

Including You

A Practical Guide to Engaging with
Lesbian, Gay, Bisexual, Transgender,
Intersex and Queer (LGBTIQ)
Communities and Developing
LGBTIQ Inclusive Services



**Government
of South Australia**

Department for Communities
and Social Inclusion

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- Gay and Lesbian Health Victoria - *Beyond a rainbow sticker: How to create a gay, lesbian, bisexual, transgender and intersex inclusive service.*

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1. Introduction¹

Purpose of this guide

Including You: A Practical Guide to Engaging with Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) Communities and Developing LGBTIQ Inclusive Services (Including You) has been developed to support state government staff in engaging with, and delivering inclusive services to, LGBTIQ people.

Including You is provided as a companion document to the *South Australian Strategy for the Inclusion of Lesbian, Gay, Bisexual, Transgender, Intersex and Queer People 2014 – 2016*.

This guide is designed to enhance community engagement with LGBTIQ people, leading to greater consideration of sexuality, sex and gender identity issues in the development of policies, programs and services. This engagement aims to create more inclusive policy and practice to achieve better outcomes for LGBTIQ South Australians and enhance overall social inclusion.

Including You provides information as well as good practice guidelines; however, it is not intended to be a comprehensive manual on all issues that might relate to LGBTIQ people. The publication will be updated when necessary, with the most up to date version available on sa.gov.au

It has been developed as a companion document to the *South Australian Strategy for the Inclusion of Lesbian, Gay, Bisexual, Transgender, Intersex and Queer People* that identified engagement and the provision of inclusive government services as priorities for LGBTIQ communities.

Links to relevant legislation, websites and research papers can be found on the Citizens and Your Rights section of the sa.gov.au website.

Terminology

DCSI is aware of the power of language and terminology and its potential to both include and exclude members of our community. We acknowledge the diversity within LGBTIQ communities, as well as the different terminology used or advocated by LGBTIQ people.

Further, DCSI understands that sex, sexual orientation and gender identity, although related, are distinct. We are also aware that some intersex people choose to affiliate with LGBTQ community members and the broader LGBTQ advocacy movement, as intersex people can experience similar issues of discrimination and stigma. For this reason, information specific to intersex people is included in this guide.

DCSI emphasises that this publication is an introductory guide to working with LGBTIQ people and that providing readers with a broad understanding of LGBTIQ sub-population groups and respective issues is a critical starting point to this work. The terminology adopted in this guide is not intended to marginalise or diminish people within LGBTIQ communities.



¹ Information in this section is sourced primarily from - Queensland Government, *Engaging Queenslanders: A guide to working with Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) communities*, Department of Communities, 2012

2. Context²

Overview

When planning for effective community engagement, government staff need to understand the challenges faced by client groups. This helps to ensure programs and services are appropriate and address the diverse needs of clients.

In providing information on the challenges of LGBTIQ communities, as well as specific information on the main LGBTIQ sub-population groups, this section aims to provide an understanding of the social and legal environment experienced by LGBTIQ South Australians. An understanding of LGBTIQ communities and populations can also be developed through open and inclusive interaction with the target groups, as highlighted in this guide's engagement practices.

Underlying concepts

When working with LGBTIQ people and sub-populations, it is important to understand key concepts and the commonalities and unique experiences of these populations. These terms are explained more fully below.

Biological sex and gender identity

The terms 'biological sex' and 'gender' are often thought to be interchangeable; however, this is not strictly the case. 'Biological sex' is an anatomical descriptor that relates to a person's genitals, chromosomes, hormones and other physical and reproductive traits. The term intersex refers to people who are born with physical, hormonal or genetic features that are: (a) neither wholly female nor wholly male; or (b) a combination of female and male; or (c) neither female nor male³.

'Gender' or 'gender identity' is defined by a person's own identification as male, female, or other identity and relates to legal status, social interaction, public persona, cultural position and psychology.

Gender identity is closely related to the concept of gender roles; being the sets of social and behavioural norms that are considered appropriate for individuals of a particular gender. The gender of a person may be reflected in the:

- pronouns they use to describe themselves, for example him/he/his or her/she/hers
- styles of dress and other forms of presentation, such as hairstyle, footwear, makeup, fragrance, voice, jewellery
- position and/or role adopted within a family, community, social setting and culture.

² Information from this section sourced primarily from - Queensland Government, *Engaging Queenslanders: A guide to working with Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) communities*, Department of Communities, 2012

³ Victorian Equal Opportunity and Human Rights Commission, Fact Sheet for General Practice 2014, viewed at www.humanrightscommission.vic.gov.au/media/k2/attachments/General_Practices_FS_A4.pdf

Sexual Orientation

The 'sexuality' of a person refers to their attraction towards particular sexual partners and activities, and their personal expressions of sexual desire and fulfillment. For the purposes of this guide, 'sexuality' will be used as a synonym for 'sexual orientation', to refer to the romantic, spiritual, sexual and personal attraction a person feels toward a particular gender or genders.

A person's sexual orientation often impacts on the way they socialise, their friendship groups, and the way they relate to their friends and family. The sexual orientation of a person may also dramatically influence the health and welfare services they require, the way they access services and how they relate to service providers as a client.

LGBTIQ sub-populations

Sub-population groups within the LGBTIQ community can experience issues beyond the challenges outlined in this section. Issues relating to the main sub-population groups are outlined in the following pages.

Lesbians

The term 'lesbian' refers to women whose long-term sexual, romantic and personal attraction is exclusively to other women. Many women who pursue relationships with other women will identify as lesbian and may have varying degrees of involvement with lesbian communities and 'scenes', for example, engagement with queer media or attending lesbian venues/events. However, sexual behavior does not always match sexual identity. For example, a woman who has sex with women may not identify as lesbian or bisexual, and may have been, or still be, married or otherwise in a committed relationship with a man.

Increasing numbers of lesbians are forming families within same-sex relationships, leading to increased need for legal advice and family support services, and influencing their interaction with institutions such as schools, healthcare providers and Centrelink. Many lesbians are open about living in a legally recognised same-sex relationship and may require support accessing financial and social services now available to same-sex couples.

Gay men

The term 'gay' is used in this context to refer to men who are exclusively attracted to other men. Many men who pursue romantic and sexual relationships with other men will identify as gay and may have varying degrees of involvement with gay communities and 'scenes', for example, engagement with gay media or attending gay venues/events. However, sexual behavior does not always match sexual identity. For example, a man who has sex with men may not identify as gay or bisexual, and he may have been, or still be, married or otherwise in a committed relationship with a woman.

Although examples of gay male culture are widely represented in mainstream media and discourse, there are many expressions of gay identity and a diverse range of gay subcultures and scenes. These subcultures often have their own unique vernacular, styles of dress, and social structures; but, even men who adopt a more generic 'gay' identity will have their own personal style, interests, experiences and perspectives. It is important not to make assumptions about an individual gay man based on stereotypes drawn from media or broader commercial gay culture.

Increasing numbers of gay men are forming families or becoming sperm donors, leading to increased need for legal advice and family support services. As with lesbians, many gay men are becoming more open about living in a legally recognised same-sex relationship and may require support accessing financial and social services now available to same-sex couples.

Bisexual people

The term 'bisexual' is one of several terms used to refer to people who express sexual attraction to more than one gender. While often being the largest self-identified sub-population group within LGBTIQ communities, "bisexuals experience high rates of being ignored, discriminated against, demonised or rendered invisible by both the heterosexual world and lesbian and gay communities"⁴.

Many bisexuals face not only homophobia and biphobia from the 'straight' world, but also a distrust and lack of acceptance within LGBTIQ spaces. For this reason some people may not express a public bisexual persona regardless of their behavior or desires, particularly if they are in a committed relationship with a long-term partner.

Bisexual people who are active in gay or lesbian communities may not be outspoken about their bisexuality, and may instead allow people to assume that they are gay or a lesbian. For this reason it is important not to assume that a person in a same-sex relationship is gay or a lesbian, or that a person in an opposite-sex relationship is heterosexual. Bisexual people form and maintain monogamous relationships just as people who are attracted exclusively to one sex do, and may lead a life largely indistinguishable from a heterosexual, gay or lesbian couple. Bisexual people form relationships with other bisexuals, and also with people exclusively attracted to one gender.

Negative stereotypes of bisexual people, such as being promiscuous, uncommitted, or 'going through a phase' arise from the lack of acceptance of bisexuality as a legitimate sexuality. Some people will go so far as to insist that bisexuals do not exist, or that anyone claiming to be bisexual has not come to terms with their true sexual identity. Likewise, many historic figures that were sexually or romantically involved with more than one gender are nevertheless considered 'gay' or 'lesbian' in popular discussion. This failure to recognise the existence of bisexuality is referred to as 'bisexual erasure' or 'bisexual invisibility'.

Many people who exhibit bisexual behavior patterns or desires do not describe themselves using the term 'bisexual'. This may be for any number of reasons: they may wish to avoid the negative connotations associated with a bisexual identity; they may feel that the term denotes an exact balance in desire between men and women; or, they may believe that the prefix 'bi' perpetuates the idea of a gender binary.

Transgender people

Some people are born male or female but identify strongly as a different gender; others do not identify as being either exclusively male or female. The three commonly accepted terms for these people are 'trans', 'transsexual' or 'transgender'. Individuals may express a preference for specific gender pronouns such as he or she and some may wish to be referred to as male or female rather than transgender, particularly if they have had sexual reassignment surgery. It should be noted that a person's transgender status has no bearing on their sexual orientation. A transgender person may be heterosexual, gay, lesbian, bisexual or any other sexual orientation.

⁴ Queensland Department of Communities, Engaging Queenslanders: a guide to working with LGBTI communities, 2012, p.12

The act of undergoing the process to live as your preferred gender is referred to as 'transitioning'. There is enormous pressure for people to conform to cultural and social expectations of gendered behaviour and appearance. However, some transgender people choose to maintain an identity which is neither male nor female. Confidentiality in relation to a person's transgender status is paramount, particularly during a process of transition. It is not acceptable to refer to a person transitioning by their previous name and/or pronoun.

Although, historically, it has been challenging for transgender men and women to obtain forms of identification that align with their gender identity, such as birth certificates, drivers' licenses and passports, it is becoming less difficult.

Many transgender people do not opt for surgery or hormonal treatments to live as their preferred gender, and it is important that this is not a barrier to service delivery. A transgender person should be acknowledged as their preferred gender, including the use of their preferred name, titles and gender pronouns on forms and in conversation, regardless of whether sexual reassignment surgery has been performed. Transgender people should not have to make their medical history public knowledge in order to get respectful treatment.

Intersex people

Intersex people are born with chromosomes, reproductive organs, internal body structure or genitalia that do not conform with socially and medically recognised definitions of 'male' or 'female'. Terms used historically to describe intersex people include 'disorders of sex development', 'hermaphrodite' and 'ambiguous genitalia'. The preferred terminology is 'intersex person' or 'person with intersex'.

There are currently more than 30 known intersex conditions, and how they affect an individual vary greatly. Some intersex people have a physical anatomy and genitals largely indistinguishable from a male or female, whereas others may feature primary or secondary sexual characteristics that do not conform to those commonly associated with being exclusively 'male' or 'female'.

International studies show over one per cent of all babies have some kind of intersex condition⁵. Health care providers and parents can face complex management issues. Previously, it was an accepted practice to assign the external genitalia of a child during their childhood, often through surgical intervention, in order to determine the sex of the child early in their life.

Research and investigation now advises against any irreversible or long-term procedures being performed on intersex children, unless a condition poses a serious risk to their health. Intersex people often live fulfilling lives and pursue positive romantic and sexual relationships without any form of genital reconstruction.

Children who have undergone sex reassignment surgery at birth often experience anxiety or discomfort as they progress through developmental stages when their gender identity does not align with the assigned physical genitalia.

The intersex status of a person has no bearing on their sexuality – they may identify as lesbian, heterosexual, bisexual, gay or any other sexual orientation. Therefore, it should not be assumed that an intersex person has any involvement with LGBTQ issues or communities. Intersex communities and advocacy groups are often wholly distinct from LGBTQ groups and communities. However, as intersex individuals can face similar forms of stigma due to gender stereotyping, many intersex individuals and organisations choose to align with the LGBTQ sector.

⁵ A Bock, 'It takes more than two', *The Age*, 20 June 2013, pp.18-19

Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people can experience multiple discrimination based on their culture, sexuality and gender identity. The importance of cultural and family bonds and the lack of family ties in LGBTIQ communities are critical issues for many Aboriginal and Torres Strait Islander LGBTIQ people. In relation to mental health, Aboriginal and Torres Strait Islander LGBTIQ people are disproportionately exposed to many risk factors. Factors associated with LGBTIQ status are superimposed upon a high level of mental health risk factors already present in some Aboriginal and Torres Strait Islander populations such as poverty, violence and alcoholism.

Service providers may also be aware of the term 'sistergirl', which is used by some members of the Aboriginal community to broadly describe their transgender or gay status. When delivering services, it is important to note that the term 'sistergirl' may also be used by Aboriginal people who do not identify as LGBTIQ.

People with disability

The United Nations Convention on the Rights of Persons with Disabilities seeks to protect the human rights and fundamental freedoms of all people with disability, and to promote respect for their inherent dignity.

LGBTIQ people with a disability can experience invisibility within the LGBTIQ community and poorer access to services provided for LGBTIQ people. In addition, stigma and lack of community awareness can significantly limit the number of community services in which members of the LGBTIQ community feel welcome and understood, including people with a disability.

Young people

Adolescence can be fraught with challenges for many people, and these issues can be compounded when an individual is trying to understand their gender identity or patterns of sexual attraction.

Young people face particular challenges when deciding to 'come out' because they often rely on parents and carers for the fundamentals of housing, food, clothing, education and emotional support. Rejection by parents has significant impacts on LGBTIQ young people, and can be exacerbated by a lack of support from their heterosexual peers. In turn, this lack of peer support can, particularly in rural areas, lead to higher rates of suicide, self-harm and drug use among LGBTIQ young people.

Culturally and linguistically diverse people

People from culturally and linguistically diverse (CALD) backgrounds that also identify as LGBTIQ often face complex forms of discrimination and social exclusion. This includes potential racism and language barriers within LGBTIQ communities and services, as well as homophobia, transphobia or heterosexism within CALD services or communities.

Many people from CALD backgrounds who are LGBTIQ may face the stress of managing two identities – an 'out' LGBTIQ identity within the broader community; and a heterosexual identity within the CALD community. The particular importance of family and community as a support structure and its loss upon disclosure of their identity is a major issue for many CALD LGBTIQ people.

For many CALD LGBTIQ individuals, the self censoring, long-term invisibility and suppression of their sexual or gender identity has been recognised as a major risk factor relating to sexual and mental health.

Older people

With a growing ageing population, the issues for LGBTIQ seniors need to be better understood in order to improve both community engagement practice and service provision. Despite popular misconceptions, sexual orientation and sexual behavior continue into ageing, and this may create barriers for LGBTIQ people accessing appropriate seniors accommodation, living arrangements and support that reflects their needs.

Older LGBTIQ Australians report experiencing significant discrimination in aged care that can range from inappropriate policies to abuse by staff and other residents. LGBTIQ people also face barriers to having their complaints appropriately addressed. Services can struggle to support the sexuality and gender identity of their clients, and often fail to recognise transgender people and non-heterosexual sexualities. This can mean that clients do not feel comfortable or safe to come out, or talk about their needs, which may result in limited sexual expression and social isolation.

People in regional and remote areas

LGBTIQ people in regional communities often report experiencing higher levels of psychological distress than in urban communities, and several studies demonstrate that, with few exceptions, rural and remote areas tend to be more homophobic than urban areas.

Rural lesbian, gay, and transgender young people have been identified as being at particularly high risk of committing suicide⁶ and have also been found to feel less safe, have less access to health information, less support and experience greater isolation than their urban peers⁷.

Studies internationally and in Australia identify rural LGBTIQ people as especially vulnerable to developing mental health problems because of: the potential for homophobia and transphobia; lack of anonymity; and, high degree of non-disclosure of identity⁸.

Intersectionality

Intersectionality refers to the multiple discriminations and marginalisations experienced by some members of the LGBTIQ community. For example, an Aboriginal lesbian woman may be discriminated against on the basis of her race, gender and her sexual orientation, or a transgender person with a disability discriminated against on the basis of their disability and their gender identity. It is important that intersectionality be considered when engaging LGBTIQ people and in preparing policies, strategies or programs.

⁶ Suicide Prevention Australia, Position Statement – Mental Illness and Suicide – June 2009, Page 5 of 12

⁷ M Flood & C Hamilton, Mapping Homophobia in Australia, The Australia Institute, Canberra; S Foster, Rural lesbians and gays; public perceptions, worker perceptions and service delivery, Journal of gay and lesbian social services; J Smith & R Mancoskeas, Rural gays and lesbians: building on the strengths of communities, Haworth Press, cited in , Engaging Queenslanders: a guide to working with LGBTI communities, 2012, p.37 54

⁸ L Gottschalk & J Newton, Rural Homophobia: Not Really Gay, The Australian Psychological Society as cited in Engaging Queenslanders: a guide to working with LGBTI communities, 2012, p.38 54

Common challenges within LGBTIQ communities

Many LGBTIQ people in South Australia lead safe, healthy, active and socially engaged lives; however, they can also experience marginalisation, stigma, discrimination and social exclusion. This can lead to negative health and wellbeing outcomes. LGBTIQ people face particular challenges arising from homophobia, transphobia and heterosexism and this can impact on their involvement in the community and access and use of services.

Common challenges for LGBTIQ people in Australia, as compared to heterosexual population groups, include:

- stigma and discrimination
- higher rates of harassment, abuse and hate crimes
- higher rates of self-harm and suicide
- higher rates of alcohol consumption, smoking of tobacco and illicit drug use
- high incidences of isolation and feelings of disconnection from local community
- high rates of mental health issues including stress, depression and anxiety
- delayed access to support services or information due to previous negative experiences with institutions and fear of further discrimination.

In recognition of these challenges, agencies can conduct specific engagement activities with LGBTIQ communities, as well as ensuring that general engagement activities are delivered in safe and welcoming environments that seek to involve LGBTIQ people. It is also critical that agencies are aware of the range of issues faced by LGBTIQ people so that services are appropriately developed and delivered.

Legal Context

This sub-section provides a snapshot of major legal and policy reforms from the 1970s to the present that relate to LGBTIQ people. The information provided below is not intended to constitute legal advice.

70s

- **1975** - South Australia was the first state to decriminalise sexual conduct between males.

80s

- **1984** - The *South Australian Equal Opportunity Act* comes into effect and includes sexuality as a ground for unlawful discrimination.
- **1986** - The Human Rights and Equal Opportunity Commission (HREOC, now the Australian Human Rights Commission) is established and empowered to investigate complaints of discrimination in employment and occupation on various grounds, including sexual preference.
- **1988** - *The Sexual Reassignment Act 1988* (South Australia) came into effect.

90s

- **1990** - The World Health Organisation removes homosexuality from its International Classification of Diseases (ICD).
- **1992** - Gay and Lesbian people allowed to openly serve in the military.
- **1997** - Tasmania became the last place in Australia to decriminalise same-sex sexual activity between men.

00s

- **2006** - The *Statutes Amendment (Domestic Partners) Act 2006* (South Australia) amended 97 Acts, dispensing with the term “de facto” and categorising couples as “domestic partners”. This meant same-sex couples who live together are now covered by the same laws as other couples. Same-sex couples may make a written agreement called a Domestic Partnership Agreement about their living arrangements.



- **2007** - The Australian Human Rights and Equal Opportunity Commission (HREOC) releases its *Same-Sex, Same Entitlements Report* on financial and workplace discrimination against same-sex couples. It is the first national inquiry and consultation directly on the issue of same-sex equality.
- **2008** - Based on HREOC's 2007 report recommendations, the Federal Government changes 85 different laws so that same-sex couples are recognised as having many of the same rights and obligations as different-sex de-facto couples. The reforms eliminate discrimination against same-sex couples and their children in a wide range of areas, including social security, taxation, Medicare, veteran's affairs, workers' compensation, educational assistance, superannuation, family law and child support.
- **2009** - *The Fair Work Act 2009* (Commonwealth) prohibits discrimination on the basis of 'sexual preference' in relation to all aspects of employment, although it does not prohibit discrimination on the basis of gender identity.
- **2009** - The *South Australian Equal Opportunity Act 1984* was amended to reflect more closely federal statutes of a similar nature. The amendments removed reference to 'transexuality' as a form of sexuality and included 'chosen gender' as a ground for unlawful discrimination. While sexuality was recognised as a ground previously, the amendments included repealing laws that allowed discrimination on the basis of sexuality or chosen gender; when joining a club or association; entering a small business partnership; or, as an employee, prospective employee, customer or client.

- These amendments also removed exemptions for religious based service providers, such as hospitals and aged care; to discriminate in employment based on a person's sexuality or marital status. However, exemptions still allow faith based schools to refuse employment on the basis of a person's sexuality or chosen gender where this is relevant to the schools religious beliefs, although they are prohibited from discriminating against students on the same basis ⁹.
- **2009** - HREOC releases *The Sex Files: the legal recognition of sex in documents and government records*, a report highlighting the difficulty many sex and gender diverse people experience in changing sex markers in official documents, such as birth certificates.
- **2010** - The *Family Relationships Act 1978* (South Australia) was amended to allow de facto lesbian partners with a child conceived by assisted reproductive technology to register as co-parents on their child's birth certificate.
- **2011** - The *Statutes Amendment (De Facto Relationships) Act 2011* (South Australia) that recognises same sex couples in asset forfeiture, property and stamp duty proclaimed.
- **2011** - The Australian Human Rights Commission releases its consultation report, *Addressing sexual orientation and sex and/or gender identity discrimination*, which provides evidence and support for strengthening human rights for LGBTIQ Australians.
- **2011** - The Foreign Minister and Federal Attorney-General announce new guidelines under which sex reassignment surgery will no longer be a prerequisite for issuing a passport in a person's preferred gender. This makes it easier for transgender, genderqueer, and other gender-variant people to obtain a passport that reflects their gender identity and physical appearance.
- **2013** - Australian Government Guidelines on the recognition of sex and gender is released. The Guidelines standardise the evidence required for a person to establish or change their sex or gender in personal records held by Australian Government departments and agencies. They apply to all Australian Government departments and agencies that maintain personal records (including employee records) and/or collect sex and/or gender information. A copy of the Guidelines can be found at www.ag.gov.au/consultations/pages/
- **2013** - *Sex Discrimination Act 1984* (Commonwealth), now makes it unlawful to discriminate against a person on the basis of sexual orientation, gender identity and intersex status.

⁹ Equal Opportunity Changes 2009, South Australian Equal Opportunity Commission, viewed at www.eoc.sa.gov.au/sites/eoc.sa.gov.au/files/attachments/Summary%20of%20Equal%20Opportunity%20Changes%202009.doc on 25 September 2013

3. Engaging LGBTIQ people¹⁰

Engagement is the practice of actively bringing community voices into decisions that affect or interest them. It can include a range of approaches, such as one-way communication or informing, consultation, involvement, collaboration in decision-making, and/or empowered action, aimed at placing the final decision-making in the hands of the public.

Why engage?

Engaging people in decision-making processes brings about many benefits. Key outcomes that can be achieved from the effective engagement of LGBTIQ communities include:

- better service delivery — more effective identification of needs, better relationships with the sector, better program and service choices, more appropriate access
- resilient, harmonious communities — empowered individuals and communities, improved community relations, building a sense of belonging and identity
- better planning — better communications, reduction of disputes, better business planning
- better decision-making — hearing different views and ideas, communicating government decisions, involving citizens in decision-making about policy and programs
- cost-effectiveness — savings achieved through improved decision-making¹¹.

Level of Engagement

Engaging people in decision making processes can be done at a number of levels. The State Government has adopted the IAP2 Public Participation Spectrum as a tool to assist with the selection of the level of engagement that defines the community's or stakeholder's role.

The spectrum shows that differing levels of engagement (or participation) are legitimate depending on the goals, time frames, resources and levels of concern in the decision to be made. The spectrum also sets out the commitment being made to the public at each engagement level that helps us to be transparent about the level of engagement being used.

Engagement Principles

The State Government has committed to six engagement principles. The principles provide a guide to good engagement and are designed to be integrated.

We know why we are engaging and we communicate this clearly

This principle can be divided into three elements: knowing your engagement's rationale and objectives; understanding the public's level of influence in shaping these; and, communicating this clearly to everyone who needs to know about it.

¹⁰ Information in this section is sourced primarily from – South Australian Government, Better Together: principles of engagement, a foundation for engagement in the South Australian Government, Department of the Premier and Cabinet, 2013

¹¹ Queensland Department of Communities, 2012, Engaging Queenslanders: A guide to working with Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) communities, Queensland Government. p 19

1 Knowing your engagement's rationale and objectives

Your rationale is why you are engaging and your objectives outline what will happen as a result of the information gathered from the community and stakeholders. It is important to have a clear grasp of your engagement's rationale and objectives and can articulate this to your colleagues and audience.

2 Understanding the public's level of influence

Once you have an idea of the challenges and have started to think about solutions, you need to understand the extent to which the community and stakeholders can influence the decisions or directions. The IAP2 Public Participation Spectrum provides a framework for engagement.

It's critical to be clear about the level of influence the community and stakeholders have in order to ensure that expectations are not raised and this is where the IAP2 Spectrum comes in. If you can pinpoint which level you are aiming to fulfill, you can then be clear with your stakeholders/ community that the objective of your engagement is to inform, consult or collaborate with them.

3 Communicating this clearly

Once you know what's happening and have an understanding of who needs to be engaged, and how much, you need to communicate this.

A good communication strategy provides your community engagement with the ability to reach out to its intended audience, tell them what's happening and making it really clear to them how they can get involved.

Expectation management plays an important role in community engagement. Be very clear with communities about what they can and cannot influence by being engaged.

	Inform	Consult	Involve	Collaborate	Empower
Public Participation Goal	To provide the public with balanced and objective information to assist them in understanding the problems, alternatives and/or solutions.	To obtain public feedback on analysis, alternatives and/or decision.	To work directly with the public throughout the process to ensure that public issues and concerns are consistently understood and considered.	To partner with the public in each aspect of the decision, including the development of alternatives and the identification of the preferred solution.	To place final decision-making in the hands of the public.
Examples / Tools	Fact sheets Websites	Focus groups Surveys Public meetings	Workshops Deliberate polling	Citizen Advisory Committees	Citizen juries Ballots Delegated decisions

We know who to engage

Who should you be engaging with? Is there more than one group? Are there hidden audiences, people we should be engaging with, who may not be the obvious communities or stakeholders? These are key questions to ask at the beginning of an engagement and they will help you determine which methodologies will attract people to your engagement.

The LGBTIQ community is not a homogenous group; there are distinct communities that are Lesbian, Gay, Bisexual, Transgender, Intersex or Queer. LGBTIQ people are diverse, coming also from all population groups, including Aboriginal and Torres Strait Islander, young people, people with disability, people from linguistically diverse communities, and from regional and remote areas. It is critical that this diversity is recognised, reflected, understood and taken into consideration when seeking to engage with LGBTIQ communities.

Knowing who to engage will flow naturally from knowing why you are setting out to engage. It is the next logical step: know what the community's challenges are, then engage the people who are most affected and interested. Throughout your engagement activity there are likely to be different voices vying to be heard and it may be appropriate to engage them at different points. Further, it may also be appropriate to engage with particular groups within LGBTIQ communities who have quite distinct needs, such as Transgender or Intersex people.

Interested stakeholders may include non-government organisations, such as social network and support groups, advocacy groups, service delivery bodies or community controlled organisations. They may also include academic bodies such as universities and/or research centres. These stakeholders can often provide knowledge and insight which complements the affected stakeholders' firsthand experience.

In South Australia there is no one organisation or peak body that you can go to seeking engagement with LGBTIQ communities. However, there are a number of smaller LGBTIQ community groups and organisations and they will be able to help you interact with affected stakeholders. Examples include Feast Festival, Gay and Lesbian Community Services Inc, and Relationships Australia (SA). Additionally, there is the annual Feast Festival Picnic in the Park, which draws a large LGBTIQ crowd. Consideration could be given to having a departmental stall at this event.

It is important that you're able to identify key people in the LGBTIQ community who may be able to speak for the community and attract more people into the process. To help you identify leaders, it might be useful to monitor LGBTIQ media, looking out for people who are writing columns or regularly corresponding with the editor. It can also be useful to identify LGBTIQ community groups and attend local LGBTIQ community events to discover who is 'in the know'.

A good engagement is one that draws people into the process, understanding what will motivate and interest them. You should take the time to understand the LGBTIQ community you are going to engage, getting a handle on the people involved, and their motivations and their desires. It is useful to do some research into the LGBTIQ community and ascertain whether there are any other issues at play aside from the one you are engaging about. Find out what has been achieved (or not achieved) in the community in recent years and what makes it tick.

You need to understand what will motivate people to get involved in your engagement. This is the ‘what’s in it for them?’ question, but should not be seen as selfish (the ‘value proposition’). For some people this will be the opportunity for financial gain (for example, an entry into a prize draw); for others it will be a chance to improve their community; some may be keen to share their ideas and opinions because they think they are worthy of a public airing; others may have a leadership position which compels them to be involved.

We know the background and history

Engaging communities and stakeholders too much or failing to build on previous engagement activities can be as bad as not engaging at all. Nothing seems to rile people more than being asked for input, time and time again, without being able to see where and how their last lot of feedback was used.

Knowledge of previous government involvement in a community or with stakeholders is vital. Corporate knowledge of engagements can be hard to obtain, but you should look at significant government projects undertaken in the recent past which may have spurred community engagement.

When undertaking an engagement, it’s worthwhile to specifically refer to any previous engagement activities in the community, explaining their outcomes, how they intersect with the current process, and why a new process is required.

We begin early

This principle urges you to engage as early as possible, bringing outside voices into the process long before government has made a final decision.

Early engagement will result in better outcomes for the LGBTIQ community and government. An early understanding of the community’s needs, motivations and desires will help government make decisions that are in line with these. Early engagement may also save time and resources, as the public’s input at a project’s genesis can reduce the risk of running into problems (including community opposition) later.

For communities, early engagement can build a sense of ownership and stewardship. It can help to bring people together for a positive purpose, rather than seeing communities coalesce around a negative cause further down the track. ‘Beginning early’ can be divided into three steps: meet the community and build relationships; work together to identify the challenges faced, rather than starting from a predetermined solution; and, commence a journey together towards the solutions.



Relationships are incredibly important and form the foundation upon which to build a successful community engagement. Strong, authentic relationships lead to trust, understanding and openness between stakeholders in government and community. Put in the groundwork for good relationships before doing anything else.

We then need to work with communities to identify the challenges (and opportunities) they are facing. This means taking a blank canvas approach, asking communities to come up with issues that matter to them, and moving forward from that point. If we can establish goals and plan clear pathways towards solutions together, all parties can embark on the same solution-focused journey.

To participate fully, stakeholders often need to identify the challenge and be part of designing the engagement process. This means asking them how they think that they and others should be engaged and what works best for them.



We are genuine

Keep it real. Nothing could be truer when it comes to engagement. People can quickly ascertain if our actions lack authenticity. People can see when engagement activities are undertaken for the sake of fulfilling a process or ticking a box. As soon as they do, cynicism sets in, they disengage from the process and lasting damage can be done.

Engagements that are not genuine, damage the public's goodwill towards government and make it harder for others that are being done with the right intent. This principle encompasses several elements:

Listening to understand

Genuine engagement means listening to understand. Through active listening, we will better understand the community and stakeholders we wish to engage; we will be able to get a handle on their motivations; know what makes them tick; grasp what they recognise as challenges and opportunities; and learn how to effectively engage with them.

Listening to understand asks you to step back for a moment, taking time to listen with empathy and gain a better understanding of the state of play in a community. Upon deeper listening you may be surprised by some of the insights you gain and there is every chance your perspective will shift. Stephen Covey, author and education consultant, describes empathetic listening as getting inside another person's frame of reference: "You look out through it, you see the world the way they see the world...you understand how they feel". This approach is likely to change how we design the engagement, how we communicate and how we interact with the community and stakeholders.

People at the centre

At his Gettysburg Address, Abraham Lincoln spoke of “government of the people, by the people, for the people”, to proclaim the value of democratic government. Today we could add a fourth clause: ‘with the people’, emphasising the arrival of participatory democracy and the importance of genuinely engaging people in government decision-making beyond political participation.

A successful engagement places the person, not the issue, at the centre of the engagement, because it’s the person who is affected by the issue, and the person who can help us design government’s best approach to the issue.

At the end of the day, everything we do in the public service should be focused on making the lives of South Australians better. Government does this by investing time and resources in a range of issues which are seen as important at any given time.

The areas are diverse and the policy and program responses complex, but whether it’s about economic development, environmental protection, reliable health care or excellent education, the final outcomes are for people and should be shaped by people. That is why it is so important to engage those people in the decisions of government, because only by doing that can we be sure that what we’re doing is right for them.

Accessibility

Ensure that the engagement has a high level of accessibility, providing people with as many opportunities as possible to participate. This can mean: ensuring timeframes for responses are appropriate; that venues (if a physical meeting is being held) are physically accessible and comfortable; and, that people feel welcome and valued (provide refreshments and take the opportunity to personally welcome people).

Accessibility also means choice. The more engagement opportunities you provide, the greater the volume and breadth of community interaction is likely to be. Provide people with multiple engagement methodologies. For example, you could: hold a community meeting; publish the outcomes for comment on an online discussion forum; promote this work through a social media strategy; and, gain additional information through a written survey.

Recognition and celebration

Because it’s all about people, we need to recognise and celebrate what participants bring to the process. This includes their time, ideas, special knowledge of their communities and, often, their networks and other resources. In doing this, we need to first remember that people who are participating in your community engagement are usually doing so voluntarily. It is crucial that we show our appreciation for this.

This can be as straightforward as providing verbal recognition at the close of a meeting, following up with letters of thanks, and then coming back to participants to let them know what we’ve done with the material they have provided. This demonstrates that even if we were unable to do anything with their input, we recognise that it’s valuable because time was taken to provide it.

We are creative, relevant and engaging

Our final principle looks to the engagement activities themselves, the things you want people to take part in: the online discussion forum; the public meeting; the Facebook page; the workshop (complete with butcher's paper); and, the list goes on.

To make sure our engagement methodologies capture the community's imagination and draw people into the process, we need to take them beyond mere tools. We need to think about personalisation, using creativity and relevance to make them as engaging as possible.

Engagement activities which stand out as highly successful are those which captivate their audiences and give them a clear purpose for being there. Sometimes that will mean fun and games, the use of multimedia and enthusiastic facilitation. On other occasions it will mean carefully constructed discussion papers, presentation of data and use of detailed case studies to add a real-life dimension to the words on the paper. As you work through principles one to five, you'll begin to understand what makes your community tick. The better you know the community, the greater your ability to shape engagement tools that will draw them into the process.

Relevance can be developed and increased by ensuring that there are multiple engagement platforms. Introducing additional and innovative engagement methods will make it more likely that a participant will find the engagement option they are most comfortable with. For some people that will be a small group conversation over coffee in a café, for others it will be online via social media tools. We advocate going to people rather than expecting them to come to us. If you're in a space they're comfortable in, whether that be on Twitter or in their local shopping mall, the quality and honesty of what's provided is likely to be much greater.



4. Inclusive Services

Having outlined the importance of community engagement for shaping policy, programs and services, this section of the guide focuses on the delivery of fair and equitable services for LGBTIQ South Australians. It is important to recognise that LGBTIQ people need the same services as the rest of the community but may access services differently. In some cases, services can use inappropriate language or fail to take into account the diverse needs of individuals.

The following recommendations aim to promote recognition and respect, understanding and responsiveness, and appropriate service delivery. They are by no means exhaustive but provide a simple set of LGBTIQ-sensitive practices¹².

A welcoming environment

Given LGBTIQ people's history of experiencing discrimination, many are wary when approaching a new service or individual providers. LGBTIQ people will often scan a service for clues to determine how LGBTIQ-friendly a service is and what personal information they are prepared to share with individual staff. There are a number of simple measures that can make a service welcoming to LGBTIQ people, including:

- displaying LGBTIQ posters, stickers and/or symbols in waiting areas
- providing LGBTIQ information and images in educational or promotional materials produced by the service
- listing or advertising the service in the LGBTIQ press
- displaying LGBTIQ-related service information in English, and in other languages where possible and appropriate

- avoiding assumptions regarding a person's sexual orientation or gender identity
- addressing transgender people as their preferred gender
- including a welcoming statement on your website
- when collecting demographic information, ensure there are opportunities for people to identify as LGBTIQ
- actively participate in significant celebrations and events important to the LGBTIQ community, such as International Day against Homophobia and Transphobia.

Staff education and training

Education and support for staff can ensure they are better skilled in working with LGBTIQ people. Topics for education and training about LGBTIQ sensitivity include:

- provision of LGBTIQ-specific awareness training
- provision of information on the detrimental effects of discrimination and prejudice to an individual's spiritual and emotional health and wellbeing
- identifying and challenging discriminatory beliefs and behaviours (including heterosexism, homophobia and transphobia) about LGBTIQ people, both at the personal and organisational level
- familiarity with key LGBTIQ health and wellbeing issues such as the health-related effects of discrimination
- use of inclusive and non-discriminatory language when dealing with LGBTIQ clients and their family members (particularly transgender clients)

¹² Most of these recommendations are drawn from C Barret, L Turner & L Leonard, Beyond a rainbow sticker. A report on How2 create a gay, lesbian, bisexual, transgender and intersex (GLBTI) inclusive service 2012 – 2013, Gay and Lesbian Health Victoria, Melbourne, Australia.

- recognition of the diversity of intimate and caring relationships, including recognition of same-sex partners and non-biological parents
- disseminate relevant reports, studies and research to the workforce
- ensure staff are aware of the legal requirements contained in legislation such as the *South Australian Equal Opportunity Act 1984*, and the *Sex Discrimination Act 1984 (Commonwealth)*.

Agencies are encouraged to use a wide range of tools for staff education, including films, documentaries and presentations or panel discussions from LGBTIQ people, their families or supporters.

In addition, with agency support and recognition, openly LGBTIQ staff can provide practical expertise in dealing with LGBTIQ issues and make LGBTIQ clients feel represented and comfortable. At the same time, it should not be assumed that openly LGBTIQ staff want to be, or even see themselves as, a local expert on LGBTIQ issues.

Staff-client communication

It is important that LGBTIQ clients feel comfortable interacting with and providing relevant information to staff. To maximise client comfort it is important to practice the following:

- Signal to clients that they are welcome to discuss their sexual orientation, gender identity and relationship status, and that heterosexuality is not presumed
- Remember that a client may not choose to disclose their sexuality or gender identity and this position should be respected
- Use open and inclusive questions that are gender neutral and demonstrate acceptance (for example, 'Do you have a partner? Are you in a relationship? What is your partner's name?')

- Consider using additional prompts when knowing a client's sexual orientation or gender identity impacts on their quality of care (for example, 'In our service we see both straight and gay people...')
- Respond positively when LGBTIQ clients are open about their sexual orientation, gender identity or intersex condition. Be aware that some clients may be unsure of their sexual orientation and gender identity while others may be in the initial stages of 'coming out'
- Be sensitive to the different ways in which LGBTIQ people talk about their sexual orientation, gender identity or intersex condition. Address LGBTIQ clients using terms that are respectful and consistent with their self-understanding. If unsure, ask clients how they would like to be addressed
- Understand that sexual orientation and gender identity may be fluid or fixed, and that different LGBTIQ people will prefer LGBTIQ-specific or mainstream community connections
- Provide extra support and sensitivity to LGBTIQ people who have disclosed experiences of homophobic violence, particularly as many believe they will not be taken seriously or that the issue will be trivialised.

Documentation

Both staff and clients may be concerned about what is recorded in the client file. The most useful approach may be to discuss this between staff and client, with the staff member taking responsibility to:

- seek a client's consent when recording information about their sexual orientation, gender identity or intersex condition
- inform clients why the information is needed, how it will be used and stored, and to whom it will be made available (such as referrals)
- include optional self-identification in the categories of sexual orientation, gender identity, intersex condition, relationship and family status.

Referral and resources

LGBTIQ culturally sensitive service delivery does not mean that all staff are experts on LGBTIQ issues. However, it does mean that staff can refer LGBTIQ clients to appropriate services if needed (where they exist) and provide them with, or refer them to, relevant information and resources. To enable client referral the following strategies may be helpful:

- develop a database or list of LGBTIQ support groups, information networks, directories and LGBTIQ-sensitive providers and agencies
- ensure follow-up with a client on their experience of the referral to build knowledge of the LGBTIQ sensitivity of referral networks
- develop protocols and procedures for referring LGBTIQ clients to LGBTIQ-sensitive providers and agencies (including mainstream services that are LGBTIQ inclusive)
- provide LGBTIQ clients with LGBTIQ-specific information and resources or direct them to agencies or sites where such resources can be obtained.

Disclosure and confidentiality

Privacy and confidentiality are significant issues for all clients. For many LGBTIQ people, however, there is the added concern of being 'outed' in contexts where being known to be LGBTIQ carries significant personal risk or risks to family and friends.

To provide an appropriate level of confidentiality, staff should:

- reassure clients that information and client-provider discussions are confidential and where there is a need to share client information or records, consent must be provided
- develop and distribute a written confidentiality statement that specifically addresses the concerns of LGBTIQ clients
- respect a client's right not to disclose but inform them when disclosure of sexual orientation, gender identity or intersex condition is likely to lead to improved outcomes.

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