to peer education strategies, including education about the issues in schools through inclusive education and programs such as “Follow the Dream.” (C).

## Further Research

This research has resulted in findings from Aboriginal and/or Torres Strait Islander LGBTIQ+ people living in urban settings. There is a need for Commonwealth and State Funding and Grant bodies to adequately fund and resource research project teams to enable them to capture the views of Aboriginal and/or Torres Strait Islander people LGBTIQ+ people living in rural and remote areas across the State and for those who identify as Trans and/or Intersex (O;C),

Targeted research into the experiences of Aboriginal and/or Torres Strait Islander people who are LGBTIQ+ when using social media, on-line dating apps and other on-line resources is needed. Specifically, this should be around both affirming experiences and those that may involve racism, homophobia, bullying and microaggressions (C).

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