The Tasmanian Lesbian, Gay, Bisexual, Transgender and Intersex Community Action Plan and Background Paper: Suicide Prevention

May 2013
One person told me they had never experienced a relationship. “I know I am different and have known since I was in High school, but I had to keep it a secret. I could not even tell my best friend. I was not comfortable with my skin and was very scared. I know what happens to local queers around here. They get beaten up and run out of town. Especially if you are born from around here and all your family are around these parts. Your family will beat you first. I do not want to move so have made that decision not to have a relationship or explore changing who I am physically” West Coast community member.
Introduction

This Community Action Plan (CAP) has been developed to guide suicide prevention activities for Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) communities in Tasmania. It is a fluid document that will be updated regularly as activities are completed and new actions agreed. The CAP has been developed as an action under Tasmania’s Suicide Prevention Strategy.

Tasmania’s Suicide Prevention Strategy 2010-2014 (the Strategy) was developed after extensive consultations with many community and government stakeholders. The Strategy was developed in line with the LiFE Framework (2007) and the mental health framework Building the Foundations for Mental Health and Wellbeing: A Strategic Framework and Action Plan for Implementing Promotion, Prevention and Early Intervention (PPEI) Approaches in Tasmania.

The Strategy makes comment on a number of population groups at higher risk in Tasmania including LGBTI communities, noting:

“Members of the GLBTI populations can experience victimisation, marginalisation and the fear of discrimination which can lead to increased levels of psychological stress, self harm, anxiety depression and suicide.” (p. 20)

The National LGBTI Health Alliance uses “LGBTI” as a recognisable acronym to collectively refer to identities and experiences that include lesbian, gay, bisexual, trans/transgender and intersex people and other sexuality, sex and gender diverse people and communities, regardless of their term of self-identification.

The LGBTI communities are Tasmanians who for the purpose of this Community Action Plan identify with one or more of the communities listed in the definition above.

The Tasmanian LGBTI community has been advocating for community action in suicide prevention for many years and has provided feedback during the development of the Strategy that specific action was needed to reduce the marginalisation, prejudice and discrimination experienced by LGBTI Tasmanians; hence the development of the Tasmanian LGBTI Community Action Plan (LGBTI CAP).

The World Health Organisation (WHO) defines health promotion as: "...the process of enabling people to increase control over their health and its determinants, and thereby improve their health." (WHO, The Bangkok Charter for Health Promotion in a Globalized World, 2005) A health promotion approach underpins the development of the LGBTI CAP. This approach was advocated by Tasmanians who participated in the consultations that were conducted across Tasmania. It is argued on this basis that, until the victimisation, marginalisation and the fear of discrimination is addressed and until services are provided in an equitable and culturally sensitive manner, the LGBTI community will continue to be at higher risk of mental ill health and suicide. (Private Lives 2 survey 2012(PL2), Suicide and Suicide Prevention in Australia: Breaking the Silence)
The Department of Health and Human Services funded Relationships Australia, Tasmania (RA Tas) to develop the LGBTI CAP. RA Tas formed and consulted with three regionally-based working groups and it was through these working groups that a range of stakeholders and community representatives engaged with RA Tas and developed informal partnerships with a range of sectors including Police, Health, Justice, Children and Youth, Mental Health, non-government organisations, Education and other local LGBTI organisations. Over 40 people were involved either attending the meetings or via email contact.

An overwhelming number of responses and information were gathered from Tasmanian LGBTI community members’ statewide, members of the three regional working groups, and from the Tasmanian Suicide Prevention Community Network. To ensure this rich discussion was captured and shared, a second supporting document has been prepared, which outlines in more detail the consultation process in Tasmania, the qualitative feedback and how the key actions and recommendations were decided. The consultation project was named “Let’s Put the Pieces Together” because it became apparent that there were separate pieces of good work already in place but they were occurring in isolation. Gaps and issues were also highlighted and well-considered recommendations were made.

“...we need to be a bigger more united voice. There is nothing wrong with us. We aren’t evil and we are not devils spawn. How dare they treat us like monsters? There should be harsher penalties for what they do to us. No one takes notice.....” Southern community member
Issues Faced by LGBTI Communities

Although most LGBTI Australians live healthy, happy lives, a disproportionate number experience worse health outcomes than their non-LGBTI peers in a range of areas, in particular mental health and suicidality. These disproportionately poor outcomes are found in all age groups of LGBTI people. It is important to note however, that same-sex attraction and transgenderism are not in themselves risk factors for mental illness; instead it is the impact of homophobia, transphobia and a number of other social prejudices which marginalise and isolate certain sections of LGBTI communities resulting in poorer mental health outcomes (Building the Foundations, p. 32)

Research findings noted in the Suicide and Suicide Prevention in Australia: Breaking the Silence Report, show that:

- suicide attempt and self-harm rates among LGBT communities are significantly higher than among non-LGBT populations, revealing that LGBT individuals attempt suicide at rates between 3.5 and 14 times those of their heterosexual peers (p. 80)
- risk among sexuality, sex and gender diverse people is magnified by other unique issues, such as external and internalised homophobia and transphobia and minority and gay-related stress, particularly amongst young people and those in rural and remote areas. (p. 81)

A further issue that has been raised in the literature and that is directly relevant to this CAP is the lack of reliable suicide mortality data for LGBTI populations. Too often, sexual orientation, sex identity and gender identity, unlike other demographic characteristics, are not usually identified in existing data collection mechanisms. Evidence also suggests that many suicide attempts by LGBT people actually occur while still coming to terms with their sexuality and/or gender identity, and prior to disclosing their identity to others. (Dyson et al 2003 in Breaking the Silence, p.81)

The National LGBTI Health Alliance discussion paper, LGBTI Data: developing an evidence-informed environment for LGBTI health policy (Irlam, 2012), notes that: “LGBTI Australians are often neglected in Australian research and monitoring mechanisms. The Census does not allow Australians to record their diverse sex, sexual orientation or gender identity, and most national population research in Australia does not collect LGBTI demographic information.” In addition, there is also no reliable data from service user access, as in many health and community support services, forms and data collection processes do not capture the appropriate information and in unsupportive environments, people may not be inclined to identify.

“...we haven’t had any regular doctors. It is hard to get medication because you have to keep telling the locums your story. Some are ok, some tell you ‘you need help because you are not normal and [ask] have I spoken to a minister...’ I don’t feel comfortable so [I] go to Burnie. Which isn’t good sometimes as my car is old. I don’t feel comfortable talking to anyone around here. They look at you as if you strange.” East Coast community member.
Findings of the Private Lives 2 (PL2) Survey (2012) suggest that “despite the significant legislative and social reforms of the past decade, for many GLBT people, their experiences of heterosexist discrimination, stigma and abuse continue to have a negative impact on their general health, and, in particular, their mental health. The PL2 data also shows marked variations in rates and patterns of health and wellbeing within the GLBT community, according to (among other characteristics) sex/gender, gender identity, sexual identity, and age. The data suggest that trans males and trans females, bisexuals (especially bisexual women), and young people aged 16-24 years are particularly vulnerable to the effects of heterosexist discrimination.”

Nearly three quarters of the 5 500 participants in the first Private Lives Survey (2006) reported some experience of depression in the past, with 49 per cent of men and 44 per cent of women having a major depressive episode. In addition 16 per cent of all respondents indicated suicidal ideation (thoughts) in the two weeks prior to completing the survey. High rates of self-harm and suicidal thoughts have been demonstrated as linked to ongoing harassment and violence in same-sex attracted young people.

In the work, LGBTI Mental Health and Suicide, Rosentreich (2011) notes that:

- LGBTI people have the highest rates of suicidality of any population in Australia
- 20 per cent of trans Australians and 15.7 per cent of lesbian, gay and bisexual Australians report current suicidal ideation (thoughts)
- Up to 50 per cent of trans people have attempted suicide at least once in their lives
- Same-sex attracted Australians have up to 14 times higher rates of suicide attempts than their heterosexual peers. Rates are six times higher for same-sex attracted young people (20 - 42 per cent cf. 7-13 per cent)
- The average age of a first suicide attempt is 16 years, often before ‘coming out’

“**My child needed help, he was self harming and doing drugs but the hospital and counsellors were terrible. They did not know how to relate to him. He was told to come back and given an appointment for the next week. This was on a Thursday. He attempted suicide on the Saturday. There was no support for him or for me. He was being harassed because he had come out. I did not tell my husband as I was afraid to.”** East Coast community member.

During the consultations in Tasmania, many gaps and issues were raised for discussion and consideration. While the background paper contains more detail on these discussions, the key themes identified in the LGBTI consultations have been synthesised below:

- ongoing experiences of discrimination and prejudice
- lack of safe places to go and be themselves
- lack of acceptance of same sex and/or gender diverse parents
- lack of recognition and acceptance of same sex or diverse gender relationships
- negative life issues and fear associated with coming out
- loss of parents, family and friends after coming out
- hiding who they are due to fear from society
- fear of coming out to service providers and primary health care
- intake and risk analysis forms not inclusive and culturally appropriate for LGBTI communities
- transport an issue in particular for young people and elders and causes isolation
• not feeling safe to come out when using services
• LGBTI community members drawing support from each other in a crisis although acknowledging they don’t have the mental health expertise; this occurs as providers are not providing LGBTI inclusive services.
• gaps in services (especially related to adequate documentation to support better data collection) delivery; incorrect assumptions about a service user; poor referral pathways; and limited mechanisms for follow-up of clients that are referred on to other services.
• access and level of services available is dependent on region of residence

The key themes identified by the LGBTI communities through the consultation highlight that ongoing exposure to discrimination; prejudice and fear of difference are key factors that may lead members of the LGBTI community to an attempted or completed suicide. An all-sector health promotion strategy would be a valuable strategy to combat these issues. This CAP therefore takes a health promotion focus and identifies a number of initiatives that can occur within the Tasmanian community to minimise the impact of the issues raised.

“.....one organisation told me I was not normal and needed to get help and straighten out and stop my deviant behaviour...” Southern community member.

The Tasmanian LGBTI communities voiced strong preference for the development of a strategic, statewide movement aimed at promoting acceptance of people who are sexually or gender diverse. Equality and choice of service provision was clearly outlined as a priority and is a key factor in increasing the wellbeing of Tasmanian LGBTI community members. The lack of equality in a wide range of areas and the continuous discrimination, prejudice, harassment and lack of appropriate services has had a significant impact on the wellbeing of these communities and continues to do so.
**Consultation Process**

A top-down bottom-up approach to community consultation was utilised for the research component of this LGBTI CAP. This methodology was important for the project as the LGBTI community members’ lived experience of the current environment provided invaluable insight into the recommendations. As stated previously, three regionally-based working groups were formed from various organisations and sectors including some voluntary LGBTI organisations. The working groups were sent an extract from the Tasmanian Suicide Prevention Strategy 2010-2014 and after discussion, agreed to the aims listed below:

- assess their own organisation/department in relation to LGBTI support, assistance, advocacy and referrals
- discuss effective initiatives and programs in their organisation/department that currently exist to support the community
- discuss gaps in service and any issues
- work together to support the development of an LGBTI community action plan addressing the gaps and issues raised

Three questions were asked of the working group members and were also asked at the community consultations:

- What are the initiatives happening in agencies/departments?
- What are the gaps and issues?
- What needs to be developed?

The information collected from these questions informed the development of this LGBTI CAP. A full account of the gaps and issues, what is in place and recommendations made can be viewed in the subsequent background report. The key areas identified for action are outlined below, as are some of the gaps and issues that were raised.

**Tasmanian LGBTI Community Member Response**

In all regions the Tasmanian LGBTI community members were invited to give their input at focus groups, regional working groups or individually. This was done by sending out emails through various networks and attending groups that were already organised by the community sector organisation Working it Out (WIO). A statewide ‘snapshot’ survey was also carried out as a supplementary consultation tool at the end of the TasPride March in which community members were asked to rate a range of services as either ‘good,’ ‘bad’ or ‘needs improvement’. These questions were also asked of the three working groups.

“I have experienced so much bullying and harassment in this area and it is not taken seriously.....some community members are fine but the worst ones are the ones that are ‘gay’...especially if they own a business they don’t want to rock the boat so they don’t get involved. There is no community or support around here” East Coast community member
The results of this informal survey indicated a number of areas of concern:

- many people had more than one bad encounter with some of the services
- people were avoiding some services as they had ‘heard’ they were bad
- over 30 people revealed they could not rate services as they did not ‘out’ themselves when utilising services due to a fear of not receiving equal service or discrimination and prejudice
- some people needed support from a service but once they were there, found they did not feel comfortable. In some cases this led to a critical situation where an attempted or completed suicide occurred.

The number of participants in each of the focus groups varied with as many as 24 attending some while other groups were smaller with only three or four participants taking part. In some regions of Tasmania it was hard to organise a focus group as community members did not want to meet in a group and ‘be out’ in public for fear of potential repercussions. This was reflected in the information given when one-on-one interviews took place with people from those particular regions. The regions that appear to be most affected were the west and east coasts.

There are many Tasmanians living in fear of being different and not living happy, fulfilling lives, which is a basic human right. Participants from across the state spoke about being fearful to ‘come out,’ to be themselves, and to be in a relationship that is normal for them. Participants also identified depression, alcohol and drug issues, eating disorders and self-harming practices as other issues impacting on members of LGBTI communities. A specific concern that was raised by participants in relation to coming out was that they tended not to when using services for fear of not being accepted for who they are. This has led to not feeling safe and not disclosing important issues at times of intake because of environments that are not LGBTI friendly, culturally appropriate and sensitive. Lack of confidentiality and of the availability of and access to appropriate services in regional and remote areas has meant that many Tasmanians are required to travel in order to obtain the support and assistance they require.

**Community Strengths**

While the consultation process did raise a number of issues for action, it is important to note that LGBTI people do demonstrate considerable personal and community resilience despite adversity (e.g. prejudice, HIV, discrimination). However, to date there has been little investigation of the factors that contribute to this resilience in Tasmania. What was evident throughout the consultations was that Tasmanian LGBTI communities are very passionate about their communities and they are committed to achieving basic human rights such as equality of service, being able to live safely without fear, being accepted for who they are, and having freedom of choice of whom they love, whom they partner with and what they look like. There are many people who work diligently inside the community to make a difference by supporting each other on a voluntary/activist basis to assist in achieving a better life for community members. What became clear from the consultation process was the need for the LGBTI community as a whole to unite and to address many common challenges together.
Key Action Areas

Six key action areas were drawn from the key themes identified during the consultation and the consultation participants were asked to take a stocktake of their own organisation or department against the action area, and to go further, and make recommendations for change. The key action areas and a brief summary are outlined, and a summary of gaps and issues is also highlighted.

i. Challenging Discrimination and Prejudice

In many of the focus groups, discrimination and prejudice were common areas of discussion. Participants reported that these aspects were entwined with all aspects of their lives. Inequality of service provision, and not feeling comfortable accessing services that were not regarded as LGBTI friendly left many participants of the community focus groups feeling fearful about accessing services. This led to a further reduction in the level of trust for some mainstream organisations across Tasmania. Participants identified a range of agencies such as Education, Health including Mental Health and Police that they felt would benefit from a commitment to the development of more culturally sensitive services.

Participants identified a lack of safe places to go and be themselves, as there was a strong perceptions of ‘homophobia’ existing in services and in the wider community, which included the culturally and linguistically diverse (CALD) communities. The consequences for participants included inequality of service provision, bullying and harassment and, in some cases in the wider community, physical violence. Another concern raised by participants was that LGBTI communities are not working well together and there is some discrimination and prejudice between the communities and between community organisations. This is seen to be detrimental to working together in a more positive manner.

The initiatives that have been identified in this CAP will lay the foundation for services to be accredited as LGBTI inclusive practices. This was regarded as an important first step, along with more contact with members of the community that may have behaved in a manner deemed homophobic, but have since challenged their personal values and are able to share their personal experience of acceptance.

“...my friends outed me on Facebook.. I then got harassed ....it was awful ...” North West community member.

‘...my husband turned against me and hit me when I told him I was a lesbian. He took my kids away from me. My mother disowned me and I was not welcome at home. My in laws did the same and told me I was disgusting and a sinner. I started drinking and was very depressed. I wanted to end it as I was alone. ...I attempted but failed......now three years later I see me kids because it went through court. They are not the same with me. I still don’t see my family. My partner is very supportive of me......” Southern community member
ii. **Improved Education and Training**

Community focus group participants raised education and training for all sectors as a key priority. Participants identified training for all education providers, primary health carers, mental health services and all departments and organisations as being central to improving the experience of LGBTI community members accessing services. Specific issues highlighted during the community focus groups included a lack of appropriate LGBTI staff/volunteer induction/orientations and professional development. There was a perception that the culture in organisations needed improving. In instances where training packages were available, there was a perception that these may not be accessed, accredited and monitored or when training was delivered that it may not be reaching key services such as police, hospitals and mental health services, which are the services necessarily involved in a crisis situation.

Participants also identified a lack of education and training for LGBTI communities in responding to crisis situations; this was particularly important as there were a number of people currently providing support to each other due to lack of appropriate crisis response.

iii. **Better Access to Services and Information**

Access to information was readily identified as an issue during the focus group discussions. Participants identified limited access to information regarding LGBTI appropriate service providers (‘LGBTI friendly’); educational tools and fact sheets; the promotion of LGBTI projects and programs to assist LGBTI communities and services, especially in rural and remote areas. The lack of clear referral pathways and options for continuity of care was observed as a key issue for participants. Service providers are often at a loss as to where to refer clients, especially noting the importance of positive and culturally sensitive services in a crisis situation. Better mechanisms need to be developed to monitor the client journey through the health system to ensure they don’t fall through the gaps. A significant issue identified through the focus groups was a lack of information and support for parents and friends of an LGBTI community member in times of coming out and in crisis situations.

“The Police were fantastic. They treated me as a woman with no questions asked.” Transwoman describing her interactions with Police following an experience of Transphobic harassment.
iv. Improving Health Services

A key concern raised by LGBTI community members was that when accessing a service the intake forms and risk analysis forms were not LGBTI friendly and so did not provide an opportunity for a client to freely and safely provide their full situation. Databases were not updated which caused LGBTI members to feel uncomfortable and discriminated against. There is also a perception of reduced confidentiality in remote and rural areas which often results in limited access to services. When utilising health services, a client’s partner was often disregarded and therefore not involved in key decision making regarding the client. A lack of access to appropriate care and grief counselling for LGBTI communities, parents and friends was identified by participants as consequences of a lack of LGBTI friendly primary health professionals.

Information outlining the links between self harming practices, such as eating disorders, cutting and suicide of LGBTI community members, along with appropriate LGBTI drug and alcohol counselling, were also identified as significant information gaps for participants.

v. Improved Crisis and Emergency Response

Community focus group participants reported that in times of crisis there was a perceived lack of appropriate LGBTI services. Some respondents suggested that crisis situations often highlighted a lack of coordination between services; poor understanding of referral pathways and inadequate monitoring of clients experiencing such crisis.

Participants also identified an absence of LGBTI training for frontline health and emergency staff and volunteers and that this may not have been viewed as a strategic priority in some agencies and organisations. Focus group participants also indicated there was a reluctance to contact police in times of crisis due to some negative past experiences and not being able to readily contact police liaison officers at specific times of need.

vi. Reducing Isolation

A common theme of the focus groups was the high level of isolation experienced by members of LGBTI communities. Isolation was seen as impacting on elders, young people, those who live in regional and remote areas and CALD communities. When isolation was experienced by members of LGBTI communities this led to reduced participation in community events, barriers to accessing information, and individuals reported lower levels of knowledge of LGBTI communities and feelings of loneliness. Discussions at focus groups revealed that service delivery and access to events was influenced by the area of Tasmania in which participants lived. Language difficulties, limited understanding and acceptance of LGBTI communities and a disruption to the flow of information from leaders to community members were identified during the consultations as additional challenges for CALD communities to overcome. The additional language difficulties experienced by CALD communities and a lack of understanding and acceptance of LGBTI communities meant that there is often a bottleneck in the dissemination of information from leaders to community members.

“My daughter had great difficulty with services. She was in a really bad place and was self-harming. There is no support or information for parents or kids who come out up here. It is all hidden away and a taboo subject. They don’t know what to ask the kids and ask the wrong questions. My daughter received no positive support. She attempted suicide…”

East Coast community member
Transport was also seen as an issue, particularly for elders and young people, reducing their ability to access services and participate in events.

“My community does not except [sic] me being gay. They have turned my kids away from me and turned my community back home against me. In my country they harm people who are gay. I thought I would have a better life in Australia. I fear for my life even here. I am harassed for being black and harassed for being gay and I have no family except my gay family....” Southern CALD community member

The Be Proud Tasmania Report (the Report) which was launched in Hobart on March 2013 reflects similar themes and issues highlighted in the key action areas and some of the recommendations made in this CAP. The Report was the result of a survey conducted over 10 months which collected peoples’ experiences of discrimination and how it impacted on all parts of the individual’s life (Be Proud Tasmania [Working It Out Inc. Tasmanian Gay and Lesbian Rights Group and Tasmanian Council on AIDS, Hepatitis and Related Diseases] 2013).

A young community member stated “it is hard if you are young and don’t have transport and live in a remote area. There is no support from school. Teachers and kids harass you. You can’t join in any LGBTI community events or get support from them. You feel alone.” Young person, East Coast.
**First steps…**

This LGBTI Community Action Plan is the start of a process which seeks equity of service for the LGBTI community. It will set up some processes and research some tools that will be recommended in the next CAP and be reviewed by the LGBTI Network, communities and LGBTI Project Officer. The recommendations will be updated six monthly with a new CAP released every 12 months. This will ensure sustainability and a way to monitor change.

> When asked if we could organise an event or focus group I was told “...... you gotta be joking....nah it won’t work unless it is outside of town not advertised and people were told by word of mouth. But an event would be good we need help and support badly...” West Coast community member

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**Recommendations**

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<tr>
<th>Challenging Discrimination and Prejudice</th>
<th>Approach</th>
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| **Research organisational policies on accreditation and monitoring of programs to ensure LGBTI inclusive practise** | • LGBTI project officer to research and liaise with organisations such as G&L Health Victoria.  
• Prepare report for and add to CAP as recommendation for Government.  
• Review after six months  
• Recommendation to be made in 6-12 months |
| • Research organisations such as Gay and Lesbian (G&L) Health Victoria to assist with the development of clear recommendations on accreditation/policies and monitoring of LGBTI service provision and training including Rainbow Tick.  
**Outcome:**  
• Tasmania to adopt and promote Rainbow Tick so agencies can apply for LGBTI inclusive practice accreditation through Quality Improvement and Community Services Accreditation (QICSA).  
• Research how accreditation and monitoring occurs in organisations in other states and develop (or implement existing) clear guidelines that can be utilised in Tasmania using approaches shown to be successful in accreditation, monitoring and training that will assist in better service delivery to deliver better outcomes for the LGBTI communities.  
**Target groups**  
• NGOs and Government |
<table>
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<tr>
<th><strong>Family/friends LGBTI Ally Project</strong></th>
<th><strong>It’s OK to be Gay Project</strong></th>
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| • Parents and friends exist who were once 'homophobic' but have changed their values and beliefs because of various salient experiences. This project will focus on their stories and experiences and what led them to acceptance. It will consider the change in relationships with the LGBTI community member and wider community.  
• The project will compare the wider community and its views on LGBTI communities in each region, bringing them together to show a picture of Tasmania and how it is changing.  
• A booklet or DVD that can be given to parents and friends as a capacity building support tool. | • Qualitative personal interviews  
• Social media and booklet  
• Speakers at trainings or panels  
• Inviting broader allies from schools, church based organisations and key departments to be involved. |
| **Outcome** | **Outcome** |
| • Normalising the experience of coming out to a wider community. Parents will learn to be leaders and be able to talk at future LGBTI trainings. | • Normalising the experience of coming out to a wider community. Parents will learn to be leaders and be able to talk at future LGBTI trainings.  
• Exploring differences within and between regions participants' experiences of this.  
• Meeting for youth and elders and utilising stories from LGBTI elders as positive mentors to say It's OK. |
| **Target groups** | **Target groups** |
| • Individuals and community | • Individuals and community |
| **Duration: 18 months** | **Duration: 18 months** |
| **Review at six month intervals** | **Review at six month intervals** |
## Improving Education and Training

### LGBTI Education and Training packages
- Training packages will be developed to suit specific work places and service providers.
- These will be developed following examination of some local, national and international models.
- Education packages for will be for all ages including CALD communities and will include people with disabilities.
- State funded organisations required to fulfil criteria to ensure LGBTI accessible service provision.

### Outcome
- The development of more LGBTI sensitive and culturally appropriate services and working practices.
- Improved orientation procedures for new employees and volunteers.
- Environments that promote respect and encourage diversity and reduce prejudice and discrimination.

### Target groups
- Community organisations
- NGO and Government that have existing training packages.

### LGBTI cultural awareness/work practices training
- Education and training for departments and service providers on LGBTI communities in relation to cultural awareness and service provision and suicide risk analysis. LGBTI Health Alliance, Mind Out training, Office of the Anti-Discrimination Commissioner and Working It Out training to be supported and encouraged and promoted to organisations and LGBTI community members.

### Outcome
- Government Departments and NGOs are adequately equipped and resourced to provide high quality response services to LGBTI clients.

### Target groups
- Community and individuals
- NGO and Government

### Approach
- LGBTI Project Officer to form working groups with membership drawn from various sectors that provide training.
- LGBTI Project Officer to liaise and work with LGBTI Health Alliance.
- Review in six months.

- Training to be promoted and encouraged in Tasmanian Suicide Prevention Network and LGBTI Network.
### Improved Access to Services and Information

#### Establish a Tasmanian LGBTI network
- The establishment of an LGBTI network that can act as an information base for other organisations and departments for consultations, support, information exchange and research and promotion of projects, events and programs
- Reporting directly to the TSPC and TSPCN during the first 12 months.

#### Outcome
- All community organisations voluntary and funded have equal opportunity to voice concerns and issues re: LGBTI community.
- People work together positively to build the confidence of all the Tasmanian LGBTI Communities and ensure improved relationships between organisations which will ideally result in positive outcomes for the communities.
- Existing reference groups such as Police, Education and Health will be able to inform and update the network on what is happening in various sectors. Other services will be able to access key LGBTI services and make connections to assist with their service delivery.
- Opportunity to inform the Tasmanian Suicide Prevention Committee and keep them updated on progress in the LGBTI sector.

#### Target groups
- NGO and Government
- LGBTI community organisations

### Culturally and Linguistically Diverse (CALD) project communities
- Community education will commence in the CALD sector regarding diverse families, sexuality and gender.
- CALD communities to link with interstate multicultural organisations like GLBTI Multicultural Council of Victoria for support as well as the Multicultural Council of Tasmania.

#### Approach
- LGBTI project officer to work with working groups to form a network.
- Agreed Terms of Reference
- Regular rotation of Chair role and regular meetings
- **Review in six months**
## Outcomes
- CALD communities are better educated and LGBTI community members no longer isolated and feel more supported and confident knowing they can link with a larger organisation that understands them and can offer them support when needed.

### Target groups
- CALD sector (NGO and Government)
- Community and individuals

## Improved Health Services

### Analysis of documentation within services to ensure LGBTI inclusive
- Review of documentation, especially risk analysis and intake forms used by all departments and service providers, to ensure they are LGBTI inclusive and sensitive.

#### Outcome
- LGBTI inclusive and culturally sensitive forms reviewed and implemented across sectors.

#### Target groups
- Priority will be given to Primary Health, Mental Health Services, NGO and Government

### Explore better support for Parents and Families
- Establishment of a service delivery model to provide information and support and counselling to parents/ friends, including grief counselling, in times of crisis and after. Existing models like Parents Families and Friends of Lesbians and Gays (PFLAG) will be explored.
- Establish support groups run by parents to assist other parents to help alleviate the shame and guilt.
- Existing counsellors to be encouraged to be trained appropriately and that appropriate referrals are made and support given.

#### Outcome
- Parents and families supported to maintain positive family relationships;
- Existing counsellors increase awareness and training to ensure parents and families bet the appropriate support.

#### Target groups
- Individuals and community
- Mental Health Services and the broader Department of Health and Human Services

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<th>Outcome</th>
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<td>LGBTI Project Officer to work with existing agencies to convene a working group to review forms on LGBTI inclusivity and, cultural sensitivity and promote LGBTI implementation into work practices. Other service providers encouraged to participate and provide input.</td>
<td>• Review in six months</td>
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<tr>
<th>Target groups</th>
<th>New program/service for parents and families</th>
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<td>Regional support groups established</td>
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<td>Support, assistance and information</td>
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Conclusion

There are many LGBTI community members and allies volunteering, working and lobbying for positive change for the LGBTI community, however there is also acknowledgement that there is still a lot more work to be done to ensure a safer more equitable environment for LGBTI communities. What must be remembered is the need to support basic human rights – something that is often denied LGBTI communities, which over time may lead to discrimination, prejudice and fear, and may contribute to attempted and completed suicide. This LGBTI CAP will start a process which will ensure positive change occurs in Tasmania, by researching and developing tools to ensure a more inclusive appropriate service delivery, and setting up a workable LGBTI Network. Indeed, since the start of the consultation process that was undertaken to support the development of this CAP, change is already occurring in organisations with regards to documentation, staff training and creating LGBTI inclusive services.

More work is needed to develop an evaluation framework to support this CAP and further discussions are required on the budgetary impact of the recommendations.

“My GP didn’t bat an eyelid when I told him about my partner, and I’ve always got the health care I’ve needed. I expected to have a few problems when I moved to the Huon Valley, but really, its [sic] been great, I’m an ‘incomer’ and I’m a lesbian, and it doesn’t seem to have mattered at all. You have to be involved in the local community groups to keep them going, and the ones we belong to don’t give a toss about our sexuality.” Southern community member
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Commonly Used Acronyms

**CALD community:** Culturally and Linguistically Diverse community

**CAP:** Community Action Plan

**DoE:** Department of Education

**DHHS:** Department of Health and Human Services

**DoJ:** Department of Justice

**NGO:** Non-Government Organisations

**TSPC:** Tasmanian Suicide Prevention Committee

**TSPCN:** Tasmanian Suicide Prevention Community Network
**Useful Terms**

*Sources: Brase, G, Stereotyping Prejudice and Discrimination Definition, Department of Psychology, University of North Florida, USA (2000); and Equity Standards Branch, Anti-discrimination and Anti-Harassment Policy Support Materials, Department of Education, Tasmania, Australia (2000)*

**Lesbian**
A woman whose primary emotional and/or sexual attraction is towards other women

**Gay**
A person whose primary emotional and/or sexual attraction is towards people of the same sex. This term often refers only to males, but is also used by women

**Bisexual**
A person who is emotionally and/or sexually attracted to people of both sexes

**Transgender**
A person who identifies their gender as being different to their physical sex

**Intersex**
An umbrella term for people born with any of a number of physical variations that means they do not clearly fit expectations of a male-female binary in physical sex

**Queer**
A term used that covers a range of sexual and gender identities (gay, lesbian, bisexual and transgender)

**Homophobia**
Any action, attitude, or behavior that limits same-sex attracted people because of their sexuality (e.g. preventing a same-sex attracted person from bringing their partner to social functions)

**Heterosexism**
The assumption that heterosexuality is the only norm and that non-heterosexuality is alternative and inferior. (E.g. presuming that guys have girlfriends)

**Stereotyping**
Generalising that all people belonging to a particular group have certain characteristics (e.g. thinking that all gay men are effeminate (girly), and lesbians are butch (manly))

**Prejudice**
The attitudes expressed towards people belonging to particular group based on stereotyped beliefs. (E.g. not choosing a gay man for your sports team because 'he is sissy')

**Discrimination**
The behaviours expressed towards people belonging to a particular group based on stereotyped beliefs. (E.g. telling a same sex attracted woman that she is not invited to a party because you think people will be uncomfortable)

**Inequality**
The unfair treatment of people; getting in the way of opportunities, giving people an unfavourable status (E.g. teaching safe sexual practices for heterosexuals, but not for same-sex partners)

**Invisibility**
Not recognising existence. (E.g. not realising that people you meet may not be heterosexual)

**NB:** (It is important to note that these definitions are fluid and that each individual will determine how they want to be identified)
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Introduction

In July 2012, Relationships Australia Tasmania (RA Tas) was contracted by the Tasmanian Department of Health and Human Services (DHHS) to deliver a range of suicide prevention initiatives and projects under the Tasmanian Suicide Prevention Strategy 2010-14 including:

- Establish and facilitate the new Tasmanian Suicide Prevention Community Network (TSPCN) as part of the new governance, leadership and community engagement model for suicide prevention in Tasmania.
- Develop a suicide prevention action plan for Tasmania’s Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) communities.
- Deliver the annual Tasmanian Life Awards celebrating the achievements of Tasmanians in the fields of suicide prevention and mental health and wellbeing.
- Deliver the annual suicide prevention forum (in conjunction with the Tasmanian Life Awards)
- Support community sector organisations to develop performance indicators, in line with national suicide prevention standards, for various forms of suicide prevention activity and build these into funding agreements.
- Map suicide prevention and postvention services in Tasmania

Development of the LGBTI Community Action Plan (LGBTI CAP) has been specifically identified and resourced as a key initiative in recognition of the need for positive actions to prevent and respond to the high rates of suicide within LGBTI communities.

This paper provides an overview of the process, key findings and themes that have emerged from consultations held across Tasmania, which have informed the development of the LGBTI CAP.

Process

RA Tas formed a partnership with Working It Out (WIO) to support the development of the LGBTI Action Plan with WIO providing professional and specialist advice and support, to achieve the best possible LGBTI community action plan.

The LGBTI project ran in conjunction with the establishment of the new TSPCN and therefore was in a good position to liaise closely with the Network on the development of the CAP. An LGBTI Project Officer was appointed to carry out the project plan and was based primarily at the WIO office, employed by RA Tas.

Three LGBTI Working groups around the state (North, North West and South) were formed as it quickly became apparent that regionally based working groups provided greater opportunities for input. Further partnerships were also developed in order to engage with other sectors including Police, Health, Justice, Children and Youth, Mental Health, Non-Government Organisations (NGO), Education and other local LGBTI funded and volunteer organisations. Forty people were involved in the working groups, either attending the meetings or providing input via email.

People involved in the working groups are listed below.
Northern Working Group

Cate Sinclair          Cornerstone, Headspace
Victoria Szemes       Sexual Health
Troy O’Konnah         Youth Connections
Paula Rooney          Phoenix Centre
Andrea                Community Member
Karen                 Community Member
Lisa Heazelwood       Tasmania Police
Natalie Servant       Department of Health and Human Services
Linda Jomartz         Department of Health and Human Services
Nevanka Alempijevic   OZ Help Foundation
M. Zwart              OZ Help Foundation
Sharon Jones          Working it Out

North West Working Group

Leanne Bonne          Cradle Coast Authority, COPP Committee Cradle Coast Co Chair
Roger Jaensch         Cradle Coast Authority, COPP Committee Cradle Coast Co Chair
Julia Taylor          Youth Health NW
Wilfred Laycock       Former GP
Sheree Bryan          CORES Board
Louise Leslie         Choose Life Services
Jen Laws              Parent
Gilbert Walker        Private Counsellor, Member Rainbow Communities
Alison Brotherton     Owner, King of Burnie Hotel
Jenny McCulloch       Sexual Health
Layne Shoebridge-Harris TasCAHRD
As mentioned in the LGBTI CAP 2013 (Suicide Prevention), the working groups agreed the aims of the groups would be to:

- assess their own organisation/department re: LGBTI support, assistance, advocacy and referrals
- discuss effective initiatives and programs in their organisation/department that support the community currently
- discuss gaps in service and any issues
- work together to support the development of an LGBTI community action plan addressing the gaps and issues raised

The three questions that were asked of the working group members and at all the community and individual consultations where:

- What are the initiatives happening in agencies/departments?
- What are the gaps and issues?
- What needs to be developed?
Community focus groups and individual interviews took place around the state with approximately 150 community members consulted and over 100 providing input to this document. All the community consultations added good contrast and balance to the regionally based working groups, which were comprised primarily of service providers.

It was easier to engage community members in some parts of the state than in others. Where the community members had regular good inclusive, supportive groups in place they were more willing to participate.

Focus group and individual participants were asked the same questions as the working groups to ensure consistency and to gather as broad a perspective as possible. Focus groups were organised in Hobart, Burnie, Launceston and Bicheno with other individuals from across the state. These consultations took place between the 29 November 2012 and 4 February 2013. There was widespread promotion by attending network meetings and community education workshops. Flyers were sent out to advertise the workshops through email network contacts and agencies were asked to promote the workshops. Although there were some similarities across the state there were also differences in information gathered, as outlined below.

Consultation Themes by Region

North West Region

The North West had the most participants in the Burnie focus groups (24) and the working groups as well as individual consultations (6). Key themes and observations were:

- There was a real feeling of community spirit and a willingness to join together to achieve good outcomes for the community.
- There was also a deep understanding of each other and this, they said, was because of the regular groups and social groups organised in their region. Over time the groups have evolved to trust each other and now are able to assist, support and advise each other when the need arises.
- No apparent division existed between the different LGBTI communities in these groups and they commented on being one community.
- When talking about Tasmania as a whole they were concerned about isolation and 'sometimes being forgotten' by the other population centres of Tasmania such as Launceston and Hobart.
- The community felt very isolated and excluded from statewide events such as larger organised events or forums. Transport is always a problem because of the distances that need to be travelled and the lack of public transport especially for those that lived out of town.
- Many people spoke of not having many safe places to gather and felt lucky to have the 'King of Burnie' hotel in Burnie. This was clearly identified as a safe place for community members and it was proudly put forward as just that - a safe place where they could be themselves and feel supported. Community members hold groups there and also feel comfortable to socialise. If they need support, the King of Burnie is identified as the place to access this support.
Northern Region

The Northern region also had good attendance at the focus groups (12) and individual consultations (10). Even though the communities were a little separated, there was still a sense of community cohesiveness when the groups got together, and a willingness to support one another.

- A large part of the discussions by LGBTI community members at the forum(s) was how “the feeling had changed” in Launceston. They felt it had become unsafe to be out and visible, with reports that verbal taunts and harassment happen quite often.

- Some spoke of feeling threatened, even in the day time, and not having any safe places to go to. Several commented that it had been getting worse over the past two years and that this forced them keep to themselves. This in fact was witnessed as the LGBTI focus group walked from one place to another in the centre of Launceston. As the group crossed the road we were verbally harassed by a group of men, a man shouted “… get off the road you f…… queers” and others sounded their car horns in order to hurry us along. Community members commented that they feel there is decreasing acceptance of LGBTI people and a rise in violence.

- It was suggested that the increase in violence and abuse towards LGBTI community members in Launceston may be partly due to the cessation of some programs that involved local police which were proving successful in tackling stigma and discrimination.

Other concerns included:

- Negative experiences accessing hospital and other mental health services particularly in relation to assumptions made by staff and a lack of acceptance or willingness for partners to be involved in decision making.

- The need to promote LGBTI Police Liaison Officers to ensure community members are aware of this service, especially in the current unsafe environment.

- The impact of advertising and constant representations of the nuclear family and very few alternative family models depicted in advertisements or marketing campaigns.

- The need for more LGBTI trained and specialist staff in all sectors was also raised with forum participants, with community members often feeling scrutinised and judged by service providers.

- Concerns were raised about people coming to Launceston from the West Coast, having a ‘quick fling,’ and the drugs and drinking that was also at times associated with this behaviour. Young gay men felt particularly vulnerable especially going out as they felt they were often the main targets of this behaviour.

West Coast Region

LGBTI community members living on the West Coast are well and truly hidden. It was difficult to organise a focus group due to LGBTI community members not feeling safe to be visible in the community. Consultations with seven people occurred individually who currently live there and with five people who have moved away.

Generally, people who are born on the West Coast and who identify as LGBTI rarely come out and rarely engage in intimate relationships. The view is that the West Coast community has little tolerance for any locals being gay and LGBTI persons engaging in any form of relationships can be harshly treated.
• One person consulted disclosed that they had never had a relationship even though they knew at high school they were different.

• Another disclosed ‘being chased out of town and could not return after being beaten up’. They had no contact with family or close friends. The comment was made that ‘people look down on those who beat their wives but everyone turns their backs if you are gay - “It’s open season”.’

• The lack of resident general practitioners (GP) means that people on the West Coast have to travel to Queenstown to access these services.

• There is a shortage of mental health services in the area and LGBTI community members feel that confidentiality, equality and acceptance by service providers is lacking.

• LGBTI community members who are on medication are at times treated badly by services and feel they have to continually tell their story because service providers come and go. Some said they refuse to go back to a service, with the consequence that they are not accessing support and services they need. This has been detrimental to their health and has led to a mistrust of workers and services generally.

• Concern was expressed for the LGBTI community members who are not ‘out’ and are in heterosexual relationships because of a fear of coming out. Equal was the concern expressed for their families and partners as drugs, alcohol and violence are often a part of their everyday lives. There is concern regarding the trauma and depression that affects this group and the lack of support for them. Generally, they are reluctant to engage with their local services and/or services from other regions for fear that they will be ‘found out’. When a service is accessed, it is not uncommon for them to be so anxious it manifests as a physical illness which distresses them further.

• The issue was raised that people were coming into West Coast communities to work in the mines yet there is no HIV or STI tests carried out with the workers. These workers are able to access the wider community and engage in sexual activity.

East Coast Region

A community focus group was organised but only one person attended. At the service provider meeting only three attended. They were a parent studying to be a counsellor, a youth worker and a social worker from the hospital. Other interviews took place via the phone (11 people). It was explained that there is no LGBTI community spirit on the East Coast and people don’t feel safe due to a lot of harassment. There was an expectation prior to organising the focus group that not many would attend. Organising focus groups was consistently hindered by the lack of public transport.

Similar themes emerged for these communities including:

• Community members indicated that “bullying and harassment” is commonplace.

• There is lack of cohesive community for fear of being ‘out’. Some perceive that there are community divisions based on status with more acceptance of LGBTI persons if they are business owners or financially well off compared to those who are young and/or just surviving.

• Community members feel isolated and do not feel they have equal access to respectful service provision.
There are no LGBTI speciality services and no resident GP services. It was reported that there is a strain on existing community services, with consultation participants noting that service providers need more training and education on LGBTI appropriate service delivery.

There is a perceived lack of confidentiality, and community members do not feel confident in using some services.

Southern Region
The community focus group (10 people attended) took place in Hobart as well as individual consultations (20 people). The southern LGBTI working group was also extensively involved in providing input. Although there was good representation on the working groups from service providers and volunteer groups it was hard to organise a focus group. The following themes emerged:

- Isolation and a sense of disconnection were strong themes expressed throughout the consultations across Southern Tasmania. Generally, LGBTI members who do belong to existing groups and organisations indicated that they feel supported, but many LGBTI people do not belong to organised groups or organisations and reported that they don’t identify with, or feel part of any specific community.

- Even though there are many LGBTI people in southern Tasmania, many commented that unless you are introduced to groups by mutual friends it can be hard to meet people.

- Existing politics between communities, volunteer organisations and funded organisations has distanced some community members who do not want to be a part of this.

- Many indicated that there is a lack of knowledge about what support is available and who to go to. Lack of knowledge of what specialist agencies were doing, and what supports they offer, was commonly discussed. Some community members prefer to access mainstream organisations but feel there is a lack of specialist trained staff in these organisations.

- Accessing Police Liaison Officers in times of need is difficult and there is limited knowledge of who the appointed Police Liaison Officers are. Although there is still some bullying and harassment towards the LGBTI community members in places like Hobart, people said it was relatively OK compared to Launceston. Young people, however, feel that harassment in the school and college settings is still prevalent.

Common Themes across Tasmania
While at a regional level some issues were more prevalent than others, overall across the state there are some common themes:

- Community members generally feel that their partners are not accepted by primary health carers either in their homes or at hospitals. There is great concern for ageing LGBTI community members in relation to accessing appropriate care.

- Accurate data collection in primary health care and mental health organisations is problematic as basic intake forms and general assessment tools are binary and not inclusive. There were many discussions about intake forms and risk analysis forms in particular, and the fact that many LGBTI community members do not feel safe or confident in ‘coming out’ when completing these forms thus leading to inaccurate data collection. This then leads to not being supported appropriately
in order to achieve the best outcomes for the individual. There is also a strong view that workers make assumptions about sexuality and gender generally and their service responses are based on these assumptions.

- The discrimination and harassment felt at times by LGBTI community members, because of a particular worker or volunteer’s negative attitude towards LGBTI people, is felt statewide and from different agencies or organisations. For example, devastating comments were reported such as: “You are sick, or you are evil, or you need to change your disgusting way of life” is unacceptable. Comments like these are being made by people who are supposed to help and support others when they need assistance. This behaviour has distanced many from using these services again. This in turn places greater strain on the LGBTI communities as a whole, with people looking inward to their communities for support to other community members who are not appropriately trained endeavouring to support their community members in times of crisis.

- Community LGBTI education and training is seen as an area needing improvement and monitoring, and further work is required to ensure the quality, delivery and accreditation of training. Not only is training seen as vital, but also follow up to ensure staff are utilising their skills and clearly demonstrating culturally competent practice. It was discussed that this be done as a whole of organisation exercise, including first point of contact staff who are often intimidating which meant LGBTI community members lost confidence in that agency. LGBTI community members desperately wanted to know there are safe, confidential services to access.

- Many LGBTI community members felt they needed a stronger united voice to say ‘We are OK; there is nothing wrong with us’. Many discussions about having more positive media stories occurred and the communities saw this as a way of the wider community getting seeing them in a positive light. It was thought that the more promotion there was, i.e. posters, booklets, DVDs and even a radio show, would assist in showing the wider community that LGBTI community members are in fact ‘normal people’ and not people with a ‘disease’, ‘sick’ or ‘evil’ which was thought to be the most common words used against the communities.

- Across the state but particularly in the North West, North and East Coast regions, parents told horrific stories about the lack of support and treatment their LGBTI child received from services. In some cases, children who were in crisis (i.e. attempted suicide, cutting or had drugs and alcohol issues) were sent home with no follow-up, or appointments made a week later or longer. Not only is there a lack of support for the child but also for the parents. Parents voiced concerns over no support when their children ‘came out.’ They also spoke of the guilt and shame often felt at the start with parents also having to ‘come out’ when their child is gender diverse or of diverse sexual orientation. They discussed the importance of having support that was separate to the LGBTI person and more involvement from other parents who had experienced the same situation and had ‘survived’. The parents who were consulted were very supportive of their children and the LGBTI communities but it had been hard for some of them at the beginning.
• Many people in the working groups and consultation groups discussed the lack of referral pathways and the monitoring of clients through the various systems. There was lack of knowledge as to where and who to refer people to, and follow up and monitoring of LGBTI clients to see if they were OK after being referred to another organisation. This was of concern especially after a crisis, of self harming and attempted suicide, or severe depression. There were also many concerns about service delivery and about the need for more monitoring and evaluation of services.

• Many discussed the need for the school curriculum to change away from using the nuclear family of mum, dad and kids when talking about the family, and to recognise the diversity of families generally. This was thought to be a way of normalising diversity and was a way of teaching other kids that it is OK to have two mums or two dads.

• The tensions that exist between some LGBTI communities and organisations are seen as impacting on the capacity of LGBTI to move forward. The need for positive change within, and collaboration between, LGBTI services and community groups was mentioned by many and discussed statewide. There is clearly a need and desire for greater collaboration, and to find more co-operative and more respectful ways to work together, and that this should extend to all organisations, both funded and volunteer. Many saw listening as the first step; leaving the negative history behind, and bringing a strong ‘no tolerance for disrespectful behaviour’ to the forefront. It was thought that if groups started listening and sharing information and resources rather than duplicating what is already happening, or ‘reinventing the wheel’, the LGBTI communities would be able to move ahead in a more positive and cohesive way.

It is important to note, that in some Tasmanian rural towns where there are “out” LGBTI people who are involved in the broader community activities and respected within that community, the acceptance of LGBTI people is noticeable. These LGBTI people provide both positive role models and peer support for others ‘coming out’. These rural areas had a past history of being homophobic, however some towns seem now to embrace and value diversity in all of its forms. This process has taken time and mutual trust and respect has developed.

Key Action Areas

The key action areas were drawn from an analysis of the themes that emerged from the statewide consultation. Once the action areas were identified, the regional working groups and the TSPCN were asked to identify what was already in place in their organisations against the gaps and issues identified in that key action area. They were also asked to identify recommendations that needed to be made for that particular area. The response was very positive with strong data collected. Over 84 recommendations were made which were then considered by the regional working groups that then grouped them under the most relevant key action area. Six key action areas were then highlighted which outlined the priorities:

1. Challenging Discrimination and Prejudice
2. Improving Education and Training
3. Better Access to Services and Information
4. Improving Health Services
5. Improved Crisis and Emergency Response

6. Reducing Isolation

**LGBTI Current Initiatives Statewide**

Part of the process in preparing the LGBTI CAP was to identify current LGBTI initiatives. A number of significant projects and initiatives are in place as outlined below:

**The Office of the Anti-Discrimination Commissioner (OADC):** seeks to work with the Tasmanian community (including the LGBTI community) to foster a society free of discrimination, prejudice, bias and prohibited conduct. It does this by receiving, investigating and attempting to resolve complaints of discrimination prohibited conduct under the Anti-Discrimination Act 1998.

The OADC’s *Report It!* project is aimed at encouraging people who are targeted to speak up and to enable those people who witness such events to inform the OADC. Information gained through the *Report It!* process helps to develop strategies to discourage attacks and reduce risk in targeted areas and to provide targeted community education programs and other training.

The OADC is also a partner in the national *Play by the Rules* program which provides resources, online training and promotional campaigns aimed at ensuring everyone involved in sport can do so in a safe environment, free from discrimination, harassment or bullying.

The OADC has partnered with the State Government to develop the *Whole of Government Framework for Lesbian, Gay, Bisexual, Transgender and Intersex Tasmanians*. A key strategy in the Framework is to improve LGBTI awareness and professional development to promote delivery of appropriate and relevant services.

The OADC is also a member of the Department of Education’s Gay, Lesbian Bisexual, Transgender and Intersex Strategic Working Group. The aim of this Group is to work to ensure young LGBTI students engage successfully in education and have the opportunity to reach their potential. The Working Group has focussed on developing guidance for education providers.

The Office of the Anti-Discrimination Commissioner (OADC) undertakes workplace training and community education sessions across the State to improve the understanding of both rights and obligations under the *Anti-Discrimination Act 1998*; this includes actively working to increase its presence in schools and to promote awareness among students and educational professionals. This includes courses in LGBTI anti-discrimination awareness and a guide for teachers and principals in discrimination, harassment and bullying.

**Rainbow Communities Tasmania Inc.:** The intent in establishing the Coming Out Proud Community Liaison Committees has been in part to develop management plans in the local areas and regions of Tasmania in partnership with Local Government to provide for strategies that will allow GLBTI people in the Region to ‘come out with pride’ and live in their community with dignity as fully respected and participating members. One of the major objectives of COPP is to ‘support the GLBTI Community create a climate where they are accepted and celebrated as full, contributing and proud members of the general community’.

Following the dedicated work of activists and the resulting law reform and development of anti-discrimination and partnership legislation there is maturity and an expressed, but yet unfulfilled, desire of the GLBTI Community to self-determine their participation in the State Community.
There is also a desire amongst members of the GLBTI community to represent and conduct their
own affairs including inequality issues at state, national and international levels from a franchised and
representative local base upwards. It is critical to establish a ‘unity of purpose and intent’ on the
part of the GLBTI Community to the development of comprehensive and coordinated enactment
and practice regarding human rights, security and well-being issues for our Community through a
process of self-determination.

The four regional COP Community Liaison Committees aim as follows:

- Engage the Government and the GLBTI Community in a conversation that engages all
  stakeholders as to effective, efficient and appropriate ‘inclusion strategies’ for developing policy
  and practice that will ensure the security, and wellbeing of the GLBTI Community.
- Engage the Tasmanian Community in a conversation at local and regional levels as to the benefits
  of including LGBTI people ‘without prejudice’ at all levels of community life.

The COPP is managed by four Community Liaison Committees (CLC’s) that are established at four
local or regional levels with the endorsement of the local government authorities but self-funded and
owned by the local GLBTI community. The CLC’s act as a coordination, consultation and evaluation
base for the GLBTI community to develop a Management Plan to ensure that active strategies on the
part of Federal, State/Local Government and GLBTI organisations are being delivered in the region
in an efficient, effective and appropriate way. There has been an initial regard for the integration of
local educational, legal, welfare, health, and social issues in the management plans being
developed. This is regarded as important in the holistic solution to improving human rights, security
and well-being for the LGBTI Community.

Rainbow Communities Tasmania Inc. is united at State level through a Council which represents and
conduct their own affairs including inequality issues at state, national and international levels from a
franchised and representative local base upwards which has been incorporated with representation
from the local, COPP Community Liaison Committees (but not yet by funded support organisations
e.g. Working It Out and TasCAHRD) is acting in concert with the State GLBTI Reference Group in
implementing the State Government’s GLBTI Framework in both government and community
services.

In establishing an agreement of ‘unity of purpose and intent’ the State Council is an important
meeting point to achieve improved self-determined social justice strategies to ensure the security
and wellbeing are achieved through the necessary cultural changes in the Tasmanian
Community. Community Liaison Committees exist and are endorsed and supported by local
government as follows:

- Southern Kingborough/Huon
- Greater Hobart including Glenorchy
- West Coast/West Coast (Cradle Coast)
- Greater Launceston

The League of Gentlefellows (LOG) www.logtas.org with a base membership of over 2 000
members has invested over $60 000 raised from social functions in the COPP Trust. The COPP
Trust is an important funding strategy to encourage the development of human rights, security and
wellbeing strategies at local and regional level to achieve cultural change. Moreover LOG is a strong
and important consultative base with a 2 000 membership base for the consideration and implementation of social justice strategies.

In addition the Outright Youth advocacy group as a Council member organisation are representing the interests of young LGBTI students in school as follows

- A GLBTI culturally aware teacher social/worker appointed in each school and in University
- Provided with an anti-homophobic manual e.g. ‘Not Round Here’
- GLBTI Safe Space is also addressed in schools
- GLBTI Students are assisted and appointed as peer support mentors in each school
- OY are also available to speak at School Assembly and to associated organisations e.g. Parents and Friends
- The OY students run discrete social functions

Self-determination as managed by the members of the Council (RCT Inc.) in turn achieves the wellbeing that comes from being in control of the process of change, rather than being controlled. In turn a strong community educational approach needs to be developed in all regions and localities, which has the approval and bi-partisan support of community leaders and all relevant organisations in relation to self-harm and suicide prevention.

**The Cradle Coast COPP Community Liaison Committee:** developing an electronic directory of mainstream and specialised services and programs for LGBTI people in the region. It is hoped that this model will be replicated in other regions.

**The Tasmanian Tourism Industry:** developed the ‘Rainbow Tourism accreditation’ process which is a new accreditation program to help local operators identify themselves as gay friendly. It includes a Rainbow Tasmania Tourism Accreditation Module developed by the Tourism Industry Council Tasmania and Rainbow Communities Tasmania as an add-on module to the national Australian Tourism Accreditation Program (ATAP). This helps to ensure standards have been met and tourists from the LGBTI communities receive equality of service when engaging with the Tasmanian tourism industry.

**Working It Out (WIO):** WIO is the only funded LGBTI organisation in Tasmania, providing services in four areas as outlined below:

- **direct support:** Free and confidential support and information regarding sexuality and gender identity through one on one support and support groups in the North, North West and the South. WIO has an ongoing partnership with ITANZ trust for the state Exploring Diverse Sex and Gender tour. WIO provides advocacy and support to LGBTI people experiencing difficulties in negotiating government systems and mainstream agencies.
- **out in schools:** WIO works with schools providing resources, counseling, education programs and information sessions to students, parents and staff and provides training for LGBTI young people to be public speakers. WIO’s Program *Challenging Homophobia, Affirming Diversity* is available to for grades 8 and 9 school students and includes both gender identity and sexual orientation. *Champions for Change* is more advanced professional learning which is available to school staff and police officers but can be adapted to other work places. WIO provides a rainbow sticker and other promotional material to services who have received training in LGBTI awareness.
• **out in the workplace:** WIO promotes and provides professional development and LGBTI cultural awareness programs and support in public, private and community sector workplaces. This may be at the request of management or individual workers. There is a fee for this service.

• **out in the community:** WIO provides community education to promote understanding of LGBTI people. They partner with like-minded organisations such as the King of Burnie Hotel and TasPride to provide social events and safe spaces for LGBTI communities. The Dorothies Awards are organised by WIO to bring to public attention the good work of others to end discrimination. In 2013, the focus is the workplace. WIO conducts community awareness raising in partnership with service groups, forums and suicide prevention forums including Breaking the Code of Silence which is delivered in partnership with CORES Australia.

**Connect4Life:** a community based group dedicated to increasing the social opportunities within LGBTIQ (at times Q is used in the LGBTI acronym as some community members define themselves as Queer) communities. All events are open to LGBTIQ family and friends. All monies raised are distributed to regional WIO projects.

**The Phoenix Centre:** has a Culturally and Linguistically Diverse (CALD) Community Connections Suicide Prevention Program, integrating LGBTI issues in all CALD Suicide Prevention efforts which includes workshops for the CALD communities. Xpect Respect (Respectful Relationships Program) is a non-violence leadership program for CALD youth aged 12-18 years, focusing on skills acquisition and understanding associated with various aspects of non-violence, including home and family, school, friends, relationships, gender and orientation and community life. Exploration of rights and responsibilities, tolerance and appreciation of diversity and LGBTI issues are raised in this context. Xpect Respect will continue to focus on students of schools and colleges in Tasmania. The program is funded until June 2014.

**Headspace:** provides counselling, medical and therapeutic support to young people aged 12-25. Headspace has an LGBTI support group for young people and provide counseling services to young people in a gay friendly environment with workers who are sensitive to the needs of LGBTI youth. Headspace (school support) delivers training for school staff. Training is developed which is appropriate to suit the regions and schools. It is developed in order to challenge school cultures.

**Department of Health and Human Services (DHHS):** have policies in place preventing bullying and harassment which includes sexuality and gender. There are diversity officers who implement these policies.

**Tasmania Police:** have LGBTI Police Liaison Officers across the state. LGBTI persons can make contact and ask specifically for LGBTI Police Liaison officer who can support them if they are seeking police assistance or if they themselves have committed offences.

**Tas Pride:** dedicated to celebrating, uniting and promoting the Tasmanian Gay, Lesbian, Bisexual, Transgender, Intersex and Queer (LGBTIQ) community, through providing opportunities for everyone to come together and share pride. The TasPride Festival is organised each November which includes the Pride March. There are various events hosted throughout the year including the Queen’s Ball and the Halloween Ball. A regular newsletter is published which promotes a wide range of activities and services from many of the LGBTIQ organisations in Tasmania.
**Tasmanian Council on AIDS, Hepatitis and Related Diseases (TasCAHRD):** a Quality Improvement Council accredited organisation which provides HIV and sexual health prevention, awareness, and support services to gay men and other men who have sex with men, as well as providing face to face care and support services to people living with HIV in Tasmania. TasCAHRD also provides information and referral services for people living with Hepatitis C, as well as providing various tailored training packages on HIV and STIs to service providers, health professionals, and others who request it.

**Choose Life Services (CLS), Community Response to Suicide (CORES) and Youth Health Services:** all based in Burnie, these organisations are a good example of services that have implemented a range of non-discriminatory LGBTI practices. For example intake forms have male, female and other options as well as inclusive sexual health information.

**Department of Education (DoE):** discusses LGBTI issues in education with a Strategic Working Group with representatives from the gay and lesbian community, the Office of the Anti-Discrimination Commissioner, the Australian Education Union, the Catholic Education Office and the Department of Premier and Cabinet. The group looks at ways to challenge discrimination and promote acceptance and equality within the DoE and make schools inclusive and supportive places for all staff and students. The DoE LGBTI Strategic Working Group produced the comprehensive *Guidelines for Supporting Sexual and Gender Diversity in Schools and Colleges*, which aligns with the broader Tasmanian and national strategies and frameworks for social inclusion and human rights. The Guidelines provide information to all schools on research, legislation, human rights and social inclusion, and how Tasmanian schools and colleges can make a very real difference through inclusive learning and teaching and supportive school cultures and approaches.

**Guidelines for Inclusive Language:** developed by the DoE to be used by all schools and staff. These guidelines enable everyone, regardless of culture, race or ethnicity, gender, sexual orientation or gender identity, age, disability or socioeconomic status to feel that they are being reflected in dialogue.

**Sexuality and Relationship Education:** A new strategy has been launched for sexuality and relationship education which focuses on supporting schools to deliver development-appropriate relationships and sexual education which identifies the importance of both sexual health and respectful relationships. This plan includes making links with the current Tasmanian Curriculum, the developing Australian Curriculum (Health and Physical Education) and curriculum resource support to schools. When planning relationships and sexuality education programs, teachers consider what is suitable for students at particular stages of their development. The new strategy was informed by a survey of Principals in 2012 that indicated that current systemic provision is inconsistent. A key focus of the strategy is a collaborative approach across government and non-government agencies to provide coordinated support. The strategy was developed in consultation with the LGBTI Whole-of-Government Reference Group, Working it Out, Brave Foundation, Family Planning Tasmania and the Department of Health and Human Services.

*(NB. Due to time frame of consultations and recording data there may be projects in place that are not listed. There may also be initiatives launched whilst these documents have been written up which will not be included)*
Conclusions and Recommendations

The responses from working and consultation groups were fantastic. Through the consultation processes undertaken over a three month period, more than 100 gaps and issues identified and more than 80 suggested actions have been proposed. Whilst the consultation phase has created many insights and a great deal of useful information, it has not been possible in the timeframe to undertake the necessary research required to fully inform several key areas of action that have emerged as clear themes through the consultation processes. Key themes and action areas identified throughout the consultation process requiring further research and exploration included:

Strengthening relationships, collaboration and mutual respect within and across LGBTI communities

A clear theme throughout the consultations was the degree to which internal community politics is impacting on LGBTI communities themselves. Information is not passed on between the organisations which can result in duplication with work that is carried out on behalf of the communities. The community members feel this is causing some of the community members to distance themselves from the organisations. There were many discussions around the state of contentions inside the LGBTI community including a feeling that organisations didn’t work together well, and information was not shared well. This issue is being addressed through the establishment of a new LGBTI Network to bring together funded organisations, voluntary and other service providers who work in the LGBTI sector to share information.

LGBTI Education and Training packages

Community members across the state clearly identified the need for robust, high quality, recognised and accredited education and training packages. Further work is required to assess and more fully explore the training and education packages that are currently on offer both at the state and national level and to further develop packages that are suitable within the Tasmanian context. Once developed, they will be rolled out as a priority to crisis emergency response services who work with LGBTI community members when in crisis or life threatening situations. These include hospitals, Police and emergency response staff, ambulance, Helplines and Mental Health Services.

Accreditation and Monitoring

There was concern regarding agencies that have been identified as giving inadequate support to LGBTI clients, and the corresponding lack of accreditation and monitoring of what is occurring. This concerned not only LGBTI community members but some service providers as well. LGBTI clients were not monitored when being referred from one organisation to another. There was also lack of knowledge about the LGBTI sector and who to refer to. It was thought state wide there needs to be more accreditation, monitoring, evaluation and review tools that could be utilised by services. This was seen as a priority as it would result in better outcomes for the individual and ensure service delivery is of the same quality in all organisations.

Data Collection

Addressing the changes needed in documentation at intake and when carrying out a risk analysis is a first priority and it will contribute to more inclusive practice and service delivery. Parents expressed there was a lack of support and appropriate counselling available to them and they saw this as vital.
Community Projects

Community members spoke a great deal about addressing discrimination and prejudice by running projects that would challenge this. The projects listed in the LGBTI CAP are a summary of some of the projects highlighted and they are also seen as priority. It was discussed that the wider community needs to understand that there is nothing wrong with being a member from the LGBTI communities. Also there was a need to reach some community members who do not want to come out due to fear. It is important for the LGBTI communities to be united and be able to share their stories with the wider community. This is seen as a way of normalising who they are and to say it is ‘OK to be Gay’ to people who fear coming out or to people who have come out but still live in fear and/or are vulnerable. It is also seen as a way of addressing discrimination or prejudice (homophobia) and a way of starting to achieve a safer environment to live in, one without fear or harassment.

After three months of a widespread consultation process which included many members of the LGBTI communities and service providers state wide, there were a few concerns and issues highlighted which had a negative impact on the LGBTI community members. Some of these included discrimination and prejudice, harassment, lack of appropriate support from service providers and no accreditation and monitoring of service provision. There was also lack of appropriate training and education for service providers and no accreditation of training that is delivered. Intake and risk analysis forms need to be updated to be more inclusive of the LGBTI community members to insure no assumptions are being made and correct data recorded.

This LGBTI Community Action Plan is the start of a process which seeks equity of service for the LGBTI community. It will set up some processes and research some tools that will be recommended in the next CAP and be reviewed by the LGBTI network, communities and LGBTI project officer and The recommendations will be updated six monthly with a new CAP every 12 months and which will be reviewed by the LGBTI network, LGBTI communities and the LGBTI Project Officer. This will ensure sustainability and a way to monitor change.

More work is needed to develop an evaluation framework to support this CAP and further discussions are required on the budgetary impact of the recommendations.