

Engagement Inspiration

from LGBTIQ people in Latrobe





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The Latrobe Health Advocate respectfully acknowledges Aboriginal people as the Original Custodians of the land we walk on today – the land of the Braiakaulung people of the Gunaikurnai nation and passes on respect to their Elders past and present, future and emerging.



The Latrobe Health Advocate thanks all the people who shared their time, experience, wisdom and ideas with us. It is their lived experience that we share in this document so that we might all learn to better connect, communicate with and support one another.

The initials LGBTIQ refer collectively to people who are lesbian, gay, bisexual, trans, intersex, queer and/or questioning. We recognise that everyone is different and that our health and wellbeing can be impacted by environmental conditions, access to health and social services, education, employment and lifestyle. We note that there is great diversity amongst LGBTIQ people and that everyone will experience health services and participate in their society in different ways. We acknowledge that LGBTIQ people may also identify as Aboriginal and Torres Strait Islander, may have a disability or chronic condition or may have a multicultural background.

This report is not a glossary of terms or guide about inclusive language for LGBTIQ people. For this, we recommend the *LGBTIQ Inclusive Language Guide* that has been developed by the Victorian Government. [<https://www.vic.gov.au/inclusive-language-guide>]

Letter from the Advocate

Last year, I had the pleasure of sharing *Engagement Inspiration*, a report that captures the voices and aspirations of people in Latrobe, highlighting what enables good health and wellbeing and ways to engage with communities who may not usually have their voices heard.

This report delivers on my 2019-20 Statement of Intent and commitment to the Victorian Minister for Health, to hear directly from LGBTIQ people to gain an understanding of what is important, and to learn about ways to ensure engagement can be inclusive, safe and meaningful, from their perspective.

In undertaking this work I have used the engagement model developed by my office. I applied a variety of engagement techniques and adjusted my approach to suit the people I was hearing from and sought feedback throughout the process. In response to COVID-19 my office converted paper tools and materials into electronic format and I continued my engagement with LGBTIQ people through virtual platforms.

In listening to LGBTIQ people in Latrobe I have heard examples of workplaces and health services that are demonstrating great leadership in raising awareness and promoting safety and inclusivity for LGBTIQ people. This is encouraging and sets a good example for others who may not have fully considered ways to create environments that are safe for everyone.

At the beginning of this work it was my intention to understand what more could be done to enable greater equality for LGBTIQ people in Latrobe. This remains a priority, however in hearing first-hand from people who have experienced trauma and exclusion I have come to understand that for some LGBTIQ people psychological safety, and not equality is the starting point.

Health is a fundamental human right. The right to health is described by the World Health Organisation as something that everyone should be entitled to and includes having access to information and services, free from violence and discrimination. Everyone has the right to privacy and to be treated with respect and dignity.

I want to thank everyone who has contributed to this report. The engagement model for my office has been enhanced as a result and I will continue to listen to and elevate

the aspirations of LGBTIQ people in Latrobe. I will work alongside others in the Latrobe Health Innovation Zone and advocate for systems change that will enable LGBTIQ people to experience and access health services on par with others in their communities.



Jane Anderson
Latrobe Health Advocate

Themes

What really matters

Love and care for others

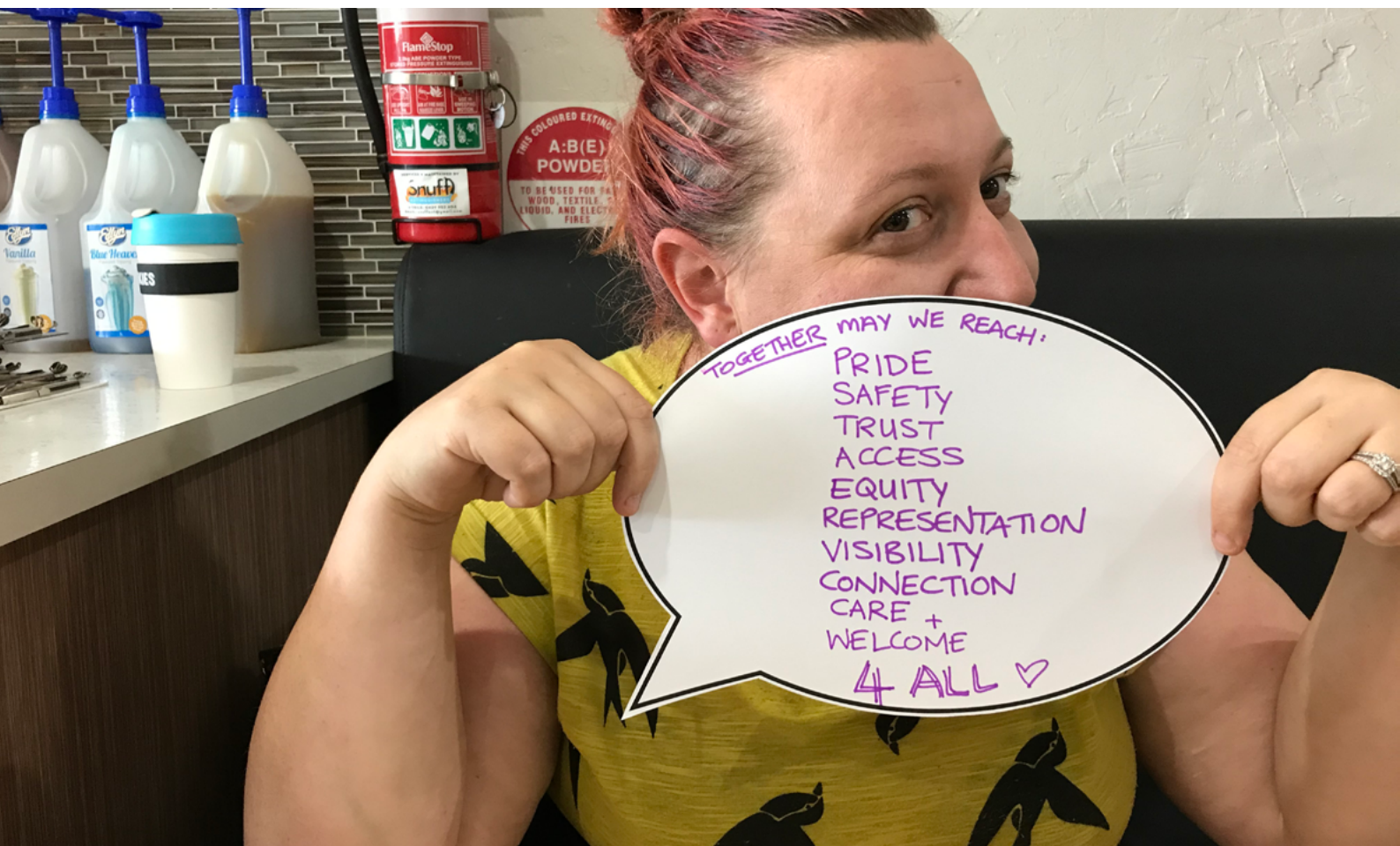
All of the LGBTIQ people and groups we met with demonstrated care and empathy for others. Everyone had their own story to tell, however there was a common understanding and shared compassion for others. A desire for everyone to be able to love themselves and be accepted within society.

Enjoying a regional lifestyle

Living in a regional community is not the same as living in a large city. There may be issues that LGBTIQ people experience across Victoria, that are amplified or experienced differently within a regional community. LGBTIQ people in Latrobe want to enjoy the benefits of a regional lifestyle alongside others in their community. They know that it is important to support each other at different stages and ages of their lifespan and hope to see more LGBTIQ people represented on regional boards, leadership groups and committees.

The world around us

Although our conversations were primarily focused on community engagement, health and wellbeing in Latrobe, we heard about global climate change, animal welfare, activism, politics, education, science and nature. LGBTIQ communities in Latrobe have demonstrated their awareness of global issues and their aspirations for a more caring society that expands beyond the borders of one Local Government Area.



Considerations for good engagement

Show that you are listening and don't judge

People have told us that body language, eye contact, facial expressions and posture matters. For people to be open, share who they are and talk about what matters to them, we need to first demonstrate that we are willing to listen, and that we will do this without judgement. It is important that during engagement activities facilitators and service representatives are present and show that they are listening.

Offer a variety of ways to engage that are safe, accessible and appropriate

There is great diversity amongst LGBTIQ people and the ways we engage need to reflect this. It is important for people to have options and choices in the ways they share their voice. We have heard that community forums and workshops are OK, if they are accessible for LGBTIQ people and provide opportunity for everyone to be heard. Smaller group discussions and use of technology can help. Technology can be utilised to make engagement activities more accessible, offering people the opportunity to connect and contribute virtually from a place where they feel safe and with anonymity if this is their preference. The purpose of engagement needs to be clear and LGBTIQ inclusivity needs to be communicated ahead of time. There will be times and places where some people want to remain anonymous and this needs to be anticipated, but not assumed, and respected. When LGBTIQ inclusivity is promoted it is vital that the experience of participants reflects this commitment. Written materials, presentations and the language of facilitators should be free from assumptions about gender and sexuality.

Informal peer support gives courage and a place to belong

LGBTIQ people have talked to us about the importance of peer support and being able to connect with others with lived experiences. They have said that being part of a peer support group has helped them to learn from others and has given them the courage to be themselves. Engaging with LGBTIQ

groups on their terms is an enjoyable and meaningful way to hear and understand their perspectives.

Social media works when the conditions are right

For some people social media provides a platform where they can be themselves, share how they are feeling, what they are experiencing and connect with others. When the online environment is safe, and the conditions are right, LGBTIQ people can benefit greatly from connecting with their peers and learning through shared experience. However, there is a risk that social media can be harmful for people who may suffer from anxiety or carry trauma from past experiences. If used poorly social media can be a place of discrimination and anger.

Surveys can be great for anonymity

We have heard that there is a place for digital surveys and that with the right design and deliberate use of inclusive language surveys can provide an avenue for LGBTIQ people to express their views. Inclusive surveys do not ask about gender, prefixes or legal names upfront. If it is necessary to collect data about genders this is best done with an optional open question and open text field towards the end of a survey. Having preferred pronoun and preferred name questions helps people to be themselves. When surveys are designed and promoted in this way LGBTIQ people are more likely to participate.

Use a variety of channels to invite people to engage

LGBTIQ people have told us that they access information and hear about community events and activities in a range of ways. We have heard that local flyers and noticeboards, cafes, newspapers, social media are all good avenues. Interestingly, none of these communication channels involve direct communication to individuals which is a reminder to us about the preferences of some LGBTIQ people to be anonymous in some situations.

Barriers and enablers of good wellbeing

Safety comes first

For LGBTIQ people to access services and fully participate in society they need to feel safe. LGBTIQ people have told us that they prefer to know ahead of time that services and businesses are inclusive and can understand and show empathy for their needs. They have suggested that inclusivity should be visible and overt to send a message that it is OK to approach and trust in a service and its staff. LGBTIQ inclusivity can be communicated via messages and icons on websites, email signatures, shopfronts, customer service desks and on staff lanyards. It is vitally important that when LGBTIQ inclusivity is communicated in these ways it is then actively demonstrated and reflected genuinely in the attitudes and behaviours of all staff.

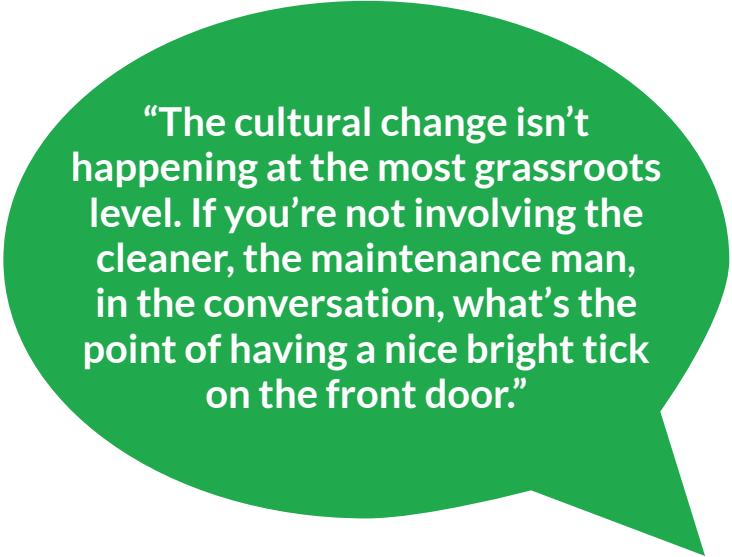
Improving mental wellbeing through healing and nurture

LGBTIQ people are concerned about the high rates of suicide and homelessness within their community. People that have transitioned have described the hurt they feel when others 'deadname' them by using a birth name that they no longer have. They have recognised that their mental health can be impacted by many aspects of their life, including their job, finances, marriage, family, and accommodation. Some LGBTIQ people carry trauma with them throughout their lifespan which can make them vulnerable. We have heard that it is important to see hope in life and have a reason for being.

Visibility and acceptance within the community

People from LGBTIQ communities have said that awareness and education is central to everything and the forefront of any change. Some people have made the point that being LGBTIQ is not always visible to others and said that people don't understand that comments discriminate. LGBTIQ people want to do ordinary things such as walk down the

street, go to the toilet, visit a doctor, go to school or go to work without feeling frightened about how people will react to them. We have heard that when LGBTIQ inclusivity is not visible, there is an assumption that LGBTIQ people will not be supported.



“The cultural change isn’t happening at the most grassroots level. If you’re not involving the cleaner, the maintenance man, in the conversation, what’s the point of having a nice bright tick on the front door.”

Having the energy and head space to enjoy a healthy lifestyle

The people we spoke with all shared their aspirations to live healthy and well. Many people talked about how it is important to have the right mindset and knowledge to stay active and eat well. We heard how the busy-ness of life, family history and the process of aging can impact your physical health. We learned that for some LGBTIQ people, fighting to be accepted or to make change within society on top of work and family commitments, can lead to a fatigue that might get in the way of staying active and eating well.

Language can discriminate and patients won't come back

The people that we spoke with talked about their direct experiences with health services. We heard about services that use inclusive language on their signs and paperwork and that respond well to complaints.

We also heard about reactions from health professionals that left LGBTIQ people feeling hurt and angry, unwilling to return. Consequently, these people were not supported to look after their own health. Incorrect use of pronouns such as she or he are a common example of how language and assumptions can be hurtful for LGBTIQ people. Health services are encouraged to ask people about their preferences before using pronouns.

Toilets

LGBTIQ people have suggested that all gender toilets would help them to feel safe and to stay physically and mentally healthy. Some people have said that when toilets are labelled as male or female, they can feel like they are using the wrong toilet or that they are being watched. Sometimes people use the disability toilets however when they do this they feel like an imposter. LGBTIQ people have shared their aspirations to see policy level changes occur within Latrobe City Council to enable more appropriate toilet signage and to see more cubicles and less urinals over time.

“I am genuinely every day scared around the mental health services. I am terrified that there’s no services specifically for my community, there’s none.”

“I was told I was in the wrong toilet and therefore I use the disability toilet. Sometimes I hold on and wet myself. I am still being watched and still in a prison.”

“It is scary to go to a GP when your experience has been...‘you don’t need this, you need the church or a psychologist’...”



Insight 1

Is data the only way to tell the LGBTIQ story?

We have heard that in order to create change for LGBTIQ communities we need more data. There is a desire to build a data set to address a systems gap in understanding the needs and aspirations of LGBTIQ communities in Gippsland.

There is no doubt that when data is collected appropriately, used effectively and with purpose it can be of great value. However, there may be an inherent assumption within communities and services about the type of data that is required before making a commitment to systems change.

We find ourselves wondering, do LGBTIQ communities have to capture and provide data in order to fit the system and be heard, or could the system change the way it listens and responds? Perhaps there is a more flexible and appropriate balance of understanding the underlying causes of gaps in existing data sets and an openness to changing the system and building data over time?

The Office of the Advocate is now reflecting on...

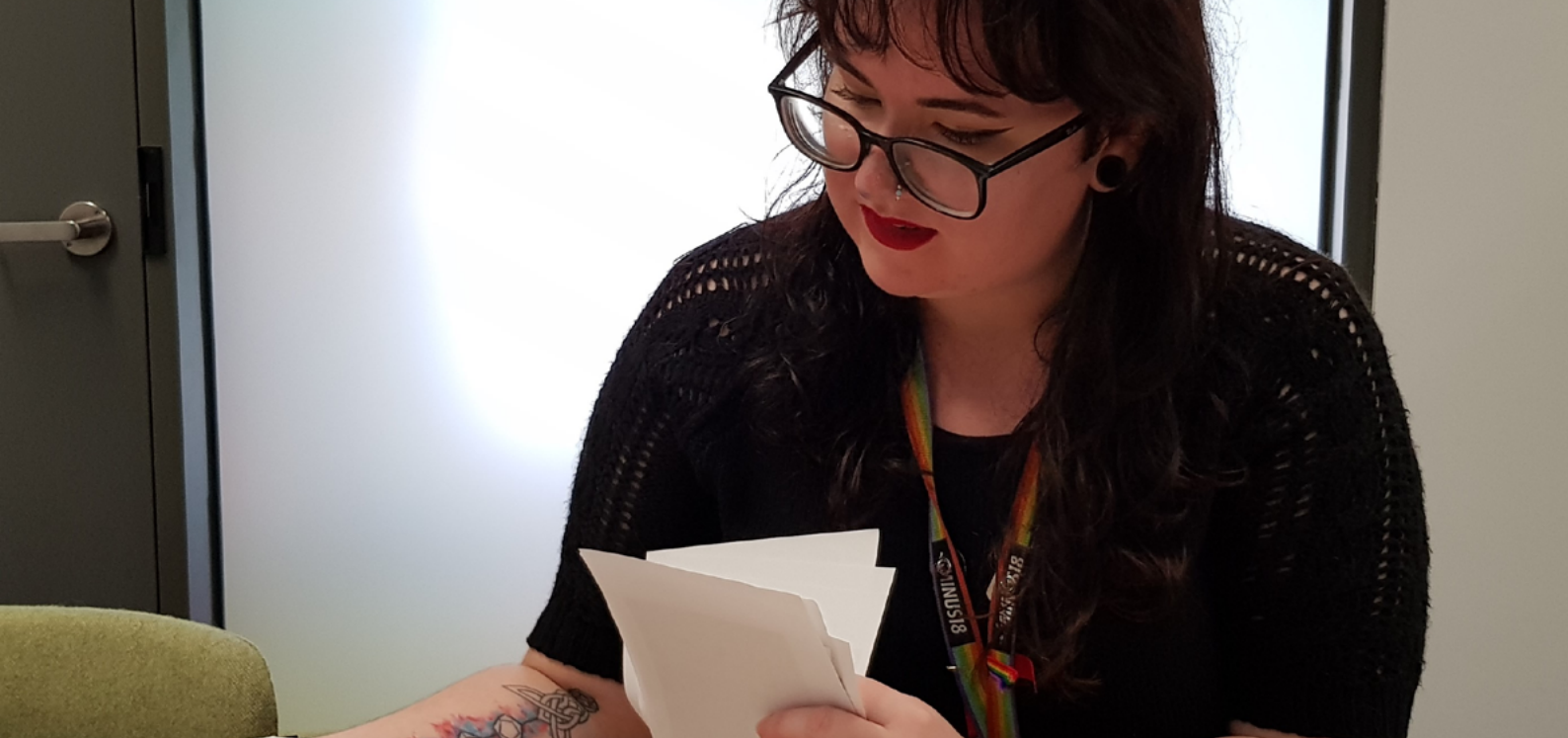
What role do we have in telling the story and elevating the voice of LGBTIQ communities, and how might this complement existing and future data sets?

What if...

Small but meaningful changes could be made to service system data collection methods and analysis to increase awareness of the needs and aspirations of LGBTIQ communities?

“Grants ask for data and there isn’t any, Gippsland is a black spot for help.”

“It’s hard to get people to listen to you. It is hard when the odds are against you.”



Insight 2

Our past experiences can impact our expectations of the future

Through our engagement with LGBTIQ communities we have observed that there is a relationship between past experiences and present interactions. This is often associated with a traumatic experience that can result in ongoing mental health implications and may lead to LGBTIQ people not accessing services due to fear of being hurt again.

The impact of past experiences can build up over time which can exacerbate the mental health effects and lead to greater social exclusion for LGBTIQ people.

There is another dimension to this that relates to how others in the community or within services perceive or interact with LGBTIQ people. Unknowingly, assumptions can be made based on past interactions that influence future behaviours and judgements.

The Office of the Advocate is now reflecting on...

What assumptions do we make before we engage with people? How can we acknowledge this and change the way we work and interact so that we are more inclusive?

What if...

We could rebuild the trust of LGBTIQ communities and help them to access health and community services into the future by demonstrating an openness to learning and understanding their needs and aspirations?

“It’s hard to convince my partner to go back to the doctor when the doctor isn’t helpful.”

“My friend said they were trans and the doctor required them to have an AIDS test.”



Insight 3

Learning from the wisdom of others at key stages for LGBTIQ people

There are key moments in time or stages of life when we experience change, and inevitably this can impact our health and wellbeing. For some LGBTIQ people this change is not always a positive experience. However, when supports are available, either within services, workplaces or amongst peers LGBTIQ people can experience good mental wellbeing.

There are times when LGBTIQ people might feel like they are forced back into the closet or back to a point in the past when they felt excluded. Examples include moving into an aged care facility, starting a new job or moving to a new town.

Through our engagement we have seen that there is a collective wisdom that can be drawn from the experiences of older gay and lesbian people to help others in the LGBTIQ community who are experiencing exclusion or poor health.

“We are everywhere, and we are nowhere.”

The Office of the Advocate is now reflecting on...

How might we consider the different ages and stages of life to ensure that when we engage, we are hearing things from the perspective of different points in time as well as from different people?

What if...

The wisdom of those with lived LGBTIQ experience could be utilised to design how services are offered to communities into the future?

“Sadly, I can have a conversation about being a lesbian but the further out on the LGBTIQ spectrum we get, we’re years behind. Years.”



Insight 4

Bring your full self, share who you are, and others can do the same.

When we are open, bring our full and authentic selves to the conversation or share something personal there is a noticeable shift in the engagement experience. When we do this there seems to be an increased confidence and reciprocal trust from the people we are listening to. A shared understanding.

We observed an emotional fragility or vulnerability amongst many of the LGBTIQ people that we spoke with. It was important for us to be aware of this and to bring respect and trust into our engagement. We found that this helped others to know that it was OK to share their experiences with us and put forward their aspirations for the future.

The Office of the Advocate is now reflecting on...

How might we demonstrate this openness and create a place of trust for people that have not yet engaged with us?

What if...

Services could be supported to invest more time into building trust and empathy through creating opportunities for professionals to bring more of themselves into their day to day interactions with communities?

“We are here for the party not the protest.”

“Community forums, we know they work as long as it’s not a lecture. There’s got to be an opportunity to have your voice heard.”

Active reflection

Questions that might get you started...

If you are a **decision maker** consider;

- How visible is LGBTIQ inclusiveness in your organisation?
- What data is available to you and how might you adjust the ways you collect and report on this to enhance service delivery for LGBTIQ communities?
- What is unique about the needs and health and wellbeing aspirations of LGBTIQ people and how can your organisation respond to this?
- What additional or ongoing training might help your organisation reach a stage where LGBTIQ people can be reassured that regardless of who they speak with or how they make contact, it will be a positive experience and they will receive the help they need?

“It shouldn’t matter that you’re black, white, purple, grey, gay, straight, trans or otherwise, and for some reason, it matters still. But it is amplified in our region because we don’t have good community literacy.”

If you are a **staff person, family member or friend**, consider;

- What assumptions and beliefs do you carry with you and how might these be impacting the LGBTIQ people around you?
- What can you do to nurture the mental health of LGBTIQ people that you interact with?



If you are a **community member, consider;**

- How might you demonstrate acceptance of LGBTIQ people within your community?
- What value do LGBTIQ people bring to you and your community and how can this be celebrated?

If you are an **LGBTIQ person, consider;**

- How might you share your insights and stories?
- What might it take for you to become a leader in your organisation, group or community?

“Education is central to everything and the forefront of any change.”

“It’s awesome when people don’t make assumptions. It doesn’t take much to make our lives easier.”

“I think equality is two steps from now. The safety to go to your GP and be treated from an informed space is probably the most important thing we could do.”

“The best conversations I’ve ever had are where people are comfortable.”



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