

ADVANCING **LGBTQ+** SAFETY AND INCLUSION

*UNDERSTANDING THE LIVED EXPERIENCES AND
HEALTH NEEDS OF SEXUALITY AND GENDER DIVERSE
PEOPLE IN GREATER WESTERN SYDNEY*

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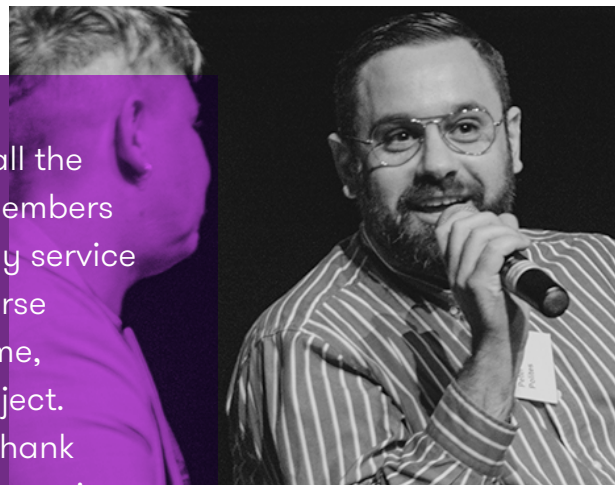
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Recommendations



The following recommendations are goals for whole of government, health, social and community sectors, LGBTQ+ Leaders and others that provide services to sexuality and gender diverse communities in Greater Western Sydney. A number of the issues and recommendations contained in this report are relevant to NSW more broadly and so consideration should be given for approaches that can be scaled-up and locally contextualised across the state.

ACON has included in green the pilot-initiatives that the current Safety and Inclusion Project will undertake utilising codesign with LGBTQ+ leaders, Inclusion Networks, local community groups, and sector partners against recommendations in 2020-21.

ACON recognises that work undertaken in a meaningful way has sustainable outcomes and impacts for sexuality and gender diverse communities in Greater Western Sydney. ACON will advocate for collaborative approaches to secure investment to further address the needs identified in this report.

Not all issues identified in this report are able to be mitigated programmatically, as they arise from structural inequalities requiring strategic reform to address. However, these data provide evidence to inform long-term advocacy by individuals, groups, organisations and governments. In addition, it is likely that many of the issues raised in this report will be in alignment with the soon to be released NSW LGBTQ Health Strategy, which presents yet another strategic opportunity for continued advocacy efforts.

Importantly, study participants identified five distinct geographical regions within Greater Western Sydney each with population variations; Campbelltown-Macarthur-Wingecarribee, Canterbury-Bankstown, Parramatta and surrounds, Liverpool-Fairfield and Penrith-The Hills-Hawkesbury. Participants communicated a strong preference for local LGBTQ+ services and support networks and an unlikelihood of participating in programs and services outside of their local regions.

Area A

Health, Social Services and Community Sector

A1 **Recommendation** **Health, social and community services are welcoming of people of diverse sexuality and gender**

While health, social and community services in Greater Western Sydney were primarily identified as being welcoming to individuals from diverse cultural backgrounds, religions and language groups, they were viewed as less welcoming and at times unwelcoming to gender and sexuality diverse people. Study participants shared that part of determining whether a service was likely to be welcoming was looking for visual cues such as promotions they could see themselves in, rainbow flags and resources that reflected sexuality and gender diverse people and their health needs.



ACON will promote and provide free Welcome Here membership for up to 150 community, health and social services of Greater Western Sydney.

A2 **Recommendation** **Sexuality and gender diverse people have access to quality inclusive and culturally aware healthcare services and their workforces are suitably trained.**

As the healthcare sector was especially the focus of participants' concerns, especially access to inclusive, quality service provision, it is recommended that General Practitioners (GPs), and other health care professionals (including those working in hospital settings and allied health professionals), in Greater Western Sydney Local Health Districts (LHDs), Primary Health Networks (PHNs), and services funded by LHDs and PHNs receive LGBTQ+ awareness, cultural safety and sensitivity training and specific training on LGBTQ+ healthcare needs. Training should include evidence-based information on health disparities experienced by sexuality and gender diverse communities, and the needs of trans and gender diverse people including improved access to culturally safe gender affirming health care.

This training should also address how intersectionality of identities (e.g. gender, sexuality, Aboriginality, ethnicity, 'race', disability, age) can lead to multiple experiences of discrimination and result in increased inequalities. GPs and other health care professionals from diverse cultural backgrounds with multiple language skills provide important referral avenues and may need to be specifically supported to meet the needs of the diverse LGBTQ+ communities in Greater Western Sydney.

Further, support staff and administration staff working with GP's and in other health care services also need to be included in targeted awareness.



ACON will deliver five LGBTQ+ Awareness training for up to 125 workers from Greater Western Sydney health and social services providers.



ACON will deliver one Inclusive Practice Masterclass Series consisting of three workshops for up to 25 representatives from Greater Western Sydney health and social services providers.

Recommendation

A3

Sexuality and gender diverse people have access to quality inclusive and culturally aware mental health and wellbeing services and their workforces are suitably trained.

It is essential that Greater Western Sydney LGBTQ+ residents have sufficient access to counselling and mental health services staffed by professionals who are knowledgeable and affirming of sexuality and gender diversity and intersectionality. Healthcare workers need to understand that the higher rates of mental health distress, depression, anxiety and suicidality is not due to their diverse identities but society's response. This includes maintaining familiarity with resources to support LGBTQ+ service users and knowledge about social, medical and legal gender affirmation and referral pathways. Services should involve LGBTQ+ consumers and people with lived experience in service design and implementation.

-
- ✓ ACON will ensure the inclusion of mental health services providers in the aforementioned inclusive training and Masterclasses.
 - ✓ ACON will work with stakeholders through a community of practice to identify referral pathways and available mental health resources.
 - ✓ ACON will develop three resources for services providers on topics identified by an LGBTQ+ Leaders community of practice.
 - ✓ ACON will promote the importance of working with LGBTQ+ people with a lived experience of mental health in stakeholder capacity building training, forums and promote the Rainbow Mental Health Lived Experience Network.

Area A

Health, Social Services and Community Sector

Recommendation

A4

Exploration and advocacy for specific healthcare delivery service models for targeted health needs of sexuality and gender diverse people of Greater Western Sydney.

Study participants conveyed a preference for travelling to neighbouring areas for inclusive service options benefiting from the anonymity, confidentiality and perceived increased safety in travelling for inclusive health services. The importance of having the choice of local inclusive service options accessible by public transport was viewed as integral in order for GWS to meaningfully embrace sexuality and gender diverse communities, as well as demonstrate their commitment to having local service options were viewed as integral for Greater Western Sydney embracing sexual and gender diverse communities, commitment to equitable healthcare access and increasing visibility.

Participants identified the following additional confidential local health services specifically addressing the needs of sexuality and gender diverse communities providing possible models for consideration. These services would increase visibility, sense of community and offer access to vital targeted resources. Financial investment and other in-kind commitments from national, state and local governments, non-government organisations, trusts and foundations, and corporations would be required to enable the expansion of services in the region.

- Establishment of a supportive and affordable gender affirming clinic in Greater Western Sydney that supports all trans and gender diverse people including those under 16 years old and their families. Currently Westmead Hospital provides limited services with federal funding to young people under the age of 16.
- A LGBTQ+ HealthCare Hub serving the sexuality and gender diverse community in Greater Western Sydney.
- Due to the expansive size of the Greater Western Sydney region, which has several major urban centres, it is recommended that a LGBTQ+ HealthCare Hub needs to be mobile and able to service these centres in the region via outreach.
- Availability of telehealth services to increase access for Greater Western Sydney of specialist LGBTQ+ and HIV services.



ACON will host a community launch of the report and disseminate the Greater Western Sydney LGBTQ+ Wellbeing and Inclusion Research Project report to decision makers at all levels of government and pursue advocacy opportunities to explore LGBTQ+ healthcare delivery in Greater Western Sydney.

Area B

Education sector and professional membership bodies

The education sector, both at school and tertiary levels, was identified as an important area for initiating change in terms of addressing the prevalence of sexuality and gender related prejudice to improve the health outcomes of sexuality and gender diverse people in Greater Western Sydney. This includes the role of professional membership bodies in influencing industry-based and tertiary course content for degrees like social work, psychology, nursing and medicine.

Recommendation

B1 | Professional membership bodies embed sexuality and gender diverse competencies and content in their accreditation processes.

Recommendation

B2 | Tertiary Education incorporates LGBTQ+ awareness, cultural safety and sensitivity training needs to be embedded in relevant professional training pre-service courses.

Tertiary education institutions (e.g. universities, other tertiary education providers, TAFE) delivering training for medical and healthcare professions, social welfare, community, and police services must embed LGBTQ+ content throughout relevant degrees and courses, not one-off sessions.

Recommendation

B3 | Primary and secondary schools in Greater Western Sydney commit to being more inclusive and supportive environments for LGBTQ+ students and families.

Inclusive education and resources in school curricula and syllabi are made available to address awareness and sensitivity of gender and sexuality diversity. ACON or other LGBTQ specialist organisations support schools undertaking inclusive practices.

Area C

Build the capacity of LGBTQ+ community groups and leaders of Greater Western Sydney

LGBTQ+ community groups and leaders are key to changes in their own local communities. As such, existing and emerging local community groups and leaders need to be included in strategies designed to build resilience, connection and affirmative health care. Support currently provided by Eastern and Inner Sydney LGBTQ+ community organisations should continue; however funding is required to support the establishment and maintenance of local community groups and leaders to drive local action.

Participants reported the division between Western Sydney and Inner Sydney suburbs which are traditionally seen as being the queer epicentre. They reported experiences of exclusion, lateral discrimination and violence within the sexuality and gender diverse communities. Transphobia, biphobia, racism, classism, ageism, misogyny and discrimination around disability and religion/faita experienced by LGBTQ+ community members from within sexuality and gender diverse communities was an important finding of this research. Exclusionary experiences were heightened for CALD participants, who reported that LGBTQ+ community groups and events were not welcoming or did not take steps to be inclusive of people from diverse cultural backgrounds.

Recommendation

C1

Provide education and capacity building opportunities within sexuality and gender diverse community groups and to community leaders to begin to address lateral discrimination.

Community groups are encouraged and supported to engage with Western Sydney sexuality and gender diverse communities. Ways this may be fostered include local pride events such as Parramatta Pride, targeted promotion and invitations to Western Sydney LGBTQ community groups, joint hosting/sponsorship of LGBTQ community events in Western Sydney, community campaigns, resource development and bystander workshops.

Recommendation

C2

A campaign celebrating diversity within sexuality and gender diverse communities of Western Sydney.

A multifaceted campaign is required to raise community awareness of intersectionality and include call-to-action messaging for inclusion and allies and bystanders to speak out against lateral discrimination. This campaign could be state-wide or local to Western Sydney, though, either way, should feature Western Sydney and should highlight the strengths of religious and cultural intersectionality.

Recommendation

C3 | Encourage the sponsorship and partnering with Western Sydney LGBTQ+ community groups to support community events in Western Sydney.

Eastern-Sydney focused LGBTQ+ community organisations and groups are encouraged and supported to engage with Western Sydney sexuality and gender diverse communities. Ways this may be fostered include local pride events such as Parramatta Pride, targeted promotion and invitations to Western Sydney LGBTQ community groups, joint hosting/sponsorship of LGBTQ community events in Western Sydney.

- ✓ ACON will establish and support a Community of Practice among existing and emerging LGBTQ+ community leaders or Western Sydney
- ✓ ACON will provide two training/mentoring capacity building sessions to LGBTQ+ community leaders of Western Sydney
- ✓ ACON will provide sponsorship for LGBTQ+ Community groups of Greater Western Sydney to host local LGBTQ+ community events.
- ✓ ACON will leverage their existing relationships with major LGBTQ+ festivals to extend their reach into Western Sydney and for Western Sydney communities to see themselves within those festivals.

Area D

Working with specific groups in Greater Western Sydney

Aboriginal and Torres Strait Islander LGBTQ+ Peoples in Greater Western Sydney

Current health, social and community services in the region need to provide culturally inclusive programs and resources that target the needs of Aboriginal and Torres Strait Islander LGBTQ+ people. Potential outreach options should include: Providing visual evidence of inclusivity of Aboriginal LGBTQ+ people; cultural awareness and competency training for services providers in both Aboriginal and LGBTQ+ cultures; the need for health professionals to 'listen' to patients who know their specific healthcare needs; and the need for inclusive services outside the current major hubs.

Recommendation

D1

Raise visibility and increase the capacity of health, social and community services in Greater Western Sydney to meet the needs of Aboriginal and Torres Strait Islander LGBTQ+ Peoples.



ACON will codesign training workshop with Aboriginal LGBTQ+ groups and individuals that raises awareness and competency for service providers. Training will be delivered in partnership with Aboriginal LGBTQ+ community leaders.



ACON will explore community interest in establishing an Aboriginal LGBTQ+ Community of Practice.



ACON will codesign and support the delivery of a cultural practice and mentoring forum about LGBTQ+ Aboriginal and Torres Strait Islander Peoples for service providers in Greater Western Sydney.

Culturally and linguistically diverse (CALD) LGBTQ+ people in Greater Western Sydney

Current health, social and community services in the region need to provide culturally inclusive programs and resources that target the needs of culturally and linguistically diverse LGBTQ+ people. Potential outreach options should include: Providing visual evidence of inclusivity of CALD LGBTQ+ people; cultural awareness and competency training for services providers in cultural diversity and LGBTQ+ cultures; the need for health professionals to 'listen' to patients who know their specific healthcare needs; and the need for inclusive services outside the current major hubs.

Recommendation

D2

Raise visibility and increase the capacity of health, social and community services in Greater Western Sydney to meet the needs of Culturally and Linguistically Diverse LGBTQ+ people.



ACON will codesign training workshop with CALD LGBTQ+ groups and individuals that raises awareness and competency for service providers. Training will be delivered in partnership with CALD LGBTQ+ community leaders.



ACON will codesign and support the delivery of a cultural practice and mentoring forum about LGBTQ+ CALD people for service providers in Greater Western Sydney.

Older LGBTQ+ People in Greater Western Sydney

Older sexuality and gender diverse people living in Greater Western Sydney experience social isolation impacting on their health and wellbeing and quality of life, this is especially so for older women. Older sexuality and gender diverse people often feel excluded from LGBTQ+ events more generally. It is important that organisers of such events are aware of the inclusion of older community members.

Recommendation

D3

Provide financially supported social opportunities for older LGBTQ+ people to meet regularly, to engage in targeted activities and events to meet their specific needs, and to build social networks.



ACON will actively promote and engage older LGBTQ+ people from Greater Western Sydney in the LOVE Project and associated ageing programs and activities.

Recommendation

D4

Develop a campaign celebrating older sexuality and gender diverse community members featuring Greater Western Sydney.

Area D

Working with specific groups in Greater Western Sydney

Young LGBTQ+ people in Greater Western Sydney

Although young sexuality and gender diverse people under 18 were not included in this scoping research, LGBTQ+ Community Leaders and Service Providers highlighted the importance of addressing the health and wellbeing needs of these young people in Greater Western Sydney. Also identified was the social isolation and exclusion faced by sexuality and gender diverse young people living in Greater Western Sydney. It is worth noting the important role that families, particularly parents, play in supporting trans and gender diverse trans young people and the critical role of parents of trans young people being able to talk to other parents of trans young people.

Recommendation

- D5 | Identify and promote local youth services that provide supportive confidential medical, mental health and wellbeing services and ensure that these services are aware of the specific needs of these young people, close to transport, free of charge and with online access.**

This will require the supporting local youth interagencies and networks to map referral pathways including the involvement of local government, local health districts and primary health networks.

Recommendation

- D6 | Social support services that cater for the specific needs of sexuality and gender diverse youth of Greater Western Sydney.**

This will require providing financial support to organisations working with these young people, to develop targeted programs, provide spaces to meet and hold events. All new service design and implementation should be done in co-design with sexuality and gender diverse youth. May require training and capacity building of local youth organisations.

-
- ✓ ACON will disseminate the report to decision makers at all levels of government and facilitate opportunities to engage in policy discussions with partner organisations that work with LGBTQ+ young people, their families and relevant service providers.
 - ✓ ACON will explore future partnership opportunities with LGBTQ+ and mainstream youth services, such as Twenty10.
 - ✓ ACON will support further research on the needs of young LGBTQ+ people in Western Sydney, in partnership with organisations like Twenty10.

Area E

LGBTQ+ Safety in Greater Western Sydney

Participants raised the need for greater awareness of safety in urban planning and design in Greater Western Sydney for sexuality and gender diverse community members particularly with regards to intersections with other aspects of identity, for example being Aboriginal or Torres Strait Islander; socio-economic status; having a disability; women; age; or living alone.

Recommendation

- E1** | Consideration given to safety needs of sexuality and gender diverse community members when organising events and activities in Greater Western Sydney.
-

Recommendation

- E2** | Sexuality and gender diverse people are engaged in urban planning and codesign of evidence-based safety initiatives to address gender-based violence and harassment experienced in the broader community including locally in Greater Western Sydney.
-

Recommendation

- E3** | Older sexuality and gender diverse people are engaged in codesigning a safety initiative to address gender-based violence and harassment experienced in the broader community including locally in Greater Western Sydney.
-



ACON will disseminate the report to decision makers at all levels of government and facilitate opportunities to engage in policy discussions

Area F

Decision Makers foster LGBTQ+ Inclusion in Greater Western Sydney

Participants spoke of experiencing exclusion, discrimination, and violence for being sexuality and gender diverse in Greater Western Sydney. These experiences stem from entrenched attitudes of sexuality and gender related prejudice

Recommendation

- F1 | Decision makers initiate and foster safe and respectful community dialogues between LGBTQ+ community leaders and leaders from broader Aboriginal and Torres Strait Islander, multicultural, multifaith and disability communities of Greater Western Sydney.**

To begin to address issues and the recognition of similarities including mutual values, it is crucial to identify long-term opportunities and strategies that bring various Greater Western Sydney community leaders together including with local and state government decision makers.

Recommendation

- F2 | Local, state and Commonwealth governments and Members of Parliament (MPs) of Greater Western Sydney commit to advocating LGBTQ+ people's needs, ensuring meaningful inclusion in public policy and investment.**

Recommendation

- F3 | Governments and MPs openly and visually demonstrate their commitment to our communities.**

Examples of visibility include ACON's Welcome Here project signage, flags on local government buildings, representation of sexuality and gender diverse communities in local government decision making for and the presence of LGBTQ+ organisations at local festivals.



ACON will disseminate the report to decision makers at all levels of government and facilitate opportunities to engage in policy discussions.



ACON will promote the benefits of the Welcome Here project to government departments, services and buildings.



Executive Summary

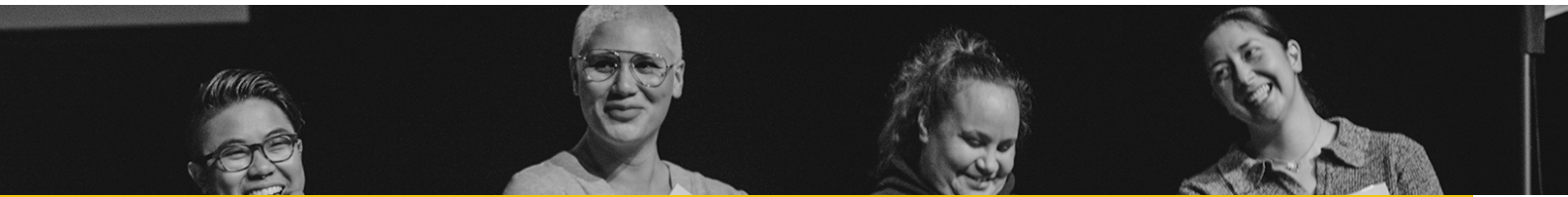
Introduction

This scoping research, conducted in 2019-2020, was a collaboration between Sexualities and Genders Research (SaGR) in the Diversity and Human Rights Research Centre at Western Sydney University and ACON. The research was funded by NSW Health, through the South East Sydney Local Health District, and ACON. This scoping research was an exploration of the lived experiences of LGBTQ+ people, of the issues they encounter in relation to access to services in the region, and of best practice service provision to sexuality and gender diverse communities in Western Sydney.

The objectives of the research were to understand how best to: build capacity in sexuality and gender diverse communities in Western Sydney;

- to foster safety and inclusion of LGBTQ+ people in the region;
- to enhance service provision to these communities; and
- to improve LGBTQ+ community members' overall wellbeing.

The research participants included LGBTQ+ community leaders and members as well as key service providers from relevant organisations in Western Sydney.



Greater Western Sydney (herein 'Western Sydney') is an extensive area that is home to a vast number of diverse communities from multicultural and multifaith backgrounds (Australian Bureau of Statistics, 2016). With such cultural diversity comes a mixed range of social values and beliefs about life, marriage, and relationships. Of importance is that Western Sydney includes a cluster of federal electorates that represented the largest number of 'No' votes in the 2017 marriage equality plebiscite in Australia (Beaumont, November 15th, 2017). How these tensions around gender and sexuality diversity, marriage equality and relationships are experienced in the daily lives of LGBTQ+ people living in the region requires further attention in research. There are few research studies (Bonson, 2017; Dune, Caputi & Walker, 2018; Kilicaslan & Petrakis, 2019; Pallotta-Chiarelli, 2016) that have focused on access to services, the lived experiences and the intersections of these for LGBTQ+ culturally and linguistically diverse and Aboriginal Torres Strait Islander Peoples in Western Sydney. This scoping research contributes to filling this gap.

Of the limited studies completed to date, research indicates that LGBTQ+ people who are also part of multicultural, multifaith, and Aboriginal and Torres Strait Islander communities, face particular challenges not as well understood as the experiences of LGBTQ+ people from white, Anglo, English speaking communities (Hillier *et al.*, 2010; Kassiseh, 2017; McNair, 2017; Pallotta-Chiarolli, 2016; Reeders, 2010). These challenges include compartmentalising family life and queer social life; pressure to create family in culturally appropriate, heteronormative ways; fear of violence; fear of being outed as queer – a particular issue facing for example, Muslim LGBTQ+ people (Abraham, 2009); prejudice from white LGBTQ+ communities (Ruez, 2017); and homophobia from religious community leaders (Kassiseh, 2017). Some of these issues were serious concerns and challenges raised by participants in this scoping research.

There has been extensive research highlighting that the mental health and wellbeing of LGBTQ+ people is often poorer than that of the population as a whole (Carman, Corboz, & Dowsett, 2012; Couch *et al.*, 2007). This is primarily due to being at a higher risk of experiencing discrimination and violence as a result of homophobia, biphobia, transphobia, and intersections of these with racism, misogyny and sexism. This can lead to exclusion and fears for personal safety (Australian Human Rights Commission, 2011; Leonard *et al.*, 2012; Robinson,

Bansel, Denson, Ovenden, & Davies, 2014). This scoping research reinforces the finding that sexuality and gender diverse populations experience poorer mental health and wellbeing influenced by external factors – sexuality- and gender-based stigma and discrimination, intersecting with racism, misogyny, sexism and discrimination based on disability. Respondents reported significantly higher levels of psychological distress than the Australian population generally, based on answers to the K5 measure of Psychological Distress Scale (Department of Health, 2018).

LGBTQ+ people are often under served and marginalised by health and related services (Davies, *et al.*, 2020; Dune, Ullman, Ferfolja, Hanckel, & Garga, 2018). Further, people from multifaith and multicultural communities underutilise healthcare services, particularly sexual healthcare services (Asante, Körner, & Kippax, 2009; Botfield, Newman, & Zwi, 2018). The reasons for this include not wanting to access services in their local community, largely due to concerns about confidentiality; and services not being able to provide private spaces in which to hold discussions with LGBTQ+ people about sexuality, gender and related health issues (Koh, Kang, & Usherwood, 2014). Healthcare professionals and service providers acknowledge that service provision to sexuality and gender diverse communities in Western Sydney needs to improve and many are keen to support changes in this area (HIV and Related Programs Unit South Eastern Sydney Local Health District, 2017). However, there is little research on how this can be achieved. This scoping research also contributes to filling this significant gap.

Overall, this scoping research project offers greater insight into the issues that LGBTQ+ people encounter on a daily basis living in Western Sydney that hinder their access to services, and undermine their safety, inclusion and wellbeing. What is highlighted in this research is that working closely with community members and leaders to build their capacities to work more effectively within their respective communities is critical to enhancing the wellbeing of LGBTQ+ people in the region. The inclusion of key relevant service providers in this study has also provided the unique opportunity to discuss the issues raised by community members and leaders about accessing services, with the aim of supporting the development of more inclusive and culturally safe service provision to sexuality and gender diverse communities in Western Sydney.

Aims of this Scoping Research Project

The aims of this project were to:

01

Identify the needs of sexuality and gender diverse, Aboriginal and Torres Strait Islander, multifaith and multicultural communities in Western Sydney in order to improve their wellbeing, safety and inclusion.

02

Develop strategies to build the capacity of sexuality and gender diverse leaders and Western Sydney service providers to engage and support sexuality and gender diverse communities in Western Sydney in order to improve their wellbeing, safety and inclusion.

03

Ascertain what sexuality and gender diverse communities consider to be inclusive best service provision practices, so these can be shared with key relevant service providers in the region.



Research Methodology

This mixed method research included both quantitative and qualitative approaches.

(i) An online survey targeting LGBTQ+ community members living in Western Sydney.

This survey was completed by 278 respondents. The survey was developed by the research team, with input from the project Advisory Group and informed by pertinent relevant issues identified in an extensive literature review. The survey included the Kessler – 5 (K5) measure of psychological wellbeing, which allowed for comparisons between survey participants and the general population. The items assessing individuals' interactions with service practitioners were adapted from research conducted by Dune, Ullman, Ferfolja, Hanckel, and Garga (2018). The survey also included original items developed specifically for this investigation.

Western Sydney was defined as the 13 local government areas of Blacktown, the Blue Mountains, Camden, Campbelltown, Canterbury-Bankstown, Cumberland, Fairfield, Hawkesbury, Liverpool, Parramatta, Penrith, The Hills and Wollondilly. Inferential and descriptive analyses were performed. We compared the responses of CALD respondents to non-CALD respondents, trans and gender diverse respondents to cisgender respondents. We also reported separately on Aboriginal and Torres Strait Islander responses.

The areas addressed by questions in the survey included: respondent demographics (age, cultural and ethnic background, education, household composition, disability, work status, gender, sexuality, religion, language spoken at home, migration, local government area in the region which participants are living; utilisation of services; interactions with service providers; access to services; involvement in social groups; issues related to safety and inclusion; community attitudes; psychological wellbeing (K5); and participants' perspectives on important areas for change.

Limitations

The authors would like to note that measurement of gender identity is an evolving space. Accordingly, we recognise that a limitation of this research is that the gender identity indicators used at the time of data collection (see Appendix, for further detail) may not have allowed participants to self-identify with the level of specificity they may have wished.

Where there are specific references to homophobia and transphobia, these relate to questions asked of participants. This does not diminish experiences of other types of sexuality- or gender-based stigma and discrimination.

(ii) Focus groups with LGBTQ+ community leaders in Western Sydney.

One face-to-face focus group was held with 12 LGBTQ+ community leaders. Written responses were also provided by seven (7) community leaders who were unable to attend the scheduled focus group. In addition, LGBTQ+ community leaders from CALD and Aboriginal and Torres Strait Islander backgrounds were given the opportunity to provide further input on the issues (beyond the one face-to-face LGBTQ+ community leaders focus group). Although this additional input was originally organised as face-to-face focus groups with these specific community leaders, the onset of the COVID-19 pandemic disrupted this process, which resulted in leaders providing written responses. Two (2) LGBTQ+ Aboriginal and Torres Strait Islander community leaders and three (3) LGBTQ+ culturally and linguistically diverse community leaders gave additional written comments.

Focus group questions with community leaders covered: the needs and issues facing their respective LGBTQ+ community members in Western Sydney; experiences with service providers; and suggestions for improving service provision, safety and inclusion of their community members living in Western Sydney.

(iii) Focus groups with key relevant service providers from organisations in Western Sydney.

Two (2) face-to-face focus groups, including a total of 17 participants, were conducted with service providers. The focus group questions for this group covered: current approaches to fostering access and inclusion of LGBTQ+ people in the service or organisation; issue and barriers to the inclusion of LGBTQ+ people encountered by the organisation; perceptions of the findings from the community members' survey and community leaders' focus group; and suggestions for enhancing LGBTQ+ access, safety and inclusion practices in the organisation.

Main points from the research

The following are the main points arising from the findings in this scoping research project:

01

Respondents reported significantly higher levels of psychological distress than the Australian population generally, based on answers to the K5 measure of Psychological Distress Scale (Department of Health, 2018). Over half (56.6%) of survey respondents reported 'high' or 'very high' levels of psychological distress (37.0% 'very high' and 19.6% 'high'). This is in comparison to 13.5% (5.5% 'very high' and 8.0% 'high') of non-Indigenous persons reporting 'high' or 'very high' levels of psychological distress in the general population (Cunningham & Paradies, 2012).

02

Of the respondents who reported 'very high' psychological distress, at least half cited that the lack of access to the following services had caused them worry or stress: a counselling or mental health service (70%), suitable employment opportunities (56%), and low cost housing (53%).

03

Trans and gender diverse participants (TGD) reported experiencing statistically significantly higher levels of psychological distress on the K5 measure than cisgender participants, with 49% of TGD participants reporting 'very high' levels of psychological distress, as compared to 34% of cisgender participants. Pointing to the impact of external influences on TGD individuals' wellbeing, TGD individuals were significantly less likely to report feeling safe at a variety of locations in Western Sydney, including educational spaces and religious venues. TGD participants who felt safer and more included in Western Sydney reported better psychological health.

04

While majority numbers of participants reported 'always' or 'often' feeling safe or included in their own homes in Western Sydney, survey data showed that culturally and linguistically diverse (CALD) participants were statistically significantly less likely than non-CALD participants to report these feelings of wellbeing while at home. 53% of CALD participants 'always' felt safe at home, as compared to 68% of non-CALD participants.

05

Majority numbers of participants reported witnessing negative attitudes about particular cultures or religions as well as racist behaviours in Western Sydney. CALD participants reported personally experiencing these attitudes in larger percentages, with over one-third reporting experiences of racism and a quarter reporting experiencing negative attitudes about their culture.

Access To Services

Issues raised by LGBTQ+ Community Members



Access to welcoming, inclusive, culturally safe services in Western Sydney was a high priority for LGBTQ+ community members and leaders, with healthcare services of utmost importance.

Many had negative experiences accessing healthcare services in the region, resulting in poor quality care.

Positive experiences were associated with having respectful, supportive, knowledgeable, proactive, responsive, friendly, and trustworthy healthcare providers.

Culturally safe and appropriate mental health and sexual health provision were highly requested.

It was difficult to access primary care where GPs were bilingual or multilingual with an understanding of intersectional cultural issues as well as gender affirmative care, or healthcare that was inclusive of sexuality diversity.

Sexuality and gender based stigma and discrimination, and racism were often experienced from healthcare practitioners, administrative staff, and from other clients attending the service.

Access To Services

Issues raised by LGBTQ+ Community Leaders



LGBTQ+ community leaders expressed concerns for community members' safety (including young people) while accessing services, including mental and sexual health services in the region.



Community leaders also identified older LGBTQ+ people as a population requiring special attention, especially middle to older aged women who may be experiencing difficulty accessing culturally appropriate healthcare and may also be experiencing homelessness.



Gender affirming healthcare for young people at a paediatric hospital in Western Sydney was identified as a major gap in service provision, negatively impacting trans and gender diverse young people and their families in Western Sydney and across Sydney more broadly.



Aboriginal and Torres Strait Islander community leaders identified access to culturally safe services and the absence of a wholistic approach to wellbeing as critical issues impacting their community members in Western Sydney. Racism, homophobia and transphobia were identified as further compounding culturally safe access to services.



Young people require youth friendly services that are culturally safe and also have user friendly opening hours, with services located close to public transport.



Young LGBTQ+ people, including young people with a disability, experience particular barriers to accessing inclusive education, health and support services.



Community leaders expressed concerns about LGBTQ+ people accessing inclusive and culturally safe aged care in Western Sydney.



Many community members want to access services discretely to maintain confidentiality and safety.



Aboriginal and Torres Strait Islander community leaders highlighted that access to housing and a safe environment were linked to improved mental health, cultural connection, and employment.



Aboriginal and Torres Strait Islander LGBTQ+ elders and community members need to be central to future planning and program implementation.



Culturally and linguistically diverse (CALD) LGBTQ+ community leaders identified intersectional discrimination in service provision as a key issue with which community members regularly contend, especially when accessing healthcare and employment services.



CALD LGBTQ+ community leaders identified young people as a priority group, as they may experience strict curfews, negative messaging and may not have awareness of organisations and groups that affirm and support gender and sexuality diverse identities.



CALD LGBTQ+ community leaders emphasized the need for tools and resources translated in culturally safe ways in community languages.



CALD LGBTQ+ community leaders considered funding was core to addressing culturally safe service access, including but not limited to funding a peak body, targeted events, and capacity building.



CALD LGBTQ+ community members need to be central to future planning and program implementation.

Access To Services

Issues raised by Service Providers

- Service providers identified that many people and organisations do not have the knowledge, understanding and expertise to address the needs of LGBTQ+ community members, especially those with CALD, Aboriginal and Torres Strait Islander identities.
- Service providers highlighted that attitudinal barriers associated with diverse genders and sexualities was challenging to address in Western Sydney.
- Service providers did not know what to do with trans and gender diverse young people because there were no services that families could access and afford.
- Service providers highlighted education and training as a priority to addressing barriers to service access, with a preference for ongoing comprehensive training offering professional accreditation rather than a one-off course.
- Partnerships and collaboration with services already specialising in these areas such as ACON, Twenty10 and others were viewed as key to reducing barriers and improving access to services.
- Strength-based approaches, accurate data collection, inclusion of community leaders, and inclusion of allies were highlighted as key to the success of service provision for LGBTQ+ community members in Western Sydney.

Safety Concerns

- Safety was also a major concern for LGBTQ+ community members. Generally, a lack of acceptance for sexuality and gender diversity in the region (generally equated with religious conservatism), led to experiences of overt and covert threats of violence in public spaces (particularly so for women (cis and trans)). Safety concerns were also exacerbated by poor safety planning in the region (e.g. poor lighting in public spaces) and perceived higher rates of crime in the area. Poor safety provisions and lack of security at LGBTQ+ events were also raised as an important concern.

Social Connection and Isolation

- Lack of social connections and feelings of isolation were common experiences among members of diverse LGBTQ+ communities.
- Community leaders expressed concerns that LGBTQ+ events are focused at younger people who consume alcohol, other substances and attend parties. There are few events fostering community connection that are culturally appropriate and designed in consultation with older community members.

CHAPTER

Introduction

Western Sydney is part of the Greater Western Sydney region, which is known for being the largest and most diverse multicultural and multi-faith metropolitan area in Australia, with residents coming from over 170 countries and speaking more than 100 different languages. The region also has the largest Aboriginal and Torres Strait Islander community in the country. This extensive region also has the third largest economy in Australia behind Sydney CBD and Melbourne, providing a large range of government, local government and community services and privately owned large and small businesses. With this diversity comes a mixture of different cultural and religious values underpinning social issues, such as family, marriage and relationships. In the 2017 Australian Plebiscite on marriage equality, Western Sydney registered the highest number of 'No' votes in Australia, reinforcing a perspective of the region as conservative and unwelcoming of LGBTQ+ people and their families.

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The lived experiences of LGBTQ+ people and their families in Western Sydney is the core issue of this research project. Research shows that the mental health and wellbeing of LGBTQ+ people is often worse than that of the broader population as a whole due primarily to discrimination (Carman, Corboz, & Dowsett, 2012; Couch *et al.*, 2007). Overt and covert experiences of homophobia and transphobia, manifested through individual and institutional exclusion, marginalisation, and violence, can negatively impact on health and well-being (Australian Human Rights Commission, 2011; Leonard *et al.*, 2012; Robinson, Bansel, Denson, Ovenden, & Davies, 2014). Issues of access, safety and inclusion are core to the wellbeing of LGBTQ+ people (as for all people) and understanding how they are encountered and negotiated in daily life is crucial for developing effective intervention strategies to improve the health and wellbeing of sexuality and gender diverse communities.

This report presents the findings from an online survey completed by 278 LGBTQ+ community members and one focus group with LGBTQ+ community leaders living in Western Sydney together with written contributions from other LGBTQ+ community leaders. In addition, two focus groups were held with representatives from key service providers relevant to sexuality and gender diverse communities in Western Sydney. The main aim of this scoping research project was to gain a better understanding of the experiences and issues faced by LGBTQ+ people living in Western Sydney. This included any concerns about safety, or accessing services, including LGBTQ+ focused services in the region, and any suggestions or recommendations on what could be done to improve the situation for LGBTQ+ people living in the region. As such, there were three main objectives of the research:

- Identify the needs of diverse LGBTQ+ communities in Western Sydney that would improve their wellbeing, safety and inclusion;
- Develop strategies to build capacity and enhance the lived experiences of sexuality and gender diverse communities in Western Sydney in order to improve their wellbeing, safety and inclusion; and
- Ascertain what LGBTQ+ communities consider to be inclusive best service provision practices, so these can be shared with relevant service providers in the region.

Of particular significance to the aims of this research was to capture the diverse experiences, perspectives and needs of the sexuality and gender diverse communities that exist in Western Sydney – those from culturally and linguistically diverse (CALD) backgrounds, those who are multifaith, and those from Aboriginal and Torres Strait Islander communities. This report provides an overview of findings across all participants, but also includes some focus on issues for CALD, trans and gender diverse, and Aboriginal and Torres Strait Islander participants.

The findings in this report offer important insights into the perspectives, experiences, and needs of diverse LGBTQ+ communities in Western Sydney. Access to inclusive, safe and culturally aware services in Western Sydney, most importantly health services with trained professionals (e.g. General Practices, sexual health, mental health services) was a high priority for both community leaders and members. Issues of safety were also a top concern, with experiences of homophobia, transphobia, sexism and misogyny common for many of the participants in this research. Inclusion and visibility of sexuality and gender diverse communities and organisations in Western Sydney was another significant issue. However, it was acknowledged that although visibility is important, it can bring greater danger and exposure to violence. For participants a greater visible and active demonstration of support and acceptance of LGBTQ+ people from other non-LGBTQ+ leaders and organisations could potentially counteract some of the homophobia and homophobia that prevails. Also of significance was the importance of social connection in people's lives, to counteract the isolation that many LGBTQ+ people feel living in Western Sydney.

The following literature review considers existing research on wellbeing and inclusion for LGBTQ+ people, the Western Sydney context, what we know about the distinct experiences of multicultural multi-faith LGBTQ+ people, and access to service provision.

Existing research into the wellbeing of LGBTQ+ people

Since 2007 a number of reports have been written based on surveys of various sets of LGBTQ+ people, both in Australia and elsewhere, covering areas of health, wellbeing and inclusion. A number of these

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have focussed on transgender adults, both in Australia and in the United States. There are also a number exploring the experiences of young people who identify as sexuality or gender diverse. Many of the more recent reports are concerned with mental health, community connectedness, and how LGBTQ+ people experience service providers.

Looking at the broad LGBTQ+ community, Private Lives 2 (Leonard *et al.*, 2012) was a major Australian national survey of the health and wellbeing of GLBT people 16 and above, with responses from 3,835 people about their health and wellbeing. The survey found that experiences of discrimination, stigma and abuse have a negative impact on general health, particularly mental health. The report identified transgender people, bisexual women, and young people aged 16 to 24 as particularly vulnerable to these effects. The Sydney Women and Sexual Health Survey (SWASH) of lesbian, bisexual and queer women found rates of psychological distress more than three times higher than for all NSW women, with women aged 16 to 24 having the highest rates of psychological distress (Mooney-Somers, Deacon, Scott, Price and Parkhill, 2018).

Trans and gender diverse people's experiences

A number of research projects have focussed on issues affecting transgender adults. In Australia and New Zealand, Tranznation (Couch *et al.*, 2007) asked 253 transgender adults about health and wellbeing. Tranznation found that although 64% of respondents rated their health as good or very good, and two thirds were mostly or extremely happy, there were higher rates of depression, and general health was lower, than in the general population. One in four had recently had suicidal thoughts. Factors that were important to health and wellbeing were social contact, meaningful work, having goals, personal development and self-motivation. Health issues associated with affirming their gender were multifaceted and sometimes difficult to navigate, and problems included the scarcity of treatment, long waits, and meeting the criteria to qualify. Good experiences with health providers were those where people felt accepted and supported, people's worst experiences were facing hostility and disrespect. People were reluctant to disclose their transgender identity to practitioners and appreciated practitioners

who were knowledgeable about and had experience of transgender issues. Half the respondents had changed some form of documentation to reflect their gender identity, with varying experiences of difficulty. A mismatch between gender identity and documentation could expose people to discrimination and danger. People had a strong fear for their safety, with 87% of people facing stigma or discrimination, which included verbal abuse, spreading of rumours, threats of violence, refusal of employment or promotion. Discrimination from family members was common.

A major US study of 6,450 transgender people (Grant *et al.*, 2011) across a range of issues and experiences showed that those surveyed lived in poverty, and 41% reported having attempted suicide, compared with 1.6% of the general population. Discrimination in healthcare presented a barrier to HIV prevention; a barrier to health promotion and harm reduction for tobacco, alcohol and other drugs; resulted in postponed care; 19% reported being refused care; and 50% reported having to teach their medical providers about transgender care. The report stressed that the combination of racism with discrimination against transgender people had a severe impact. In Australia and New Zealand, lifetime suicidality and self-harm were found to be more common for transgender people than cisgender people, and suicidality and self-harm were associated with experiencing discrimination, distress, and lower social support for transgender people (Treharne, Riggs, Ellis, Flett, & Bartholomaeus, 2020).

Mental health was the focus of the First Australian National Trans Mental Health Study (Hyde *et al.*, 2013) which included responses from 946 adults. Like Tranznation, the report found high levels of poor mental health and discrimination, with the prevalence of people currently affected by depression and anxiety in the transgender population greater than the lifetime prevalence in the general population. Obtaining hormone therapy was difficult and frustrating but rewarding and affirming once achieved. It was difficult or impossible to access gender affirming surgery. Discrimination and harassment, from social exclusion to violence and assault, had been experienced by two thirds of respondents. The report included recommendations for reform including a multidisciplinary approach

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to healthcare, training for service providers, legal affirmation of their gender, safe educational settings and suicide prevention interventions. A consultation process in NSW built on recommendations from previous reports by developing priority areas for action and a detailed action plan, through consulting with transgender people in NSW (ACON, 2019).

Young people's experiences

There is a wealth of reports on the experiences of "same sex attracted" or gender diverse young people in Australia. Writing Themselves in 3 (Hillier et al., 2010) surveyed 3,134 young people about sexual health and wellbeing. Key findings were high levels of verbal (60%) and physical abuse (18%), particularly at school. Experiencing homophobic abuse was linked to feeling unsafe, higher rates of drug use, self-harm and suicide attempts; with more than half of respondents reporting that abuse led to a negative impact on schooling. Use of the Internet was important for finding information, connecting to similar others, and activism. Almost all of the young people had disclosed their same sex attraction or gender questioning to others, particularly to friends. The need for inclusive and relevant sex and sexuality education was identified. The importance of the school environment is underscored by Watson and Russell (2016), who showed that same sex attracted youth who are disengaged from school are more likely to have lower educational attainment outcomes, make less money, have poorer mental health and higher alcohol usage.

This was followed by three more surveys of LGBTQ+ young people, From Blues to Rainbows (Smith et al., 2014) focussed on mental health, Growing Up Queer (Robinson et al., 2014), and Free2Be on the experiences of sexuality and gender diverse students' experiences in secondary schools in Australia (Ullman, 2015). From Blues to Rainbows was resilience focussed research with 189 survey respondents and 18 interviews. Echoing previous research, two thirds of respondents had experienced verbal abuse and one fifth physical abuse, especially at school or in public places like the street or public transport. Almost half had been diagnosed with depression, 38% had thought about suicide. Those experiencing abuse were more likely to have an eating disorder, post-traumatic stress disorder, or to consider suicide. The findings included a number of positive factors and coping strategies employed by young people. Those

with supportive parents and teachers fared better. Respondents felt better through listening to music, talking to friends and peers, and becoming involved in activism. Two thirds had seen a health professional regarding their mental health. Respondents valued professionals who were knowledgeable about gender diversity and transgender healthcare, and often had to educate the health professional.

Growing Up Queer (Robinson et al., 2014) addressed a much broader range of issues on a larger scale, with 1,032 survey respondents and focus groups. Results of the survey were consistent with findings in previous reports, including two thirds of participants feeling happy and content with their current lives. Experiences of abuse and discrimination and mental health were similar to From Blues to Rainbows. 41% of participants had thought about self-harm, 33% had harmed themselves, and 16% had attempted suicide. Again, school was the major site of discrimination, and sexuality education inadequate. Homophobia and transphobia perpetrated by teachers had the most profound impact, both active harassment and abuse and a failure to intervene. Being out at school often led to bullying. Rejection by families sometimes led to homelessness, which could lead to interruptions to or not completing education. Coming out was easier in inner city locations, rather than greater metropolitan areas like Western Sydney, or country areas.

Further insight into the experiences of LGBTQ+ youth at secondary school can be found in Free2Be, a nationwide survey of 704 young people aged 14 to 18 (Ullman, 2015). Schools were found to be places that marginalised LGBTQ+ students through homophobic and transphobic language and physical harassment. These experiences impacted negatively on students' school wellbeing outcomes and academic achievement. Where teachers intervened in a positive way to instances of harassment, student wellbeing was higher. For trans and gender diverse students particularly, teacher positivity regarding diverse gender expression was critical to students' sense of connection to school (Ullman, 2017), which has implications for the impact that other service providers can have on young people's wellbeing.

In 2017, Trans Pathways looked more specifically at the mental health of Australian transgender young people, finding even higher rates of depression,

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anxiety, suicide and self-harm. Primarily, these outcomes were caused by factors external to the individuals. Responses were received from 859 young people aged 14 to 25, and 194 parents of transgender and gender diverse young people. Parents reported that they lacked information on how to help their children. Almost a quarter of participants reported a current diagnosis of an autism spectrum disorder (ASD) from a health professional, compared to less than 2.5% in the general population. More than a third of participants scored in the range that would warrant further diagnostic tests for ASD on a measure for autism traits. The recommendations in the report were wide ranging. In the area of medical and mental health, the report called for more funding for, and improvements to services for trans people; training for service providers; and making services more affordable through incorporation into Medicare, the Pharmaceutical Benefits Service, and private healthcare coverage.

Community connectedness

Community connectedness and the impact of minority stress were the subject of an Australian survey of LGB adults (Morandini, Blaszczyński, Dar-Nimrod, & Ross, 2015). The researchers found that those that lived in outer metropolitan areas of major cities, and those living in rural or remote areas, reported significantly higher levels of minority stress and less connection with other lesbian, gay and bisexual people than those in inner-metropolitan locations. Indicators of minority stress that differed across these locations were greater concealment of sexuality from friends, more concern about disclosing sexuality, and, for men, increased internalised homophobia. The importance of community connectedness is demonstrated by findings that peer support is an important adjunct to professional support (McNair & Bush, 2016), and social connectedness, coalition building, and social citizenship are strategies for successful integration of multiple identities (McNair, 2017).

The Western Sydney context

Western Sydney is not a strictly defined geographic area and is defined differently for different purposes. For the purposes of this study it can be thought of as the combined local government areas of Blacktown, the Blue Mountains, Camden, Campbelltown, Canterbury-Bankstown, Cumberland, Fairfield,

Hawkesbury, Liverpool, Parramatta, Penrith, the Hills and Wollondilly, with a total population of 2.3 million people in the 2016 census (Australian Bureau of Statistics, 2016). Western Sydney is an area of NSW that contains many diverse communities. In the 2016 Census of Cultural Diversity (Australian Bureau of Statistics, 2016) 37.5% of people gave European as their first response to ancestry, and 15.0% chose Australian. North Africa and the Middle East was chosen by 10.0%, with 7.4% choosing South East Asian, 9.3% North East Asian and 10.3% Southern and Central Asian. People born outside of Australia comprised 44.5%, and 12.7% of people had arrived in the previous ten years. Christianity was the religion declared by 53.4% of people, 20.6% of people named a religion other than Christianity, the most common being Islam at 9.1% of the population of Western Sydney.

Between September and November 2017, the Australian Government undertook a national postal survey asking all voters on the electoral roll to answer the question ‘should the law be changed to allow same-sex couples to marry?’ (Australian Bureau of Statistics, 2017). The results were announced on 15 November 2017. The result was a ‘yes’ vote by 61.6% of respondents to 38.4% ‘no’ votes across the country. Although overall each state and territory returned a ‘yes’ vote, 17 of the 150 electorates across the country returned a no vote, and of these, 15 were in major urban areas (Australian Bureau of Statistics, 2017). The cluster of federal electorates where support for same-sex marriage in the 2017 federal postal survey was lowest in the country were in Western Sydney, being Blaxland, Watson, McMahon, Werriwa, Fowler, Parramatta and Chifley (Beaumont, November 15, 2017). There are few research studies that focus on people in Western Sydney in a way that can increase understandings of their experiences at the intersection of sexuality, gender, cultural and language identities, to improve their access to services.

Multicultural, multifaith experiences

There has been a growing awareness over the last 30 years that the experiences of sexuality and gender diverse people from multifaith and multicultural communities has not been heard or understood (Jackson & Sullivan, 1999), and that most previous studies have not explored the lived experience and important issues for these communities. Some of

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these studies indicate that LGBTQ+ people who are also part of multicultural, multifaith and Aboriginal communities face particular challenges that are not as well understood as the experiences of LGBTQ+ people from white, Anglo, English-speaking communities (Hillier et al., 2010; Robinson et al., 2014), and their experiences are generally worse (Grant et al., 2011). Large scale surveys often do not have the data to separate out and explore issues for particular communities.

Aboriginal and Torres Strait Islander LGBTQ+ voices are usually absent from the literature (Bonson, 2017). Kerry (2014) reviews twelve research projects, conferences and forums between 1994 and 2012, including Private Lives 2, and reports a 'dearth of data' on transgender experiences of Sistergirls and Brotherboys in the five broader, government funded research reports (Kerry, 2014, p. 183). Kerry finds four themes of transgender experience emerge, being economic instability, social exclusion, illness, and abuse. For Aboriginal and Torres Strait Islander transgender people these are also significant issues, with the addition of racism from the wider Australian community and broader sexuality and gender diverse communities, and transphobia within traditional Aboriginal and Torres Strait Islander communities. Rosenstreich and Goldner (2010) reflect on the marginalisation of Aboriginal and Torres Strait Islander trans and intersex voices in LGBTI communities and the LGBTI health sector, and identity 'the fundamental need for people to speak for themselves, define their own issues, needs and solutions' (p.143).

An important contribution to understanding the Western Sydney landscape is the report *We're Family Too* (Kassisieh, 2017), which sets out the impact of homophobia on same sex attracted young people and adults in Arabic speaking communities in Sydney, using interviews, focus groups and a survey of 37 people. This project focussed on hostility and violence experienced within respondents' own families and communities, finding that participants reported high levels of hostility to gay and lesbian people in Arab communities. The reasons underlying these attitudes were found to be cultural the centrality of heterosexual marriage and forming a family, a patriarchal structure and rigid gender roles; and a lack of understanding about sexuality in general. These were compounded by socioeconomic and cultural marginalisation of

Arab culture; the importance placed on the views of elders; a collectivist orientation and the importance of reputation; and religious and cultural values reinforcing each other. Participants' suggestions for action included public education of Arab communities backed up by the authority of government and religious institutions; support services addressing the specific needs of people with diverse sexualities and their families from Arab-speaking backgrounds; cultural and arts programs; addressing racism and racial exclusion; and addressing wider social and legal discrimination against same sex attracted people. Ruez (2016) provides an analysis of a cluster of locally based projects in Sydney, including sharing stories and arts projects, creating a space for multicultural queer inclusion and political agency.

From consulting with same-sex attracted and gender diverse young people from multicultural multifaith backgrounds in Victoria, Pallotta-Chiarolli (2016) called for a more in depth understanding of the intersections between issues of race, culture, religion, class, disabilities, spiritualities, ages, sexualities and genders; a relationship of trust to be established between government bodies, service providers, young people and their communities, particularly their religious and community leaders; and Anglo same sex attracted and gender diverse communities and organisations to become more culturally and religiously inclusive. Research into sexuality and gender diverse people's use of crisis support services in Australia found anticipated experience of discrimination was a significant barrier to accessing these services (Waling, Lim, Dhalla, Lyons, Bourne, 2019). Many participants were concerned about encountering discrimination based on ethnicity, culture, or religion; or facing a lack of understanding of the complexity of the interrelationship between their sexuality, gender, culture and religion.

The issues that emerged as important for same sex attracted and gender diverse Aboriginal and Torres Strait Islander, multicultural and multifaith people include compartmentalising family life and queer social life, pressure to create family in culturally appropriate, heteronormative ways, fear of violence, fear of being outed either as queer, or, for example, Muslim (Abraham, 2009) prejudice from white sexuality and gender diverse communities (Ruez, 2017), and homophobia and transphobia from

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religious or cultural community leaders. A report from Sydney Queer Muslims describes the impact on many queer Muslims of these issues, and how counselling services need to acknowledge and support spirituality and Muslim identity in supporting queer Muslims of diverse sexualities and genders (Irving, 2019). Many of the practices of mainstream queer communities, such as coming out, or the label of LGBTQ+, are not appropriate for multicultural and multifaith groups. For many, 'inviting people in' and 'coming home' are considered more culturally appropriate alternatives to 'coming out' (Poljski, 2011).

Service provision

More recently, research effort has focussed on understanding how LGBTQ+ people access healthcare, and their experiences of healthcare. LGBTI people are often under served and marginalised by health and related services (Dune, Ullman, Ferfolja, Hanckel, & Garga, 2018), and people from multifaith and multicultural communities underutilize healthcare services, particularly sexual healthcare (Asante, Körner, & Kippax, 2009; Botfield, Newman, & Zwi, 2018). The reasons for this include not wanting to access services in their local community, or services not being able to create a space to have a conversation with people about sexuality, gender and related issues (Koh, Kang, & Usherwood, 2014). Health and other service providers understand that service provision to sexuality and gender diverse communities in Sydney needs to improve, there is an appetite for change (HIV and Related Programs Unit, 2017), but little research on how this can be brought about.

Using interviews and focus groups with young people and health providers and a survey of 303 young people, Byron (2017) built on what was known about LGBTQ+ young people, exploring their mental health seeking behaviours. The project developed an e-tool for accessing and recommending supportive services for LGBTQ+ young people. Again, health professionals were often ill-informed. Online access was important for information and connection, but participants also stressed the importance of face to face connections with other LGBTQ+ young people. Dune et al. (2018) surveyed 148 gender and sexuality diverse women over 55 to and found a relationship between sexuality and gender affirming health and social service experience and increased levels of community belonging, health and wellbeing. Pallotta-

Chiarolli (2018) also demonstrated that the 'border positionality' of LGBTQ+ Muslims makes it more difficult to access a wide range of services including general medical services, specialist medical services (including mental health services), community support services (including pastoral care) and crisis services (homelessness).

Disclosure of sexuality or gender diversity is an important issue. Semp and Read (2014) report that public mental health services rarely ask about sexual orientation, and clients report difficulty in disclosing, even when it is important. Studies have found that disclosure of sexual identity is correlated with improved use of alcohol and mental health services by LBQ women (McNair et al., 2018), and GBQ men are more likely to have been tested for sexually transmitted infections and to have been vaccinated for hepatitis A and B (Ng et al., 2014). McNair et al. (2012) found that open disclosure by LBQ women with their GP is influenced by the importance of their sexual identity, the perceived risk of disclosure, and the quality of the patient – doctor relationship. Mooney-Somers et al. (2018) also found a correlation between the disclosure of their sexuality by LBQ women and a more positive evaluation of their health service provider.

A number of authors have developed approaches or guidelines that may help service delivery for sexuality and gender diverse communities. Internet interventions for mental health for young adults can be engaging and accessible but are usually not inclusive of lesbian and gay young people (Abbott et al., 2014). Thomas, McLeod, Jones and Abbott (2015) suggest that there is potential for developing online mental health interventions for stigmatised groups. Bond et al. (2017) have developed guidelines for sensitive and appropriate mental first aid to LGBTQ+ people.

Hillin et al. analysed the learning needs of service provider staff in relation to Aboriginal, sexuality diverse and culturally and linguistically diverse young people (2007). They found four learning needs emerged as priorities for all three diversity groups. These were resilience, management of depression and related disorders, risk factors and resources to assist in working with these young people.

Introduction

The Importance of family

There is a paucity of research generally on the relationship of LGBTQ people with their families (Asquith et al. 2019). However, family and kinship systems have always been pivotal to the functioning of traditional and contemporary Aboriginal and Torres Strait Islander societies; and community is fundamental to identity and the concept of self. Community is a “collective space where building a sense of identity and participating in family and kinships networks occurs” (Gee, Dudgeon, Schultz, Hart & Kelly, 2014, p.60). Research undertaken by the Human Rights Commission with LGBT Aboriginal and Torres Strait Islander Peoples highlighted the difficulties in maintaining cultural ties and family support in the context of the recognition of diverse sexual and gender identities. It was also pointed out the need for greater exploration into the social and emotional wellbeing of Aboriginal and Torres Strait Islander Peoples in the light of the importance of connection to land, culture, spirituality, ancestry, family and community and how these impact on the individual (Australian Human Rights Commission, 2018). Sexuality and gender diverse Aboriginal and Torres Strait Islander people can experience isolation, rejection, stigma and violence in their communities. They often have to fight to be accepted not only in Aboriginal and Torres Strait Islander communities, but also in LGBTQ and mainstream communities, as a result of racism and heterosexism. Loss of family and community can have significant negative impact on health and wellbeing for Aboriginal and Torres Strait Islander sexuality and gender diverse people (health.vic, 2020)

Families play an important role in recovering from poor mental health for CALD people (Rickwood, 2006). However, relationships between CALD LGBTQ people and their families, and with their broader communities, are often not supportive of same sex relationships or gender diversity (Kassisieh, 2017; Asquith et al. 2019). CALD LGBTQ people rely on their families for support for their cultural identities; when this support is also provided for their LGBTQ identities, it has beneficial impact on their long term health and well-being (Asquith et al. 2019). The family and broader cultural communities were identified as important in Arabic cultures. In these communities family acceptance

of LGBTQ identities was greatest from siblings, but often hostile overall (Kassisieh, 2017). Arabic speaking LGBTQ people in Sydney recommend the development of family support groups (Kassisieh, 2017).

Family support is also important to the health and wellbeing of trans and gender diverse people, particularly during gender affirmation as adults, children, or young people (Dierckx and Platero, 2018). The family is core to the support of trans and gender diverse children, as they are centrally involved in navigating their child's or sibling's gender affirmation together (Barron, 2017). Parental or carer advocacy is crucial in the context of extended family and school settings (Birnkrant & Przeworski, 2017). This journey can be difficult and isolating for parents of trans and gender diverse children (Field & Mattson, 2016). A whole of school approach is required to appropriately support trans and gender diverse children and young people in schools (Bartholomaeus and Riggs, 2017). Family rejection can be a pathway to homelessness for LGBTQ youth (Robinson, 2018) and LGBTQ youth are disproportionately represented in foster care (Salazar et al., 2018).

From this literature review comes the clear message that services are not adequate for the range of sexuality and gender diverse communities, particularly in an area like Western Sydney. While there are a range of recommendations that have been made, this research will ask LGBTQ+ people who have lived experience in Western Sydney their priorities for change.

CHAPTER

2

Research Design and Methodology

This research project was conducted in two parts, quantitative data collection via an online survey aimed at LGBTQ+ people living in Western Sydney, and qualitative data collection from focus groups with LGBTQ+ community leaders and key service providers in the region.

Ethics approval was obtained from Western Sydney University Human Research Ethics Committee (Approval number H13201) and ACON Ethics Committee. Promotional materials were translated into Arabic, Chinese and Tamil to engage these priority target groups. Community translators were also employed to support the inclusion of participants from these groups.

Research Design And Methodology

Online Survey Targeting LGBTQ+ Community Members Living in Western Sydney

Four hundred and ninety-five (495) respondents started the survey. Twenty-nine (29) were excluded as they had never lived in Western Sydney. One hundred and eighty-seven (187) completed less than 50% of the survey questions. The remaining 278 surveys comprised the data set for analysis, each response was 70% or more complete.

The survey was developed by the research team, with input from the project Advisory Group and informed by pertinent relevant issues identified in an extensive literature review. The survey included the Kessler – 5 (K5) measure of psychological wellbeing, which allowed for comparisons between survey participants and the general population. The items assessing individuals' interactions with service practitioners were adapted from research conducted by Dune, Ullman, Ferfolja, Hanckel, and Garga (2018). The survey also included original items developed specifically for this investigation.

Western Sydney was defined as the 13 local government areas of Blacktown, the Blue Mountains, Camden, Campbelltown, Canterbury-Bankstown, Cumberland, Fairfield, Hawkesbury, Liverpool, Parramatta, Penrith, The Hills, and Wollondilly. Inferential and descriptive analyses were performed. We compared the responses of CALD respondents to non-CALD respondents, trans and gender diverse respondents to cisgender respondents. We also reported separately on Aboriginal and Torres Strait Islander responses.

As one of the foci of the research was to ascertain the experiences of LGBTQ+ community members from culturally and linguistically diverse (CALD) communities in Western Sydney, CALD respondents were identified as a group. This approach aligns with Asquith et al.'s (2020) report on sexuality and gender diverse people in Western Sydney, which cites Sawrikar and Katz's (2009) definition of CALD as "all of Australia's non-Indigenous ethnic groups other than the English-speaking Anglo-Saxon majority". The cultural or linguistic backgrounds of respondents were grouped into regions according to the ABS guidance (Australian Bureau of Statistics, 2019).

Following Ashley's (2019) introduction of the concept of 'gender modality', the analysis conducted compared the experiences of trans and gender diverse people and cisgender people. Participants were asked to complete two survey items in order to ascertain gender identity: assigned sex at birth and current gender identity. These two items were used to determine cisgender and trans and gender diverse identities.

The authors would like to note that measurement of gender identity is an evolving space. Accordingly, we recognise that a limitation of this research is that the gender identity indicators used at the time of data collection (see Appendix, for further detail) may not have allowed participants to self-identify with the level of specificity they may have wished.

The areas addressed by survey questions included: respondent demographics (age, ancestry, education, household composition, disability, work status, gender, sexuality, religion, language spoken at home, migration, local government area in the region which participants are living); utilisation of services; interactions with service providers; access to services; involvement in social groups; issues related to safety and inclusion; community attitudes; psychological wellbeing (K-5); and participants' perspectives on important areas for change.

Research Design And Methodology

Focus Groups with LGBTQ+ Community Leaders in Western Sydney.

One face-to-face focus group was held with 12 LGBTQ+ community leaders. Written responses were also provided by seven (7) community leaders who were unable to attend the scheduled focus group. In addition, LGBTQ+ community leaders from CALD and Aboriginal and Torres Strait Islander backgrounds were given the opportunity to provide further input on the issues (beyond the one face-to-face LGBTQ+ community leaders focus group). Although this additional input was originally organised as face-to-face focus groups with these specific community leaders, the onset of the COVID-19 pandemic disrupted this process, which resulted in leaders providing written responses. Two (2) LGBTQ+ Aboriginal and Torres Strait Islander community leaders and three (3) LGBTQ+ culturally and linguistically diverse community leaders gave additional written comments.

Focus group questions with community leaders covered: the needs and issues facing their respective LGBTQ+ community members in Western Sydney; experiences with service providers; and suggestions for improving service provision, safety and inclusion of their community members living in Western Sydney.

Focus Groups with Key Service Providers in Western Sydney.

Two (2) face-to-face focus groups, including a total of 17 participants, were conducted with service providers. The focus group questions for this group covered: current approaches to fostering access and inclusion of LGBTQ+ people in the service or organisation; issue and barriers to the inclusion of LGBTQ+ people

encountered by the organisation; perceptions of the findings from the community members' survey and community leaders' focus group; and suggestions for enhancing LGBTQ+ access, safety and inclusion practices in the organisation.

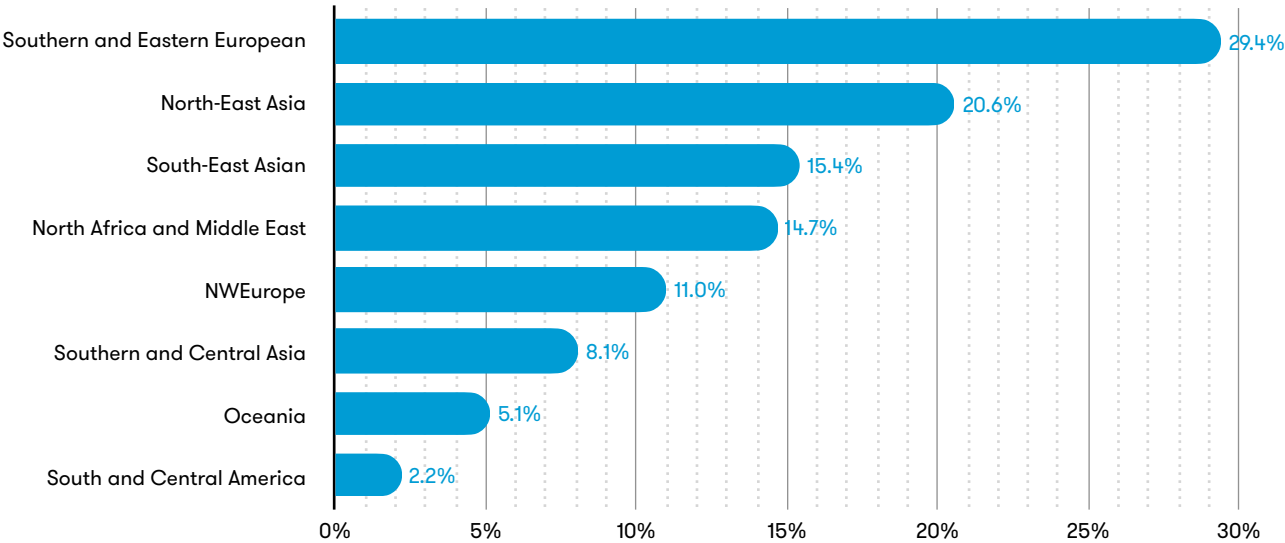
Demographics of the Survey Respondents

There were 278 participant responses that met the selection criteria of living, or previously living, in Western Sydney, identifying as LGBTQ+, and completing most or all of the survey. Of these, 6.1% of respondents identified as Aboriginal and/or Torres Strait Islander. The respondents' ages ranged from 18 to 81 years. Just over half, at 52.3%, were under 35 years of age. There were 63.8% that did not practice any religion, with 19.0% who identified as Christian, 5.2% Buddhist, 4.1% Islamic. Most of the sample had a level of tertiary education, with 65.7% who had a university degree, and a further 19.6% who had a technical or further education qualification. Of the 13 local government areas in Western Sydney, 50.4% of respondents either currently lived, or had previously lived in Penrith, Blacktown or Parramatta. Less than half of the respondents, 45.7%, had been born in Australia, as had both their parents. Those born here but with at least one parent who had migrated to Australia comprised 31.5% of the respondents, with 22.9% having migrated to Australia themselves. Over 30 languages were spoken at home by the respondents, where 70.5% of respondents always spoke English at home, with 10.9% never, rarely or sometimes speaking English at home. The most common languages other than English were Mandarin, Arabic and Vietnamese. There were 37 respondents (13.3%) that indicated that they had a disability for which they required continued care, and 83 (31%) that indicated that they had a mental health condition that required continuous care. More detail is given in the Appendix.

Research Design and Methodology

Based on the criteria detailed above, there were 48.9% of respondents who we identified as being from a CALD background. As shown in Figure 1, just under one third (29.4%) of the CALD group had a southern or eastern European background, one fifth (20.6%) a North East Asian background. Note that respondents were asked to identify up to two cultural backgrounds, and the respondents may have also identified as Australian, or an ancestry within the English-speaking Anglo majority, or Aboriginal and Torres Strait Islander.

Figure 1:
CALD Respondents



As detailed above, using the concept of ‘gender modality’ (Ashley, 2019), the analysis conducted compared the experiences of trans and gender diverse people and cisgender people. Fifty-eight (58) individuals identified as trans and gender diverse, and 220 as cisgender.

CHAPTER

3 Research Findings

The research findings are organised in two main sections. The first section provides a general overview of the main issues arising from community members', community leaders' and service providers' responses across the survey and focus groups.

The second section provides a more in-depth report of the quantitative survey findings, with a particular focus on the results from the K5 questions on psychological stress; Aboriginal and Torres Strait Islander responses; culturally and linguistically diverse people's responses; trans and gender diverse people's responses; and those respondents who reported a disability.

Research Findings

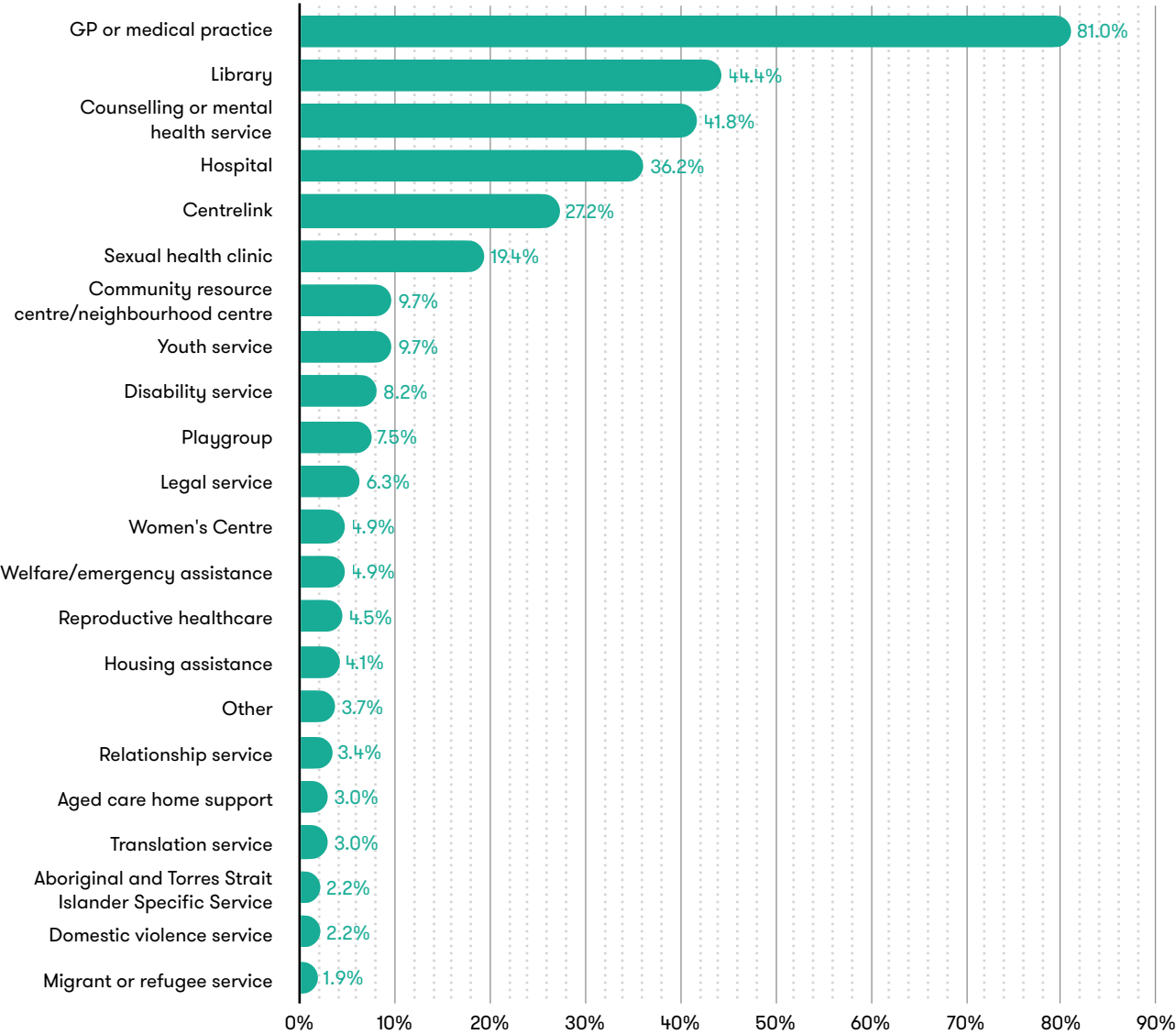
LGBTQ+ Community Members' Responses

Access to Services in Western Sydney

Several questions across the survey and focus groups concentrated on LGBTQ+ community members' experiences of accessing services in Western Sydney. The responses from community members and leaders often raised similar issues, concerns, experiences about access to services in the region. Some of the issues raised were supported by the comments of service providers, who generally viewed LGBTQ+ people's access to services in the region as not only a concern for community members, but also for service providers.

Respondents were asked which services they had used in the last 12 months, with healthcare services identified most frequently. As shown in Figure 2, eighty-one percent (81%) had accessed GP's or medical practices; 41.8% had been to a counselling or mental health service; 36.2% had attended a hospital; and 19.4% had accessed a sexual health clinic. Accessing library (44.4%) and Centrelink services (27.2%) were also frequent.

Figure 2:
Services Used



Research Findings

Community members were also asked if a lack of access to services caused them personal worry or stress. Participants answered this question responding to a list of service types provided. The most 'frequently' cited area of stress and worry was associated with a lack of access to counselling or mental health services (62% of respondents). This was followed by suitable employment opportunities (48%), then low-cost housing (43%).

The need to access LGBTQ+ inclusive services in Western Sydney was a high priority for LGBTQ+ community members, with healthcare services of utmost importance. Community members reported a range of experiences accessing suitable healthcare in the region. Although, there were some positive experiences with particular General Practitioners (GPs), other healthcare professionals, who were respectful, friendly, caring and responsive, many respondents conveyed negative experiences with services they attended. Negative experiences generally resulted in not returning to the service.

Respondents highlighted a number of concerns:

- feeling unwelcome and unsafe;
- the lack of diversity represented in the setting;
- not being listened to;
- a lack of knowledge on the part of GPs and healthcare professionals;
- receiving poor quality care;
- fears about confidentiality;
- treated disrespectfully and feeling hostility and disapproval from other clients whilst sitting in waiting rooms; and
- encountering homophobia, transphobia and racism from GPs, other healthcare professionals and administration staff.

For an Indigenous queer woman (30-34yrs) requests for sexual health screening were refused:

My normal GP would not give me a thorough sexual health screening including throat and anal swabs. I requested this and was told I was being a drama queen. I specifically requested this as I work in SH [sexual health]. Even when I told her I engage in sex with multiple different partners I was told no. When I told her I was having unprotected sex with the ongoing partner I was then told I was being irresponsible but she still continued to refuse swabs as part of my screening.

A culturally and linguistically diverse gay man (35-39yrs) commented:

Receptionist [was] clearly unfriendly towards me. And possibly has access to my health file. Certainly has access to my contact details. Also the other clientele at the medical centre make it uncomfortable to stay in the waiting room. I don't feel safe in there.

Research Findings

Making Services More Inclusive of LGBTQ+ Communities

There were a number of suggestions articulated by LGBTQ+ community participants that could make services more welcoming and inclusive of their communities:

- Establishing environments that are inclusive (e.g. displaying posters representing LGBTQ+ people and their families; Welcome Here / ally stickers); and providing LGBTQ+ specific health information in waiting rooms - It can feel 'risky' for some to have to ask for these resources;
- Training for GPs, other healthcare professionals and other service support staff in LGBTQ+ issues and best inclusive practices (e.g. inclusive language, forms, policies, and practice);
- Educate GPs and other healthcare professionals (e.g. general surgeons) in the specific healthcare needs of LGBTQ+ clients, including mental healthcare;
- Advertise as an inclusive LGBTQ+ supportive service on websites and through other advertising;
- Employ staff in services who are from diverse LGBTQ+ backgrounds; and
- Establish a Western Sydney mobile healthcare hub focusing on the needs of LGBTQ+ communities.

Learn about LGBTI stuff. Not make assumptions about gender or sexuality including that of partners (CALD queer/lesbian, female, 35-39yrs).

Ask me about pronouns. Don't randomly change my gender marker. Offer sexual and reproductive health and don't assume I don't need cervical screening because I'm queer. Inclusive materials in waiting room and website. Welcome Here kind of signage. Train their GPs in inclusivity and let people know. Don't assume partner's gender. Nor that they are my 'carer'. Or that we live together. (Queer, non-binary, 30-34yrs).

State clearly that ALL doctors treat inclusively, as if my GP's not available, I am concerned that religious beliefs of some in the practice may impact their care/treatment of me (Queer, female, 50-54 yrs).





Ask me about pronouns.
Don't randomly change my
gender marker. Offer sexual
and reproductive health and
don't assume I don't need
cervical screening because
I'm queer.

Research Findings

Safety Issues for LGBTQ+ People in Western Sydney

Issues of safety were recognised as important



Being comfortable one hundred percent to be who you are, no matter where you are, whether that's at a train station [or] in a health service. (LGBTQ+ community leaders' focus group)

In Aboriginal communities, they, a lot of the people I work with, they're ashamed, obviously. And they don't want to be seen. And they're worried they're going to see someone at the support service that they know. In small communities, because everyone talks a lot, they feel isolated because essentially they are a minority within a minority...

... I've had cousins and stuff that haven't felt comfortable coming out because they know that they're about to get bullied. They know that they're going to be subject to violence. I know, where I'm from up in the Torres Strait Islands, the main violence comes from other men that actually have sex with them, and they are ashamed that it is going to come out. So they bash them. Yeah. Yeah. (Service provider focus group).

On the one hand the importance of "being comfortable one hundred percent" (LGBTQ+ community leaders focus group) was noted. For many the lack of queer visibility in the region led to a sense of vulnerability. However, it was recognised that while visibility is important, it can also be dangerous and expose LGBTQ+ people to homophobia, transphobia and violence. For example, it was noted that in seeking religiously specific counselling, LGBTQ+ people were possibly exposed to homophobia that compromised their sense of safety. Further, it was suggested that many LGBTQ+ people in religious and CALD communities experienced high levels of shame and compromised safety due to their worry that they would be seen entering a support service by someone they, or their family, knew. For many LGBTQ+ people, fear of being seen and talked about led to feelings of isolation, especially as they were "a minority within a minority" (Service provider focus group) and expected to be subjected to violence. These issues were also raised by LGBTQ+ Aboriginal and Torres Strait Islander community members, who experienced homophobia, transphobia and violence in their own communities, as well as experiencing these behaviours in conjunction with racism in non-Indigenous communities.

Generally, a lack of acceptance for sexuality and gender diversity in the region, led to experiences of overt and covert threats of violence in public spaces, for many of the participants in this research. This lack of acceptance was largely equated with the prevalence of conservative and fundamental religious values, reflected in the largest number of 'no' votes in the country in the 2017 marriage equality plebiscite. For women (cis and trans), experiences of sexism, misogyny and sexist harassment, stemming from what some participants named as 'toxic masculinity', were additional encounters of violence in public spaces. Fears of personal safety were exacerbated for some, by the perception that Western Sydney has a high crime rate. The perceived lack of safety planning in the region, for example, poor lighting in public areas, intensified fears and concerns for safety. This lack of safety provisions was extended to LGBTQ+ events, which were viewed as lacking security for attendees, especially travelling to and from events.



For many LGBTQ+ people, fear of being seen and talked about led to feelings of isolation, especially as they were “a minority within a minority.”

Service provider focus group

Research Findings

Figure 3:
Negative attitudes

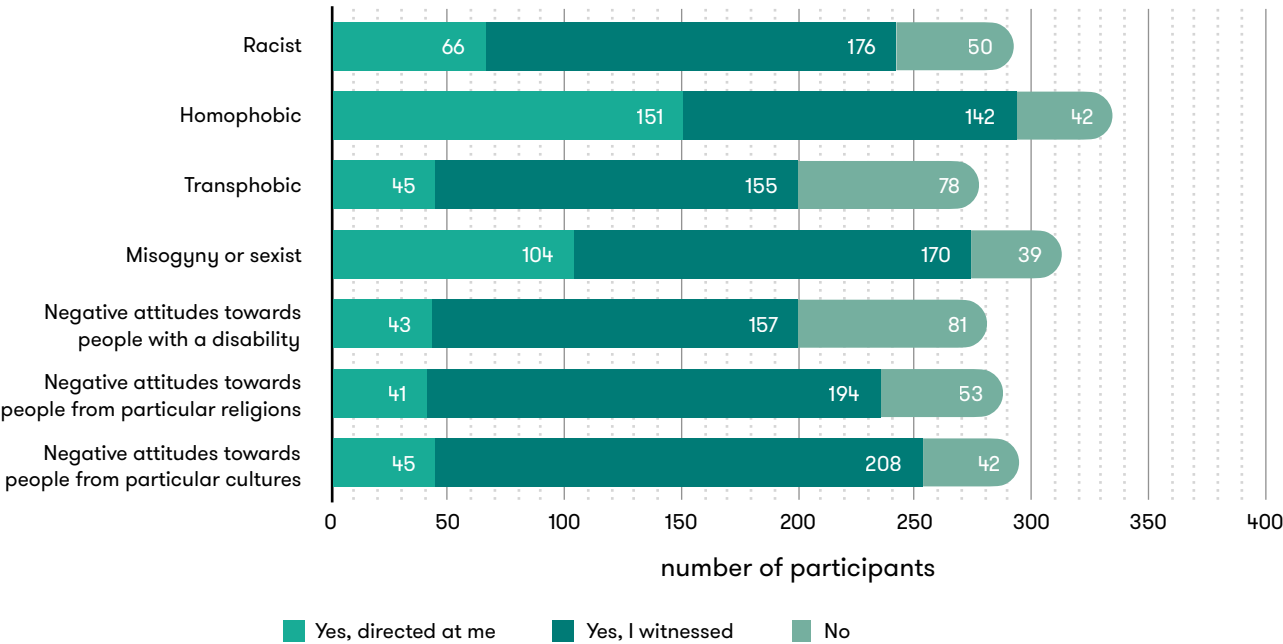
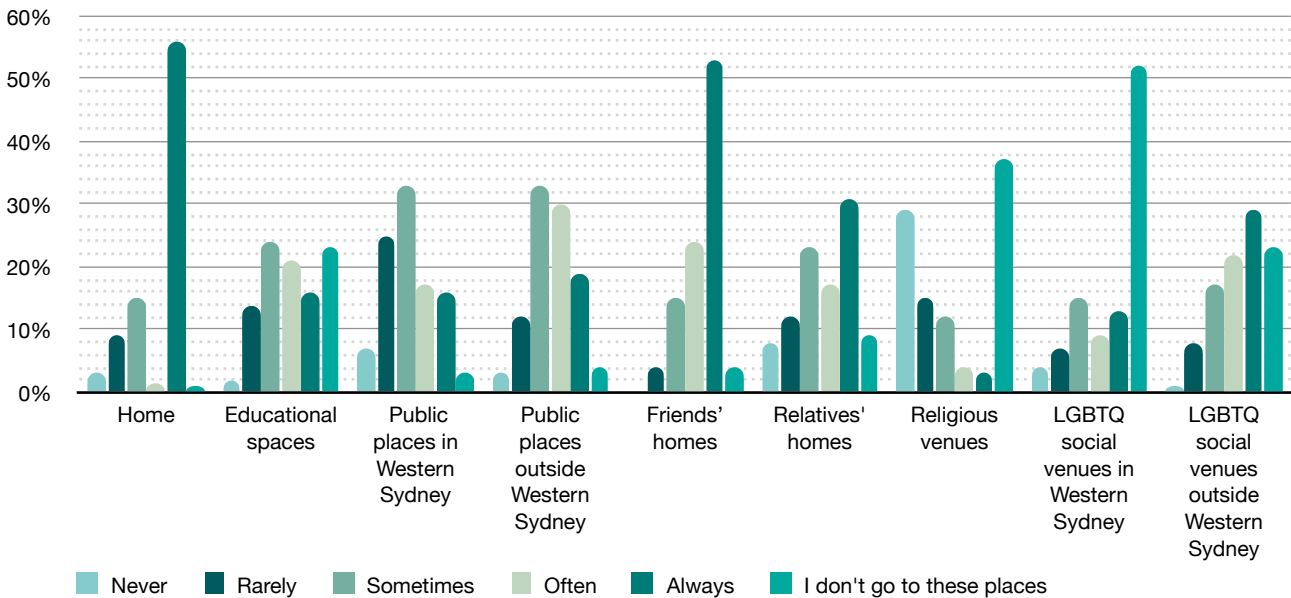
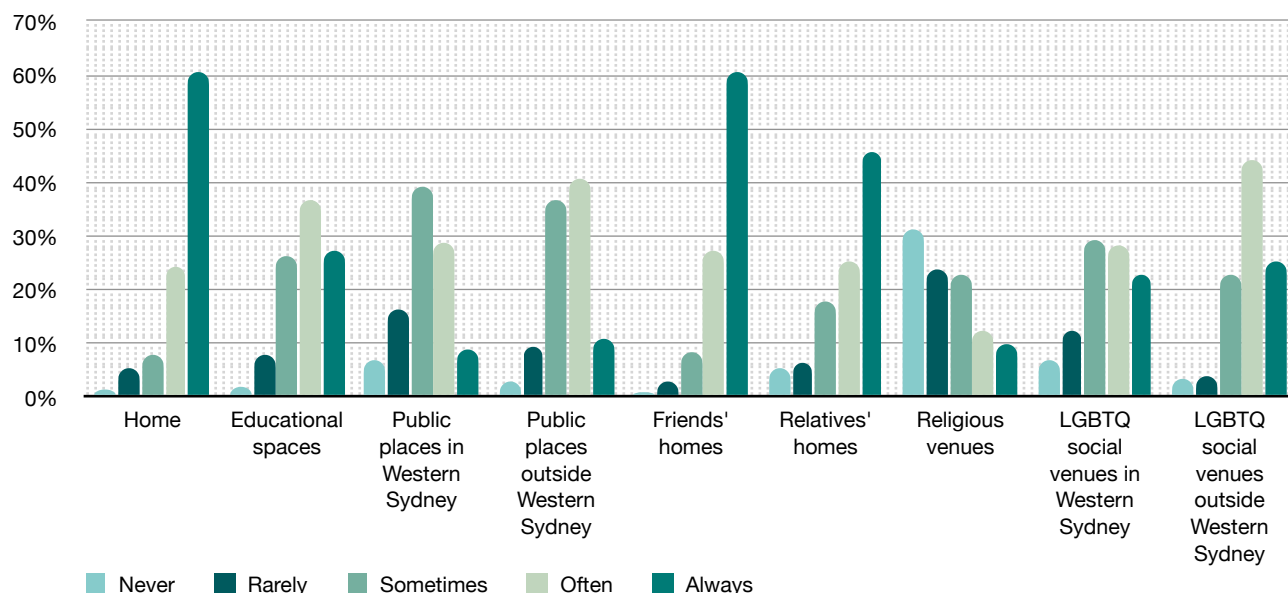


Figure 4:
How often do you feel included in the following places?



Research Findings

Figure 5:
How often do you feel safe in the following places?



Social Connection and Isolation

It is important for LGBTQ+ people who spend a lot of their life feeling unsafe in their community to have social connection, and to have opportunities to share experiences and feel understood.

If you spend a lot of your life feeling unsafe in your community, then having a social connection to somebody who is like you, and being able to talk to them and have them understand you, is what's important. (LGBTQ+ community leaders' focus group).

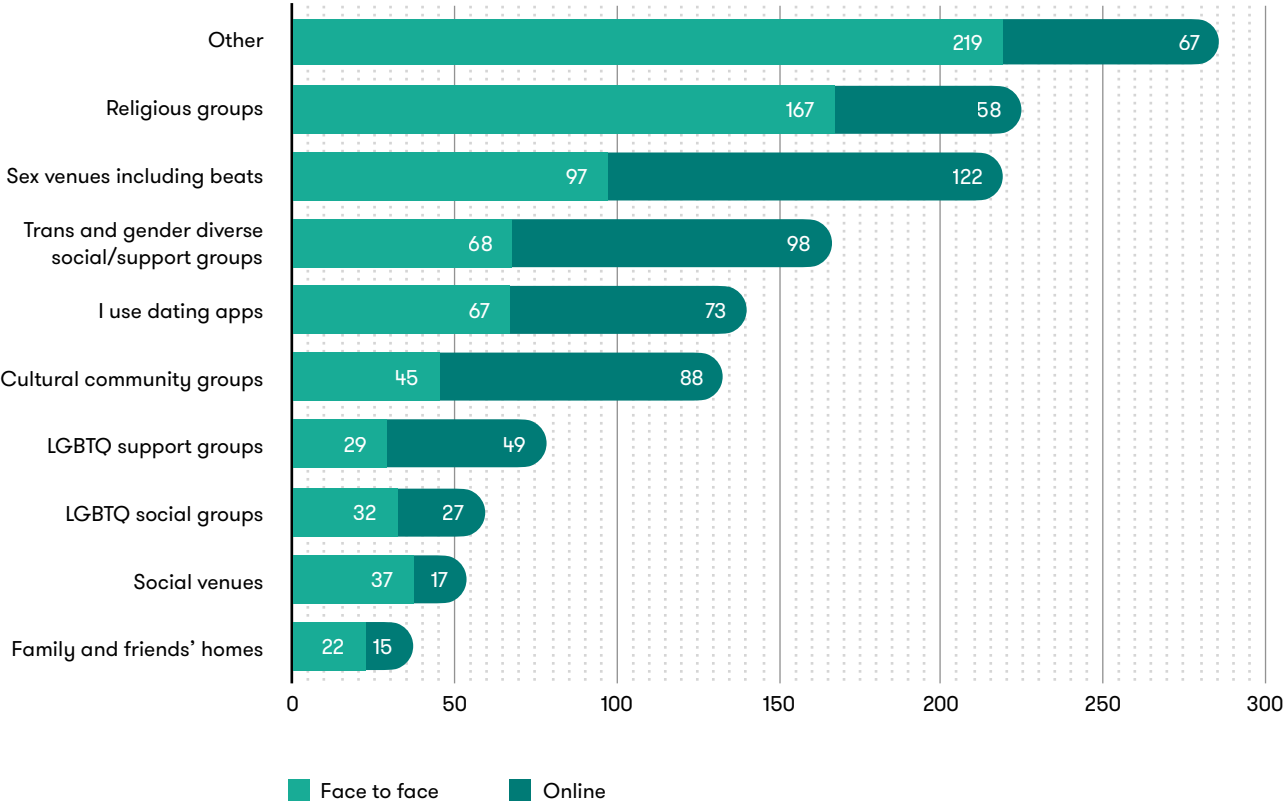
People that are older and living by themselves can often be very very closeted and they often don't know where to go (LGBTQ+ community leaders' focus group).

A gap in general in this community: all the events and stuff they are party based, alcohol based, drug based, mostly, usually, and city based. And then we're all like, kind of isolated (LGBTQ+ community leaders' focus group).

Opportunities for connection, and experiences of social isolation are exacerbated by a range of factors. For example: people who are LGBTQ+ and experience domestic violence may feel that it is unsafe to seek help; older people who live by themselves may not know where to go for counselling or support; and people from faith communities, young people and older people may feel excluded from events that are party based, alcohol based, drug based, and city based. Many people therefore experience decreased social connection and increased isolation. Loss of connection and a heightened sense of isolation is made more complex by issues of inclusion and visibility.

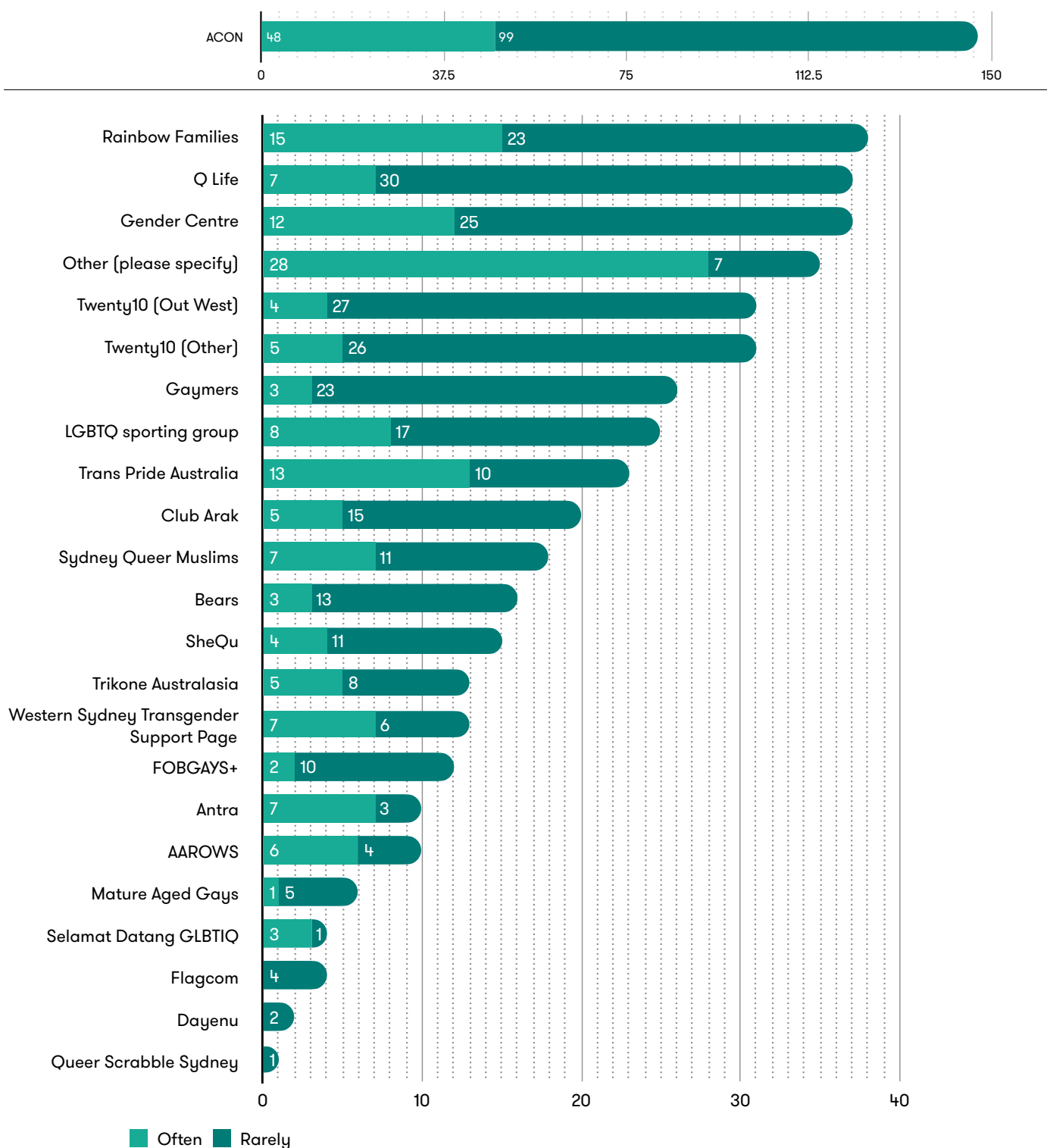
Research Findings

Figure 6:
Where do you go to connect?



Research Findings

Figure 7:
Do you connect with?



Research Findings

Inclusion and Visibility

It was noted that dominant community perceptions determine the extent to which the presence of LGBTQ+ individuals or groups are visible.



Certain [cultural] communities ... say “it doesn’t exist in my community” (Service provider focus group)

Visibility is important, but it could be dangerous. (Service provider focus group).

Being out, being proud, sorry, it is not achievable for a large part of [Western Sydney], especially in southwestern Sydney (Service provider focus group).

This has two dimensions: rendering invisible the presence of LGBTQ+ individuals within the community; and self-protective behaviours from sexuality and gender diverse communities to maintain invisibility as a condition of safety. It was suggested that “being out, being proud” is not achievable for a large part of sexuality and gender diverse communities in Western Sydney because it was not safe. Further, it was suggested that people on temporary or refugee humanitarian visas who live in these regions, and who don’t speak English, fear being recognised as an LGBTQ+ person and this having implications for being returned to their home country; therefore, choosing to remain invisible. It was recommended that mainstream communities need to be educated about the presence and experiences of LGBTQ+ people in their local community, along with the need for public spaces and events, which recognise and accommodate the linguistic, cultural and religious diversity of sexuality and gender diverse communities.

LGBTQ+ Community Leaders’ Responses

Aboriginal and Torres Strait Islander LGBTQ + Community Leaders

Aboriginal and Torres Strait Islander community leaders identified access to culturally safe services and the absence of a wholistic approach to wellbeing as some of the most critical issues that LGBTQ+ community members in Western Sydney negotiate in their daily lives. Employment and housing services were also identified as gaps for LGBTQ+ community leaders, who described community members facing homelessness when service provision was inadequate. Racism, homophobia and transphobia were identified as further compounding culturally safe access to services. Community leaders outlined that access to housing and a safe environment were linked to improved mental health, cultural connection, and employment. Community leaders highlighted the importance of good transport links and consistent, reliable timetables to address isolation. Some community members would benefit from targeted culturally safe support regarding substance use. Community leaders requested honest, transparent discussions with government regarding community needs, underpinned by action. Aboriginal and Torres Strait Islander LGBTQ+ Elders and community members need to be central to future planning and program implementation.

Research Findings

Focus group with Aboriginal and Torres Strait Islander LGBTQ+ Community Leaders in Western Sydney

Main issues facing LGBTQ+ Aboriginal and Torres Strait Islander communities living in Western Sydney	'Access to culturally safe services, isolation from other LGBTIQ community and services, compounded effects of racism and homophobia, drug and alcohol and gambling.' 'Absence of a holistic approach to wellbeing, the use of drugs like Ice, employment and housing and homelessness issues.'
Main solutions to help solve these issues	'Better holistic culturally appropriate services, networking including social get togethers, research and needs analysis.' 'Housing will provide stability and a safe environment. This also needs connection to community and community services to be able to sustain mental health cultural connection and the foundation for holistic wellbeing. Isolation can be a real barrier specifically if you are dependent on public transport. Parts of far Western Sydney are not as connected to train lines and are dependent on sporadic buses. Mental health is also on the rise due to environment and lack of productive relationships and unstable housing and employment.'
Support you or your service / group need to participate in solving these issues	'We would benefit from a[n] open and honest and transparent conversation with governments who can actually hear the needs of community and follow it with action. The need for Aboriginal LGBTIQ safe housing and services to maintain connection and prevent isolation and associated comorbidity health related issues. We also need future planning workshops for community to assist LGBTI Elders with future planning and after life plans.'

Culturally and Linguistically Diverse LGBTQ+ Community Leaders in Western Sydney

Culturally and linguistically diverse LGBTQ+ community leaders identified intersectional discrimination in service provision as a key issue with which community members regularly contend, especially when accessing healthcare and employment services. Community leaders identified mental ill-health and psychosocial disability as significant issues that require culturally safe care within health settings. Community leaders pinpointed attitudinal barriers, including prejudice, in cultural and faith communities in Western Sydney to gender and sexuality diversity people as a major barrier to their inclusion and participation in community organisations and to their service access.

Community leaders also identified a lack of LGBTQ+ community events, including events that cater to their needs as people of faith, in their local areas and dedicated permanent spaces to hold these events. They highlighted the need for events that are not focused on alcohol consumption, partying and entertainment, but rather community connection, community-building, support and networking. In addition, key representation at mainstream LGBTQ+ events was underscored as a critical issue. Community leaders emphasised the need for tools and resources translated in culturally safe ways in community languages, especially to discuss unfamiliar concepts such as non-binary identities. Young people were identified as a priority group, as they may experience strict curfews, negative messaging and may not have awareness of organisations and groups that affirm and support gender and sexuality diverse identities.

Community leaders identified funding as core to addressing culturally safe service access, including but not limited to funding a peak body, targeted events, capacity building (such as applying for grants, strategic marketing and engagement, and networking). They also identified limited programming of culturally safe LGBTQ+ events in Western Sydney for culturally and linguistically diverse community members. Partnerships and collaboration with established organisations were also identified as assisting to build capacity in culturally and linguistically diverse communities, especially given that most culturally and linguistically diverse groups rely on volunteer support. Culturally and linguistically diverse LGBTQ+ community members need to be central to future planning and program implementation.



Research Findings

Access to services: Focus group with Culturally and Linguistically Diverse (CALD) LGBTQ+ Community Leaders in Western Sydney

Main issues facing LGBTQ+ CALD communities living in Western Sydney

'Intersectional discrimination in service provision, healthcare and employment; attitudes within our cultural and faith communities; mental health/psychosocial disability.'

'Lack of access to LGBTQIA+ community and events in their local area.'

'Lack of safe permanent dedicated centres that cater to their religious needs as LGBTQIA+ people of faith.'

'Ongoing prejudice from faith groups against LGBTQIA people and reluctance to give spaces and explicitly celebrate LGBTQIA people in their communities.'

'Lack of funds to put on events and grow the group.'

'COVID-19 meant that all events were cancelled, losing considerable time and effort, and losing momentum of community growth.'

Main solutions to help solve these issues

'Tools and resources in community languages, to help explain abstract concepts (e.g. non-binary) to our loved ones and supporters; LGBTQ+ cultural safety and competency training for providers and employers, especially healthcare providers; funding for a representative peak body to identify issues and develop plans to address issues.'

'We must urgently find a way for LGBTQ+ awareness material to be communicated to insular communities and for disinformation to be combated. Many young people are not aware of where and how to access LGBTQ+ affirming services as they have strict curfews, are watched by their parents/communities, and are constantly fed negative information by churches especially.'

'Funding to help support cost of putting on events, such as room hire, catering or publicity.'

'Advice about grants and how to apply.'

'Assistance with strategic marketing and engagement.'

'Up-skilling community organisers with the tools to better support the growth of a group.'

'Networking opportunities to meet other faith leaders and opportunities to learn new tools and skills to help grow and sustain community groups.'

'Consultation and inclusion in broader LGBTQIA+ community activities, to help change the perception of western Sydney and LGBTQIA+ people of faith.'

Support you or your service / group need to participate in solving these issues

'Access to appropriate free or low-cost spaces to hold regular events in that are suitable for a religious group and are not daggy dreary offices or depressing multi-use utilitarian spaces, which often feel depressing and uninviting.'

'Publicity through networks that effectively engage minority faiths. We need to do more than a single post on social media, and this requires strategic publicity from people who know what they are doing and how to reach audiences effectively.'

'Ongoing promotion and support with marketing across a variety of platforms, not just a listing, or just one offs.'

'Representation at appropriate LGBTQIA community events (like Fair Day) and support to make that happen.'

'Combined multi-faith events, and inclusion in other events about wellbeing, support services. More events that don't rely upon partying or entertainment with drinking, that people from all religions can feel comfortable attending.'

'Funding. The work is primarily volunteer.'

Research Findings

LGBTQ+ Community Leaders in Western Sydney

LGBTQ+ community leaders highlighted culturally safe access to health services as a very high priority in Western Sydney. Gender affirming healthcare for young people at a paediatric hospital in Western Sydney was identified as a major gap in service provision, negatively impacting trans and gender diverse young people and their families in Western Sydney and across Sydney more broadly. In addition, it was challenging to access general practitioners (GPs) who had training in trans and gender diverse healthcare. Further, it was even more difficult to access primary care where GPs were bilingual or multilingual with an understanding of intersectional cultural issues as well as gender affirmative care, or healthcare that was inclusive of sexuality diversity. Community leaders highlighted that LGBTQ+ community members have concerns regarding their confidentiality in healthcare settings regarding disclosure of sexuality and gender diversity in situations where healthcare professionals and / or reception staff were also part of culturally diverse communities. If a health consumer's gender and or sexuality identity was shared by health settings in culturally diverse communities, LGBTQ+ community members may be at great risk from experiences of stigma, discrimination, homophobia and transphobia. Community leaders expressed great concerns for community members' safety (including young people) while accessing all services, including mental and sexual health services in the Western Sydney region. Many community members wanted to access services discretely to maintain confidentiality and safety.

Community leaders highlighted young people as a target group requiring special attention given that many are subject to strict curfews and negative messaging from some cultural and faith groups and schools regarding gender and sexuality diversity. As highlighted above, young trans and gender diverse people experience barriers to accessing publicly funded gender-related healthcare, which has resulted in very difficult circumstances for young people and their families. Service barriers experienced by young sexuality and gender diverse people, especially access to healthcare (including mental and sexual health) was highlighted as a major issue. In addition, young people experience barriers to accessing inclusive education and support services. Young people require youth friendly services that are culturally safe and also have user friendly opening

hours, with services located close to public transport. Young sexuality and gender diverse people with disabilities were also highlighted as a group that experience barriers to inclusive education, health and support services.

Community leaders also identified older LGBTQ+ people as a population requiring special attention, especially middle to older aged women who may be experiencing difficulty accessing culturally appropriate healthcare and also may be experiencing homelessness. Community leaders also expressed concerns about LGBTQ+ people accessing aged care in Western Sydney, without having their partners and chosen family members adequately included, as well as their cultural and faith backgrounds. In addition, community leaders expressed concerns that LGBTQ+ events are focused at younger people who consume alcohol, other substances and attend parties. Targeted events that foster community connection, are culturally appropriate, and designed in consultation with older community members is a priority.

The most marginalised groups identified by community leaders are all trans and gender diverse people; young gender and sexuality diverse people; older gender and sexuality diverse adults unable to live at home without support or requiring nursing home support; and middle aged to older sexuality diverse women. In addition, bisexual and pansexual people were perceived to be especially stigmatised.

Community leaders pointed out the 'Parramatta centric' nature of service provision in Western Sydney, acknowledging a need for targeted culturally appropriate and inclusive service provision in other Western Sydney Local Government Areas (LGA), for example, in Blacktown, Penrith, and Campbelltown.

Community leaders requested that ACON and other services such as Twenty10, partner and collaborate with community groups that serve LGBTQ+ community members in Western Sydney, to further highlight their work. Solutions included a healthcare hub that offers culturally safe gender and sexuality diverse services. Community leaders also wanted ACON to have more presence in Western Sydney, highlighting that ACON is a trusted service provider.

Accredited GP training that addresses gender and sexuality diversity, gender affirming healthcare, culturally appropriate intake forms in regards to gender and sexuality diversity, counters assumptions about being heterosexual and /or cisgender,

Research Findings

addresses mis-gendering and the need to be youth friendly. There was a request for GPs who speak more than one language to be targeted for this training, amongst a cohort of all GPs in Western Sydney. The intersectionality of identity (cultural diversity, sexuality and/or gender diversity) needs to be core to this training for healthcare settings and other service providers.

Culturally safe and appropriate mental and sexual

health provision were highly requested within the category of health services in Western Sydney.

Community members want healthcare services that are culturally safe, located close to train stations and other public transport, and open after work hours and on weekends. They requested that reception staff and all employees are trained in culturally safe service provision for gender and sexuality diverse people.

Access to Services - LGBTQ+ Community Leaders in Western Sydney

Main issues facing LGBTQ+ communities living in Western Sydney

Access to culturally safe healthcare

'Access to health.'

'...gender affirming healthcare. So, trans people accessing hormones and things like that. And then public services for trans and gender diverse young people. So, like, Westmead hospital, for instance, having a public clinic for trans kids.'

'Mental and sexual health education.'

'The good doctor is really important for mental health stuff, which is I guess like why we've got a group together as well in terms of like being able to talk to a GP is so vital at any kind of stage of someone's life, like for sexual health services for mental health services, but [also] the fertility services.'

'Primary healthcare, they can get your mental healthcare plan, they can refer any other things.'

'Most people with a CALD background will go to a GP in their language. And a lot of the time, these GPs might not have the same exposure to LGBT issues relating to health, like other English-speaking GP.'

'Every aspect of safety so the safety... the safety to walk down the street, the safety to access services, safety (to) speak up about DV, the safety of being allowed a voice.'

Young people's access to culturally safe services including education

'Access to services for young people during the day and close to public transport because a lot of young people aren't out, and they can't tell their parents where they going.'

'A lot of young people not feeling safe in their schools, particularly religious schools, which have constantly negative messaging.'

'My high school that had a school rule against lesbianism that was punishable by expulsion.' [School located in Parramatta].

'Disability is something that is huge in Western Sydney. We see you know, nine times the support classes in schools that you do in like Eastern Suburbs areas in our public schooling.'

Services for older LGBTQ+ community members

'Middle aged to older women. [Inclusive] women's health centres.'

'I just wanted to mention that, like women who are above 65, I believe, would be most likely to be homeless. So, in terms of the specific needs of all the women who are coming out later in life. I just feel like in like in terms of intersectionality, I feel like that might be a cross section that might not have been catered for.'

'All the events and stuff, they are party based, alcohol based, drug based. [...] And City based. I feel like older communities would feel that isolation a lot more than younger communities, because as you're saying, it's usually like our age group at those things.'

Areas perceived to offer the least services

'I must say I have seen probably Blacktown, the Blacktown LGA as having the least groups and services.'

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Main solutions to help solve these issues

Culturally safe healthcare for trans and gender diverse community members

'GPs doing HRT in Western Sydney. I could also say that that is a solution.'

'GP training for gender affirming hormones.'

Innovative healthcare provision

'Having a [LGBTQ+] centre in Western Sydney'

'So, can it be interesting to see the idea of sort of integrating, like one stop shop type services that bring in a range of different health services, GPs, mental health providers, social workers, HIV services, women's health, disability support services, but also provide community spaces where people can go and meet, and there's a notice board and there's, you know, like, I wouldn't think that it would be good in just one central place in Western Sydney, but for multiple sort of hubs when people can access the care that they need.'

'A head space for LGBT stuff.'

Education and training for service providers

'What gives us access is [...] training and inclusivity. And those types of representation and visibility.'

'Training for GPs.'

'CALD, GPs speaking other languages.'

[For all services, especially healthcare settings] 'training and education as well.'

Targeted information for community members including young people

'Educating service providers on that information, educating your young people specifically, young people about what services are available and how to access them.'

'People don't know you can get a 10 free, mental healthcare session from a mental healthcare plan if you have a Medicare card. Young people would be more likely to access counselling services if they knew.'

Inclusive public policy

'It's the public policy [...]. So, with aged care it's about making it [LGBTQ+ inclusion] mandatory as part of licencing. In disability care it should be mandatory as part of accreditation, or childcare. We go back to the 80s where we fought really hard to get, you know, everyone to understand the importance of working in CALD communities, that fact sort of redefined how professionals work, what they put their money towards and what they made a priority and what work they did. So, for me, it's about challenging public policy. So, it links to that, but doesn't put the onus on individual.'

Culturally safe translation of tools and resources into community languages

'Translation again, everything is in English.'

Services with user friendly opening hours and good public transport

'Just access for services really important to make sure that services are available outside of Monday Friday.'

'After hours? Yes. Near a train. Relatively inexpensive.'

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Support you or your service / group need to participate in solving these issues

'It's about an ACON presence in Western Sydney. Right. We felt it with the debates around the equal [marriage] vote and we found our members had to go outside of their community to get engaged in the conversation. And then we look at the results. Our area got none [yes votes]. I've been in Blacktown for about 30 years and I've been asking for it for a very long time. Yeah, we need a presence and it needs to be something that is as substantial and is committed and resourceful, capable as ACON not just something else.'

'I was just thinking like, bigger organisations like ACON, Twenty10 or other organisations that support LGBT people should also support smaller groups, which are from Western Sydney, and like highlight their work.'

'A greater visibility of organisations like ACON at something like Blacktown festival or things like that. Looking at the actual things that are happening in the community and then greater visibility of like LGBTQI people at those events and that really, really helps people understand and like with community values changing and community understandings changing, but also representation in terms of committees and communities representing their LGBT members.'

'ACON in Western Sydney has got lots of attraction.'

Service Providers' Responses in Western Sydney

Lack of knowledge, understanding and expertise

Service providers in Western Sydney identified that many people and organisations do not have the knowledge, understanding and expertise to address the needs of LGBTQ+ community members, especially those with intersectional identities. This was further complicated by attitudinal barriers as many organisations offering services in Western Sydney were perceived to not prioritise or consider the needs of LGBTQ+ community members, especially those from culturally and linguistically diverse communities, as core to their organisation, business or service provision.

Attitudinal barriers

Service providers highlighted the shame experienced by some Aboriginal and Torres Strait Islander community members with regard to diverse gender and/or sexualities and the need for patient/client confidentiality in service settings. Older LGBTQ+ community members, especially women and people living with HIV were also identified as at risk, alongside those living with disabilities (across the age range). Service providers highlighted that attitudinal barriers regarding diverse genders and sexualities are also challenging to address in Western Sydney LGAs where community members may occupy a lower socio-economic status.

Young LGBTQ+ people are a particularly vulnerable population

Young people were highlighted as an especially vulnerable population, and experienced multiple barriers to service access (no access to inclusive comprehensive sexuality education, and difficulty commuting to mental health services, sexual health services and support services). Trans and gender diverse young people in particular were unable to access gender affirming care in Western Sydney, placing young people and families at risk. Service providers did not know what to do with trans and gender diverse young people because there were no services that families could access and afford.

Research Findings

Education and Training

Education and training were identified as core to addressing barriers to service access, with a preference for ongoing comprehensive training offering professional accreditation rather than a one-off course. Service providers offering primary healthcare (including reception staff) should be targeted for this training to enhance understandings of intersectional identities, patient/client confidentiality, and designing welcoming inclusive healthcare settings. Partnerships and collaboration with services already specialising in these areas such as ACON, Twenty10 and others were viewed as key to reducing barriers and improving access to services. Where no services are offered (such as gender affirming care for young people), NSW Health and Western Sydney local health districts should be notified and alerted about gaps in services and the impact of these for young people and their families. The lack of a funded gender service for trans and gender diverse people in Western Sydney and Sydney more broadly has placed service providers in a difficult and precarious position, with families having lost trust in healthcare service provision. Partnerships, inter-agencies and collaboration with service providers and support services trusted by LGBTQ+ communities was identified as key to reducing barriers to accessing services.

Practices core to successful service provision

Strength-based approaches, accurate data collection (current data collection about LGBTQ+ experience was perceived as inadequate especially in healthcare settings), inclusion of community leaders, and inclusion of allies were highlighted as key to the success of service provision for LGBTQ+ community members in Western Sydney. Digital access to comprehensive, appropriately translated resources and tools was identified as critical for service providers to use with community members.

Access to Services - Focus group with Service Providers in Western Sydney about LGBTQ+ communities

Main issues facing LGBTQ+ Service Providers operating in Western Sydney

[Education and training] 'I suppose we [...] need to be mindful when we do training and we work with organisations that one of the risks is that if you tick the box, [...] you say so I am from a CALD background, I am Greek. They [service providers] panic because they think: "I don't not have the skills to deal with cultural diversity," therefore they try to block you into someone else. And this happens a lot like it's like that by the time we tick the box of I am from refugee background. It's like dealing with another species to me as a worker, therefore, I panic.'

[Shame] 'Just thinking when I work in Aboriginal communities, [...] a lot of the people I work with, they're ashamed obviously. And they don't want to be seen. And they're worried they're going to see someone at the support service that they know, in small communities because everyone talks a lot, they feel isolated because essentially, they are a minority within a minority. [...] So, I think that does come around a little bit as trust and understanding and stuff like that.'

[Young people] 'For young people. [...] They're like, no, we don't want that because who's going to ensure our safety when we leave? Because they want to have something private where they can be themselves and not have to worry about people identifying them.'

[Young people] 'Young people who identify as trans are wanting very specific, expert healthcare around trans issues. And, so they make their referral to us. And then we basically say, sorry, we actually can't help you with that because they're wanting, they're wanting to find out about, you know, hormone therapy and actually transitioning and we just we don't have the staff or facilities to do anything like that. Yeah, we pretty much have to say - there's nothing out here.'

Continued overleaf



Research Findings

Main issues facing LGBTQ+ Service Providers operating in Western Sydney

[Socio-economic status and class] 'If you take out the ethnicity, we're basically dealing with our community which is a working-class community. Yeah. Forget about culture.'

[sex education that is inclusive of diversity] 'like just information on sexuality [...]because [inclusive] sex ed is not taught.'

[Disability] 'Access particularly around disability. [...] Parents and carers and the disability services don't particularly see people with a disability as being sexual in any way.'

[Older community members] 'Older LGBTQ communities in Western Sydney. I don't know if that, I don't know if the community exists. [...] There seems to be something for men, but it doesn't look like there's any for women[...] and HIV around older people as well. A lot of people who are survivors of the AIDS crisis, and are getting older and are going in to aged care, and aged care providers don't know how to manage it.'

Main solutions to help solve these issues

[Education and training] 'I put training as a worker, we need to be better trained, and support[ed] as well. But we just want support.'

[Education and training] 'I think it's around training, so services aren't really trained in the issues. I often think that they might not see [LGBTQ+ people] as a priority, as not part of their business. It's just not good. It's just not prioritised. Yeah, it seems more marginal. Okay. And I think there's a lack of awareness of organisations [...] what resources and services are available. So, [in] terms of referral pathways.'

[Education and training] 'Last year I went to your ACON inclusive practice training. And that was the best fit, like I'm just saying was the historical bit about the training for me personally, and I think that was the biggest eye opener to the people in the room. So, I would say more than just training, also inclusion training so people understand where the communities at and why.'

[Education and training] 'I did the Twenty10 version of that [training] which was really good. [...] I must say like, it's probably not enough [one off training sessions]. [...] Somebody [LGBTQ+ community member] comes in [to a service] and they have to explain their position, you know, to a worker. They shouldn't have to do that, like: "I'm transgender", or something and the worker doesn't understand that, so they have to explain themselves. They shouldn't have to do that.'

[Education and training] 'When you work with refugees or Aboriginal people and start ticking a box [...] that we are so accepting. [...] Culture has to adapt and change and not just send them [service providers] to a one-day training session.'

[Education and training] 'I think we also need to go more in depth. I mean, just thinking for example, we have a pool of bilingual clinicians. They will very much benefit from cultural competency training. But also clinical staff, they need to be able to then do an intervention, which is very clinical. So, they need to understand the psychology.'

[Skills, experience, practice] 'I think like most other inclusion or diversity training, there's also the skills experience, practice there's the much more than just doing a four hour [course].'

[Partnerships and collaboration] 'We can partner with some organisations that have funding.'

[Partnerships and collaboration] 'We've got ACON, we've got Twenty10, as really big leaders in this area. If workers in certain areas can have like mentors with these organisations, so it becomes a bit more personalised.'

Research Findings

Main solutions to help solve these issues

[Services in Western Sydney] 'Maybe we have like leaders that have more presence out here like ACON, it would be good to like establish a base office and stuff here, but I'm assuming you would need funding for that.'

[Young people] 'When it comes to establishing that collaboration like say with my youth group, I do that with Western Sydney local health districts. Some people, some of the higher ups, if we don't have a high number of attendance for a certain few weeks, they start to think it's not working but it's being able to establish that continuing commitment to know that the community knows that you are constantly there.'

[Young people] 'Safe spaces, culturally competent staff and schools and youth services.'

[Young people] 'When we found that we had a trans daughter, we had to, and I'm really resourceful and I'm a huge researcher, I had to spend hours and hours and hours to find the right place, the best place the options, etc. [...] There's virtually no services. [...] I feel like there needs to be more visibility and promotion of [gender] services [for young people] across the whole of Sydney.'

Support you or your service / group need to participate in solving these issues

'Well, you know, how you also do the Welcome Here project? I thought one for GPs like working in collaboration with the primary health networks for training capacity building for GPs who want to opt in.'

'Partnerships with networks. So, was that the interagency idea, more awareness about what inter agencies exist, or is it more about forming partnerships and collaboration?'

'Collaboration, [...] partnering and sharing; and community engagement, including awareness about what exists and who's doing what; and capacity building.'

'I'd like to see us do is to play more of a leadership role around the issues of multicultural and the intersectionality between multicultural and LGBTQ. [...] So, the thing I need from ACON is to assist me to raise sensitivity and awareness within the organisation but also to get ACON and others to help my organisation understand [...] intersectionality.'

'Inclusion of allies.'

'Translation funding has been pulled, give us translated tools, flyers, posters, anything we can use with the right messaging, and the right visuals.'

'Strength based approaches to developing anything. It's not from a deficit approach that's always from a strength based approach and building on those strengths and acknowledging those strengths, and how can we use those strengths to then get better?'

[Digital accessibility] 'Digital access to information about services in Western Sydney.'

'Give us statistics and some data. Help us open the door to discuss solutions [with LGBTQ+] CALD [communities].'

CHAPTER

In-depth Survey Results

A Focus on Different LGBTQ+ Community Groups

As pointed out in the introduction of this report, Western Sydney is part of the Greater Western Sydney region, known for being the largest and most diverse multicultural and multi-faith metropolitan area in Australia, with residents coming from over 170 countries and speaking more than 100 different languages.

In-Depth Survey Results

LGBTQ+ Community Members - Reporting a CALD Identity

Culturally and Linguistically Diverse LGBTQ + Community Leaders

A total of 136 individuals were classified as CALD as detailed in the Research Design section above. CALD participants were living in a variety of local government areas across Western Sydney, as shown in the table below, with the majority of this cohort living in Parramatta (16.9%), Fairfield (11%), Penrith (9.6%) and Blacktown (8.8%). Eighteen additional CALD participants indicated that they had previously lived in Parramatta (n=6); Blacktown (n=5); Cumberland (n=3) and four other LGAs.

NB: 21 CALD participants (15.4%) did not provide data for this item.

Table 1:
CALD Participants by Western Sydney LGA

	Number (n)	Percent (%)
Parramatta	23	16.9
Fairfield	15	11.0
Penrith	13	9.6
Blacktown	12	8.8
Cumberland	11	8.1
Canterbury-Bankstown	9	6.6
Liverpool	9	6.6
Blue Mountains	7	5.1
Campbelltown	5	3.7
Hawkesbury	4	2.9
Camden	3	2.2
Wollondilly	3	2.2
The Hills	1	0.7
Total	115	84.6

Of the CALD group, the majority were born in Australia (n = 85; 63%). Thirty-seven percent of the CALD participants were migrants to Australia and 9% reported that either themselves or their parents were refugees, having sought asylum or entered Australia as a humanitarian entrant. Just over half of the CALD group (52%) spoke a language other than English in their households, with a variety of languages represented, including Mandarin, Arabic, Vietnamese, Tamil and Tagalog.

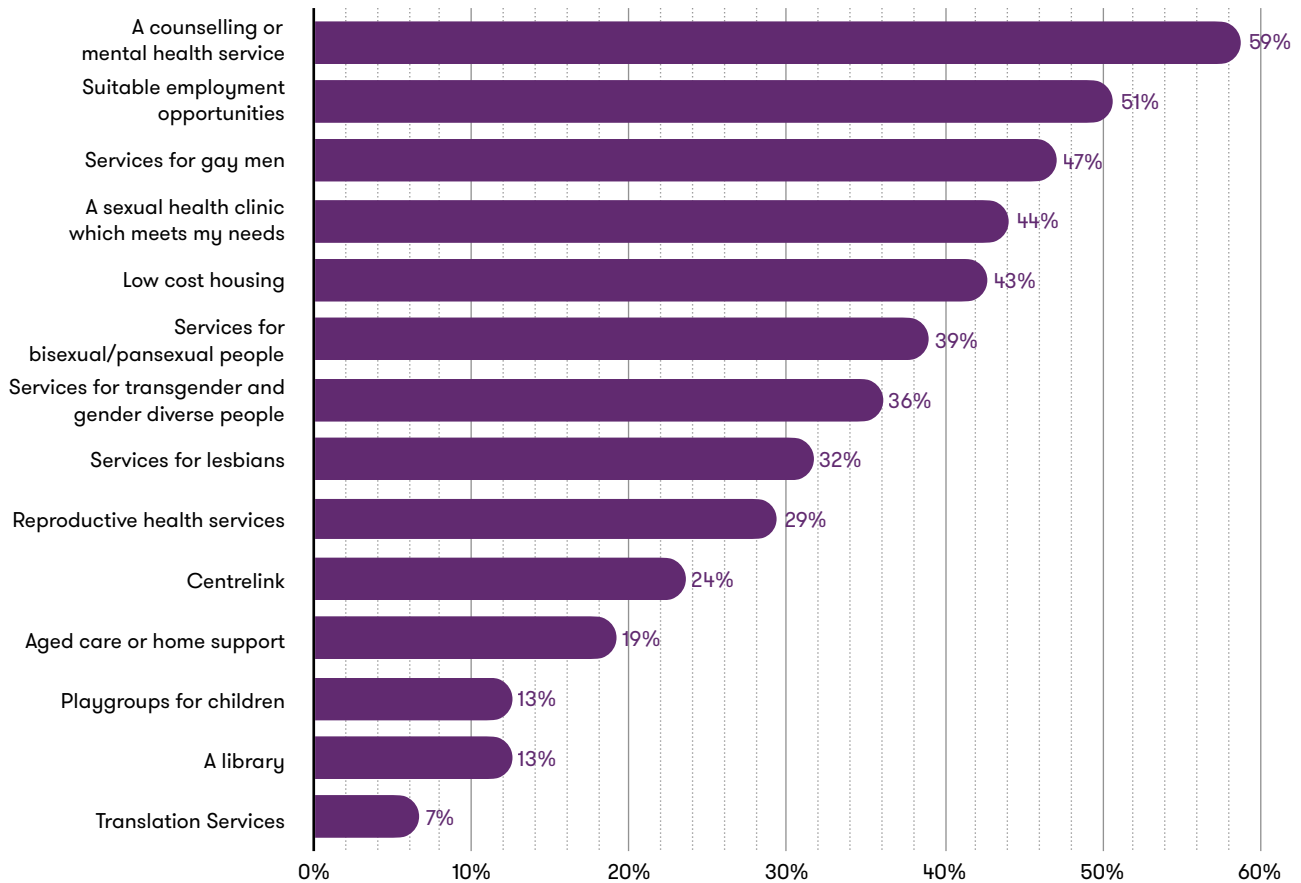
Access and Experiences with Services for CALD Participants

As can be seen in Figure 8, in terms of access to a range of social and health-related services in Western Sydney, the CALD cohort of participants were most likely to report that lack of access to counselling or mental health services had caused them personal worry or stress, with 58.8% of the CALD group responding in this way. This was followed by lack of access to suitable employment opportunities (50.7% reporting this had caused personal worry/stress).

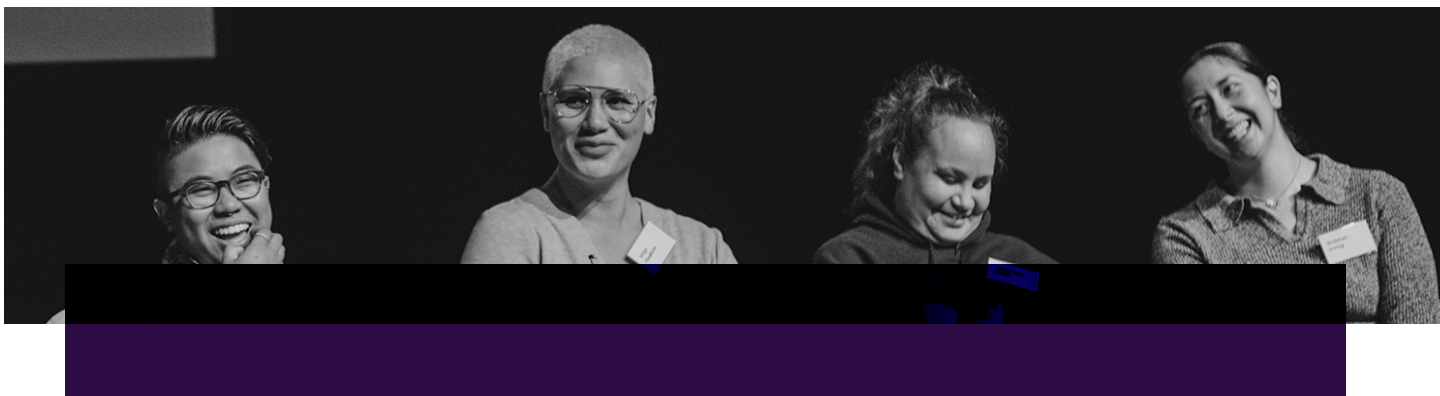
In-Depth Survey Results

Figure 8:

Percentage of CALD participants reporting that lack of access to this service caused personal worry/stress



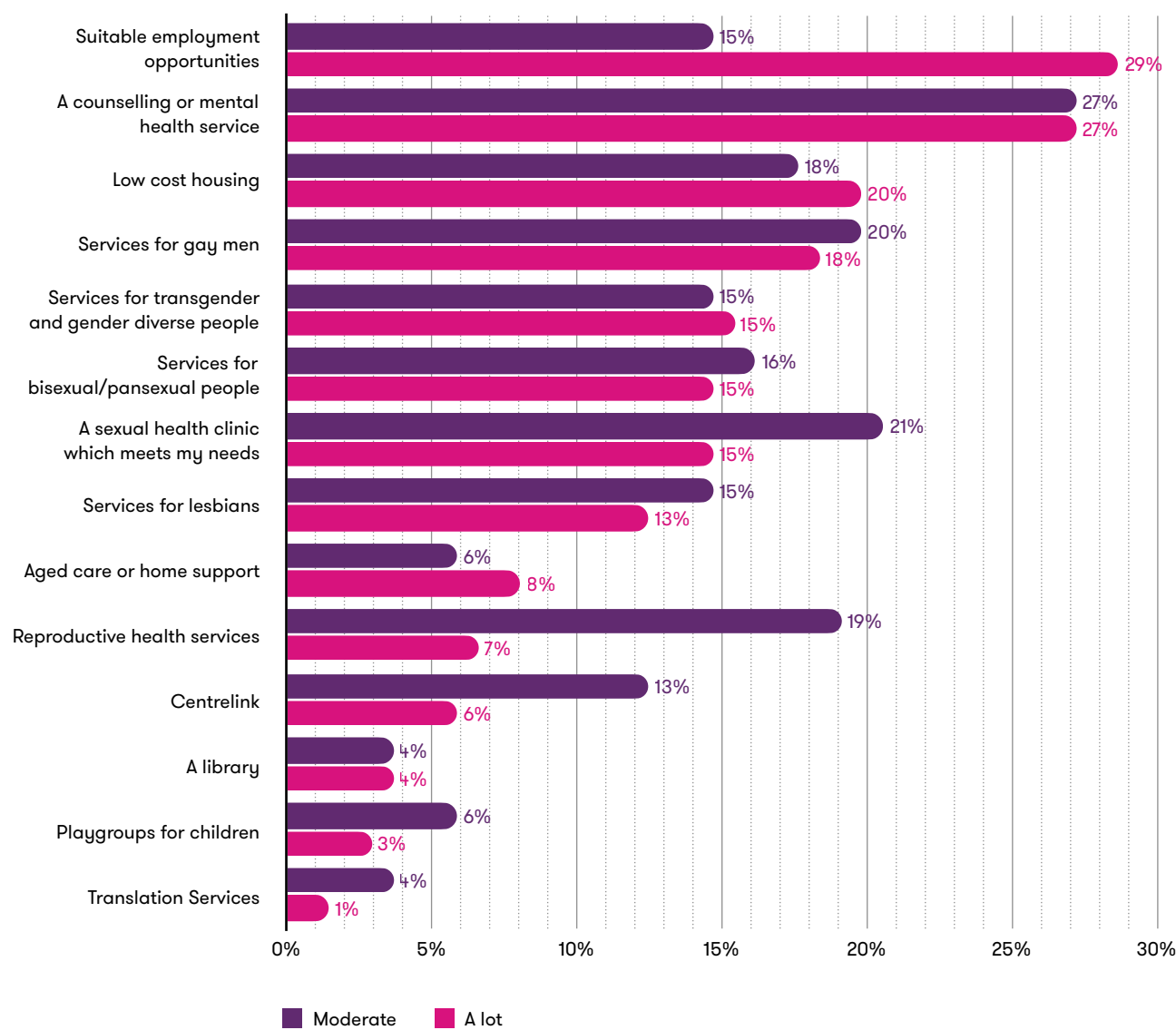
Compared to participants who were not identified as CALD, across the services identified, the CALD participants were no more likely to report that a lack of access to services caused them stress or worry, with the exception of access to services for gay men ($\chi^2 (1, N = 250) = 6.63, p < .05$). This is likely related to the large percentage of CALD participants who identified as gay ($n = 51$; 37.5%).



In-Depth Survey Results

In terms of the amount of reported worry caused by lack of access to these services in Western Sydney, as shown in Figure 9, CALD participants were most likely to report that lack of access to suitable employment opportunities and counselling or mental health services caused them “a lot” of stress [28.7% and 27.2% of CALD participants, respectively].

Figure 9:
Percentage of CALD participants reporting that lack of access to this service caused “a lot” or “a moderate amount” of personal worry or stress



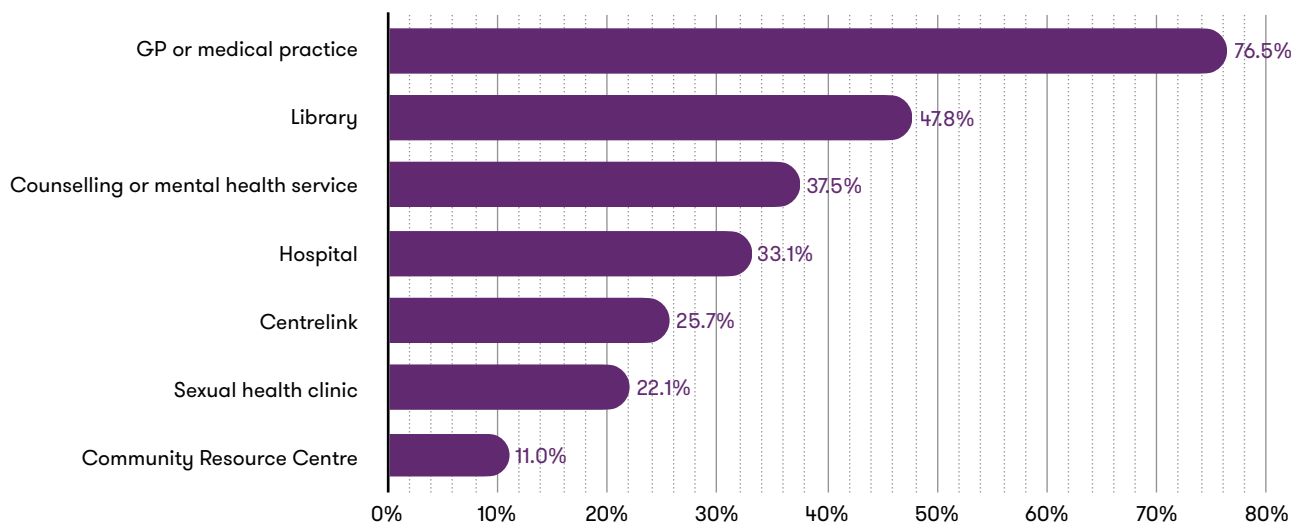
NB: Percentages of participants reporting that lack of access caused “a little” worry or stress are not included here for readability of Figure.

CALD participants were asked about which health, community or social services they had accessed in the 12 months prior to survey completion. Figure 10 shows the percentage of this cohort who accessed particular services, with responses with under 10% engagement not included for ease of interpretation. Not surprisingly, health services, including speciality health services such as sexual health and mental health services, had the highest percentage prevalence of engagement.

In-Depth Survey Results

Figure 10:

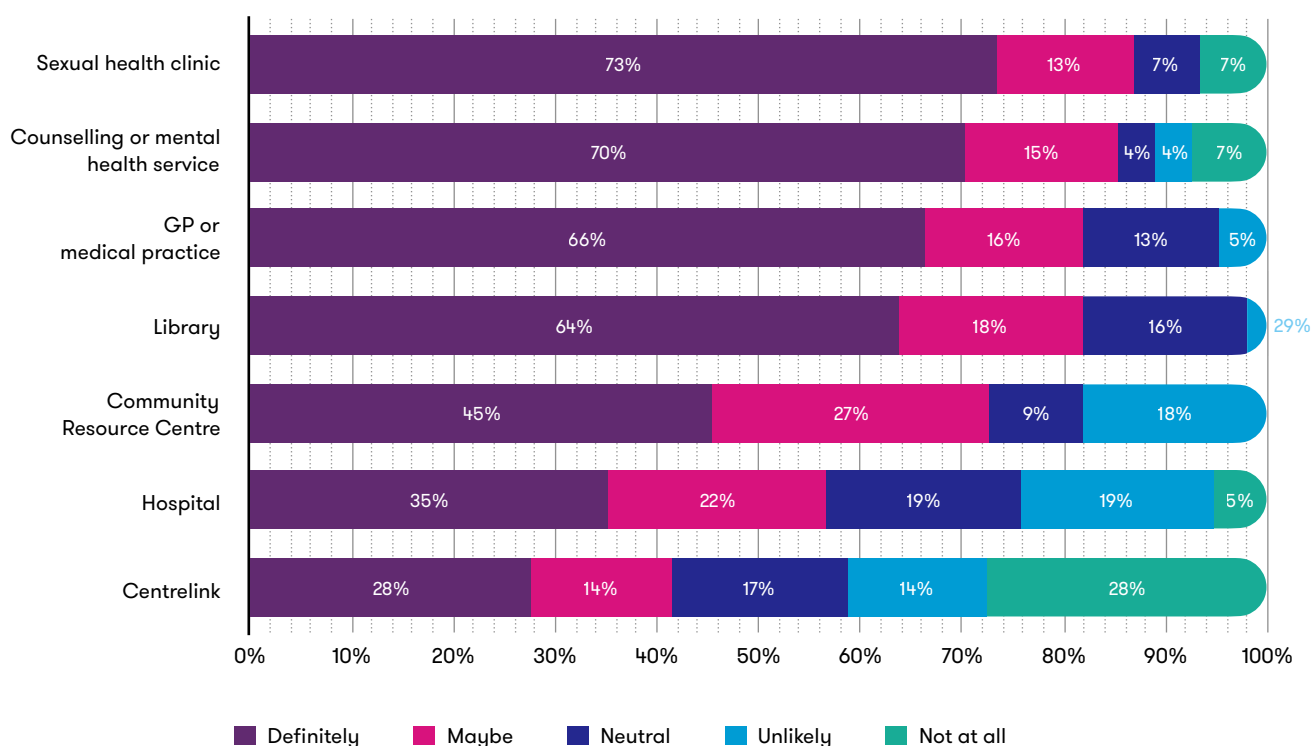
Percentage of CALD participants reporting having accessed this service in the last 12 months



A follow up item asked CALD participants who had accessed these services whether or not they would be happy to go back to this service in the future. As can be seen in Figure 11, with the exception of Centrelink, most CALD participants reported that they would “definitely” or “maybe” be happy to go back to the majority of services they had accessed in Western Sydney.

Figure 11:

Percentage of CALD participants reporting that they would be happy to go back to this service



In-Depth Survey Results

A closer look at open-ended survey responses related to some of the higher percentages of CALD participants' unwillingness to return to the service revealed themes related to visibility and inclusion.

Use appropriate names (e.g. when I introduced myself as my son's mama and my wife as his mum, use those to my son when talking about us). [Australian / Italian lesbian, 35-39yrs, Recommendation for local hospital]

More awareness about LGBTQ. Most people just assume you are straight. [Chinese, lesbian, 30-34yrs, Recommendation for Centrelink]

Follow-up items asked this cohort how true it was that health, community and social services in the Western Sydney region were welcoming to individuals from a variety of backgrounds, based on their experiences. Responses ranged from "not at all true" (1) to "completely true" (5), with a higher score indicating services were perceived as more welcoming. Statistically significant differences across the CALD/non-CALD participant groups were apparent across a few of the identity markers. Namely, CALD participants were less likely to report that services were welcoming to people from their language background [CALD participants: $n = 105$; $M = 3.95$; $SD = 1.1$ vs. Non-CALD participants: $n = 86$; $M = 4.34$; $SD = 1.0$] ($t = 2.49$; $p < 0.05$) as well as from their cultural background [CALD participants: $n = 118$; $M = 3.89$; $SD = 1.1$ vs. Non-CALD participants: $n = 91$; $M = 4.33$; $SD = 1.0$] ($t = 2.93$; $p < 0.01$).

Inclusion and Safety at Home for CALD Participants

A series of items asked participants about their sense of inclusion and safety when engaging with particular spaces and locations. Responses ranged from "never" (1) to "always" (5), with a higher score indicating a greater sense of inclusion or safety. While, for most locations, these two cohorts reported similar outcomes, comparisons revealed that the CALD participants ($n = 133$; $M = 3.91$; $SD = 1.2$) were statistically significantly less likely to report feeling included in their homes than non-CALD participants ($n = 132$; $M = 4.37$; $SD = 1.0$) ($t = 3.31$; $p < 0.01$). Likewise, the CALD group ($n = 132$; $M = 4.20$; $SD = 1.1$) was statistically significantly less likely to report feeling safe in their homes than the non-CALD group ($n = 127$; $M = 4.55$; $SD = 0.77$) ($t = 3.04$; $p < 0.01$). Figures 12 and 13 show the distribution of cohort responses for each of these two items.



In-Depth Survey Results

Figure 12:

Percentage of CALD/non-CALD participants reporting feeling included at home in Western Sydney, by total group distribution

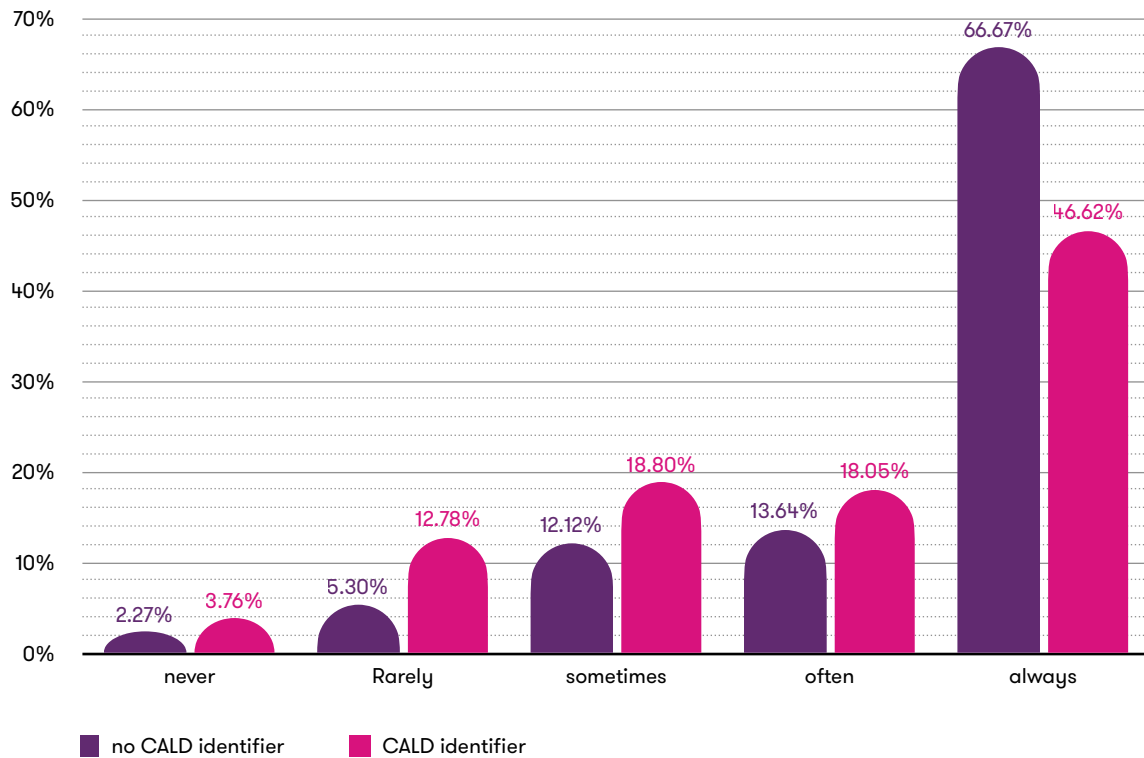
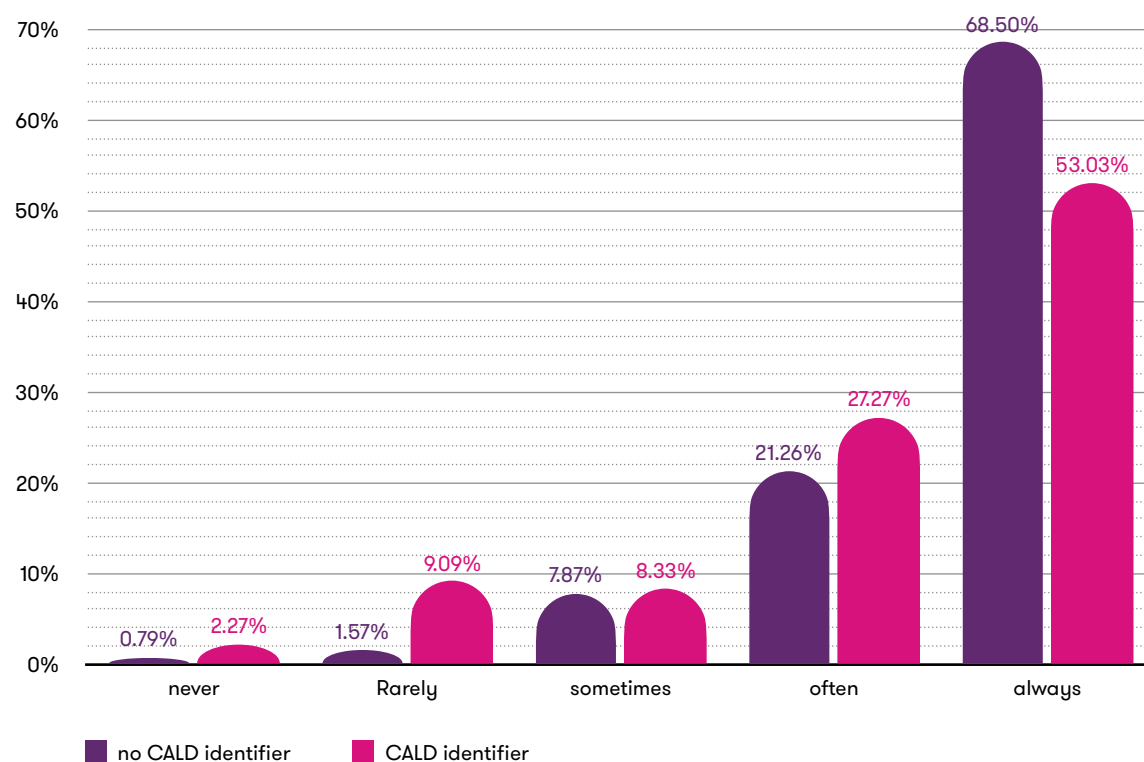


Figure 13:

Percentage of CALD/non-CALD participants reporting feeling safe at home in Western Sydney, by total group distribution by total group distribution

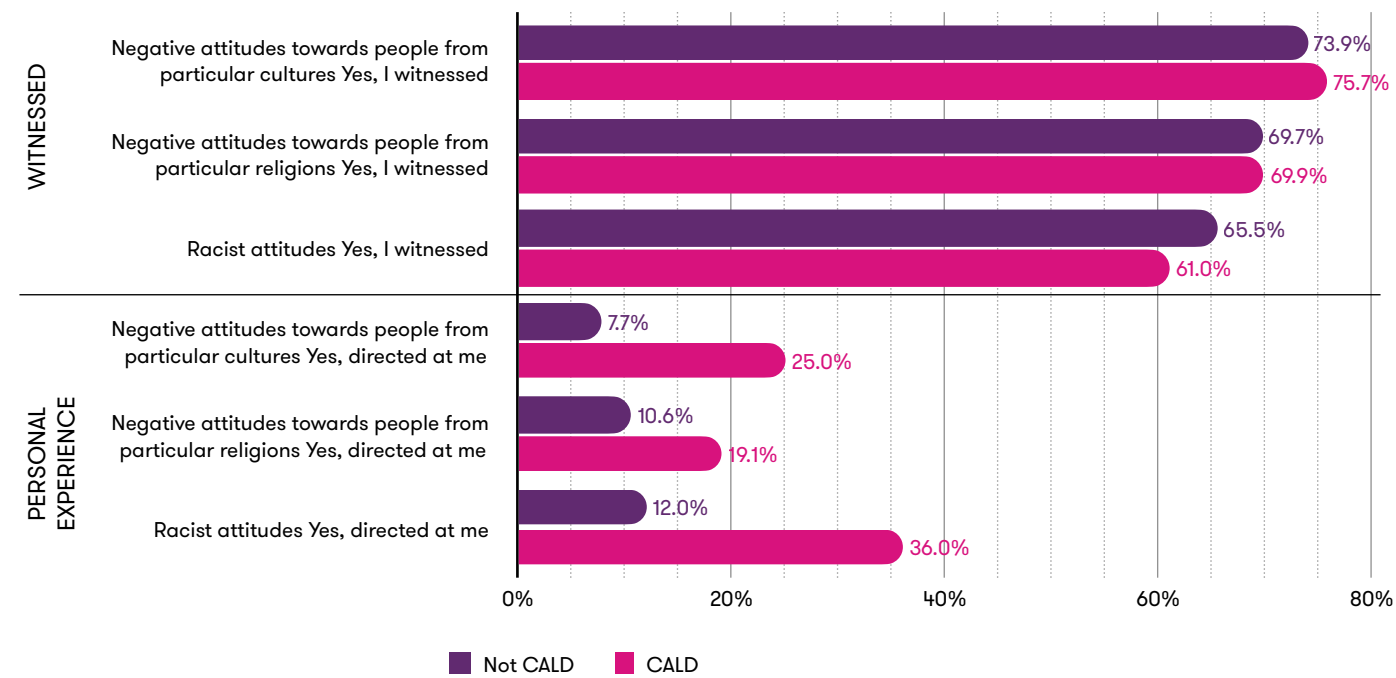


In-Depth Survey Results

Negative Attitudes Experienced by CALD Participants

Participants were asked a series of items related to negative attitudes experienced while living in Western Sydney, including racist, sexist, and homo/transphobic attitudes as well as negativity directed towards people from particular religions or cultures. Participants were asked to report whether these attitudes were directed at them and/or whether or not they had seen such attitudes being directed at others. Figure 14 shows comparative data for the CALD and non-CALD participant groups specifically related to CALD markers, such as race, religion and culture. As can be seen, while both groups reported witnessing these negative attitudes in Western Sydney, larger percentages of the CALD cohort reported that such negative attitudes were directed at them personally.

Figure 14:
Percentage of CALD/Non-CALD Participants Reporting Negative Attitudes by total group distribution

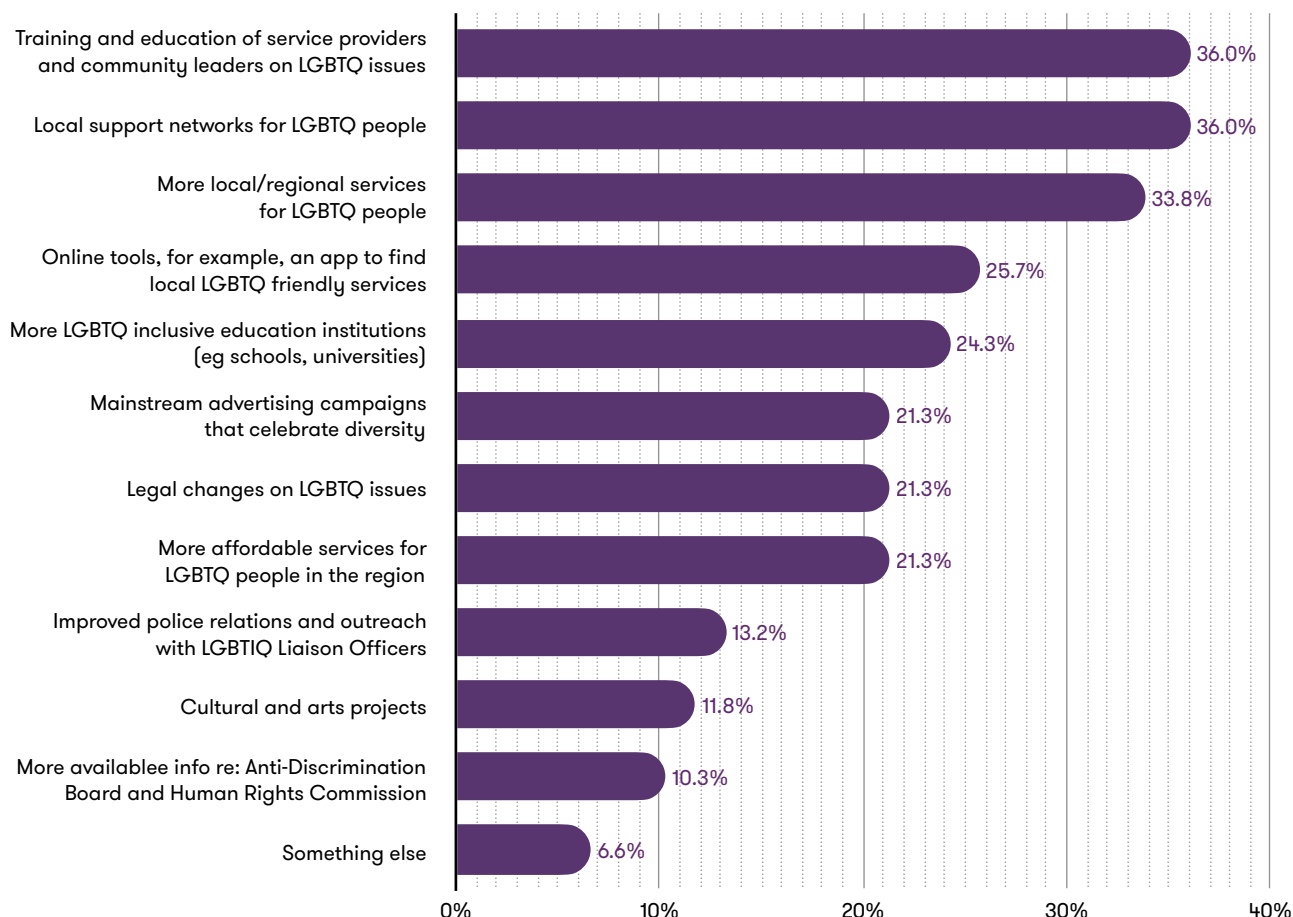


CALD Participants' Suggested Areas for Change

Participants were asked to nominate their three top suggested areas for change to the Western Sydney region from a list of 12 prepopulated options. As their overall top suggestions, the CALD cohort selected (1) local support networks for LGBTQ+ people (36% of the cohort suggested this); (2) training/education for service providers and community leaders in Western Sydney on LGBTQ+ issues (36%); and (3) additional local/regional services for LGBTQ+ people (34%). These responses point to a desire for greater visibility, affirmation and inclusion.

In-Depth Survey Results

Figure 15:
Percentage of CALD Participants Suggesting Areas for Change



Trans and Gender Diverse Participants

A total of 58 participants were identified as trans or gender diverse, using two separate items: presumed gender at birth and gender identity. Section 2 on Research Design explains how these individuals were identified for cohort inclusion.

Access and Experiences with Services for Trans and Gender Diverse Participants

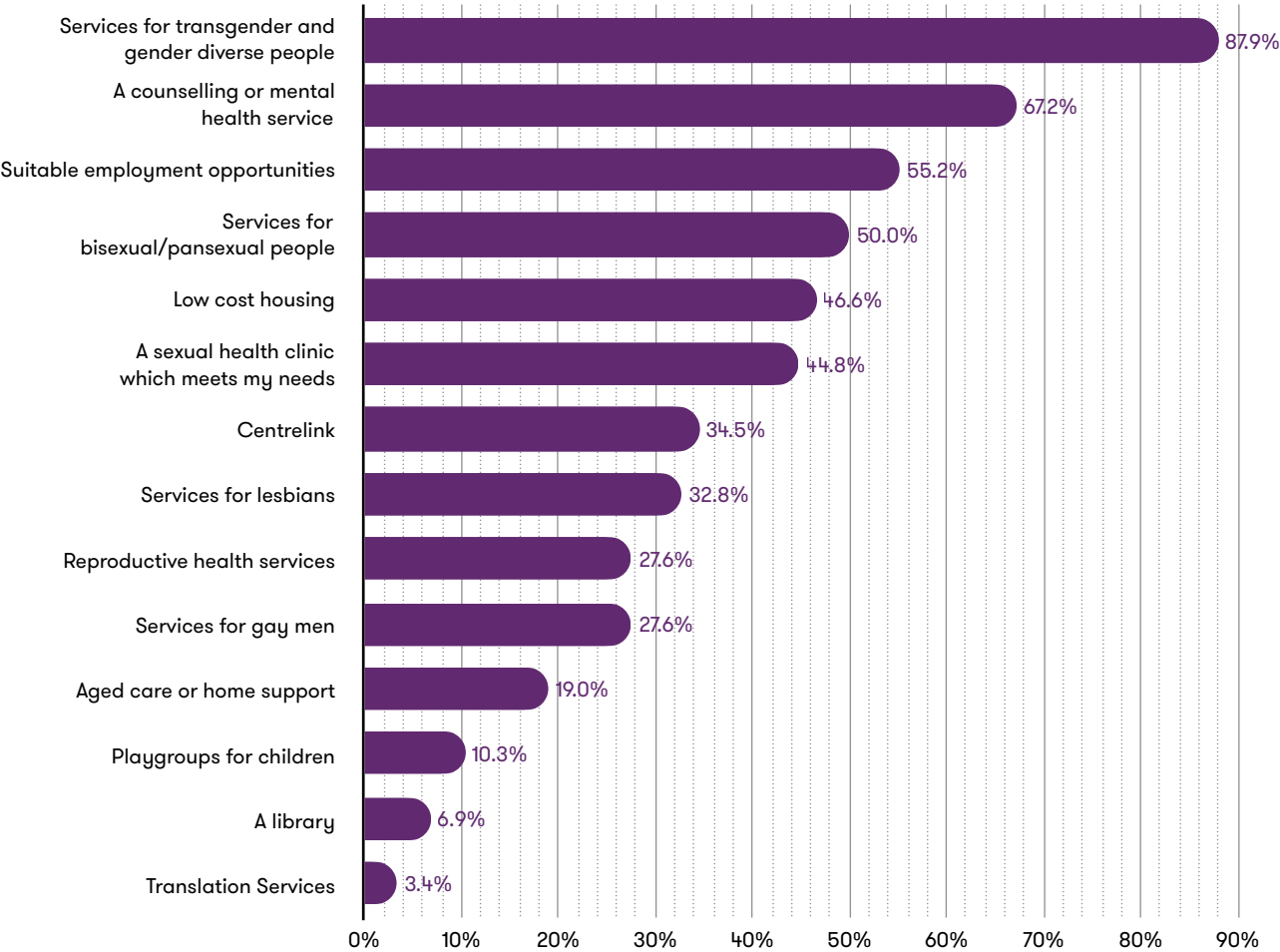
As can be seen in Figure 16, in terms of access to a range of social and health-related services in Western Sydney, trans and gender diverse participants were most likely to report that lack of access to services for transgender and gender diverse people had caused them personal worry or stress, with 87.9% of the group responding in this way. This was followed by lack of access to counselling or mental health services (67.2% reporting this had caused personal worry/stress).

In-Depth Survey Results

Transgender participants were more likely than cisgender participants to report that a lack of access to services caused them worry or stress, although these differences were not statistically significant, with some notable exceptions. Trans and gender diverse participants were more likely to report experiencing personal worry or stress due to their lack of access to Centrelink ($\chi^2 (1, N = 255) = 3.16, p < .10$; approaching significance) as well as services for bisexual/pansexual people ($\chi^2 (1, N = 250) = 5.76, p < .05$) and services for transgender and gender diverse people ($\chi^2 (1, N = 250) = 79.84, p < .001$).

In terms of the amount of reported worry caused by lack of access to these services in Western Sydney, as shown in Figure 17, trans and gender diverse participants were most likely to report that lack of access to services for transgender/gender diverse individuals and counselling or mental health services caused them “a lot” of stress (48.3% and 43.1% of trans and gender diverse participants, respectively). Access related to financial stability was also noteworthy for this cohort; almost a third of the sample reported that lack of access to suitable employment opportunities caused “a lot” of personal worry or stress (31%), alongside “a lot” of worry and stress caused by lack of access to low cost housing (22.4%) and Centrelink (15.5%).

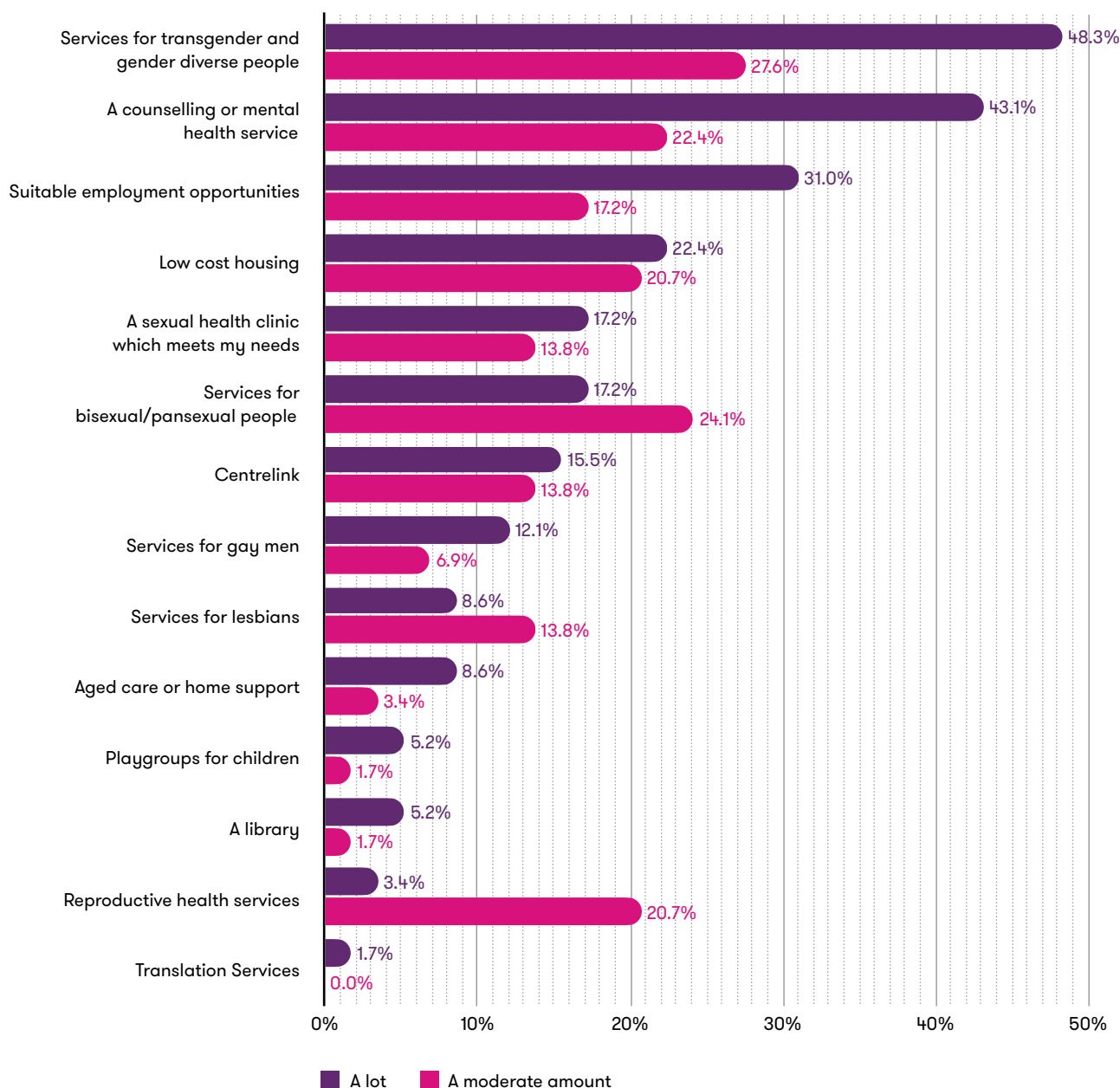
Figure 16:
Percentage of trans and gender diverse participants reporting that lack of access to this service caused personal worry/stress



In-Depth Survey Results

Figure 17:

Percentage of trans and gender diverse participants reporting that lack of access to this service caused “a lot” or “a moderate amount” of personal worry or stress

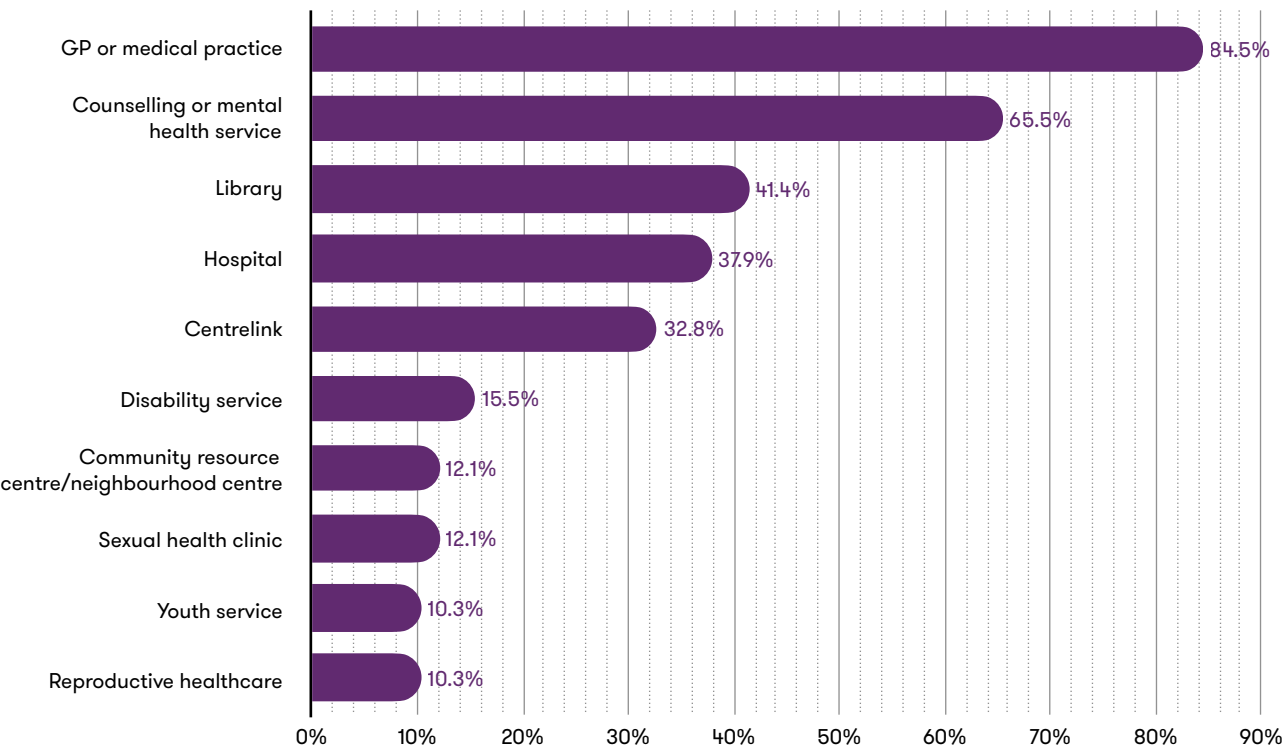


NB: Percentages of participants reporting that lack of access caused “a little” worry or stress are not included here for readability of Figure.

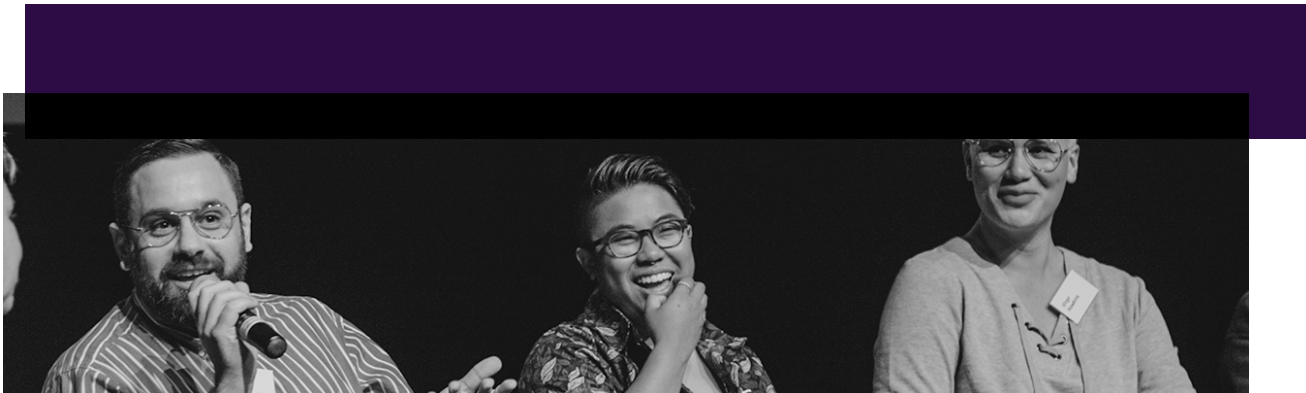
Trans and gender diverse participants were asked about which health, community or social services they had accessed in the 12 months prior to survey completion. Figure 18 shows the percentage of this cohort who accessed particular services, with responses with under 10% engagement not included for ease of interpretation. Not surprisingly, health services, including speciality health services such as mental health and sexual health services, had the highest percentage of engagement.

In-Depth Survey Results

Figure 18:
Percentage of trans and gender diverse participants reporting having accessed this service in the last 12 months



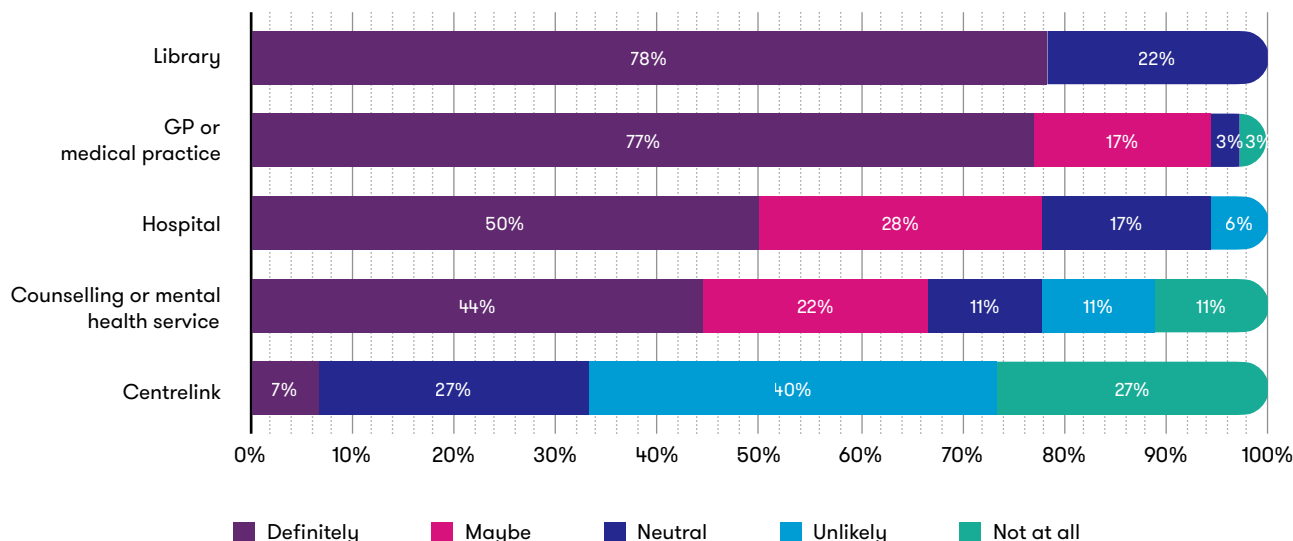
A follow up item asked trans and gender diverse participants who had accessed these services whether or not they would be happy to go back to this service in the future. As can be seen in Figure 19, with the exception of Centrelink, most trans and gender diverse participants reported that they would “definitely” or “maybe” be happy to go back to the majority of services they had accessed in Western Sydney. Notably, just over 20% of trans and gender diverse participants reported that they would be either “not at all” happy (11.1%) to return to their Western Sydney based counselling/mental health service or that it would be “unlikely” for them to be happy (11.1%) to return.



In-Depth Survey Results

Figure 19:

Percentage of trans and gender diverse participants reporting that they would be happy to go back to this service



A closer look at open-ended survey responses related to some of the higher percentages of trans and gender diverse participants' unwillingness to return to these services revealed themes related to visibility and inclusion.



They failed pretty badly handling my transition, and their options to select the relationship with my children online, assumed I was cis. (Anglo / Welsh lesbian/queer/same-sex attracted, non-binary/trans-femme, 40-44yrs, Recommendation for Centrelink).

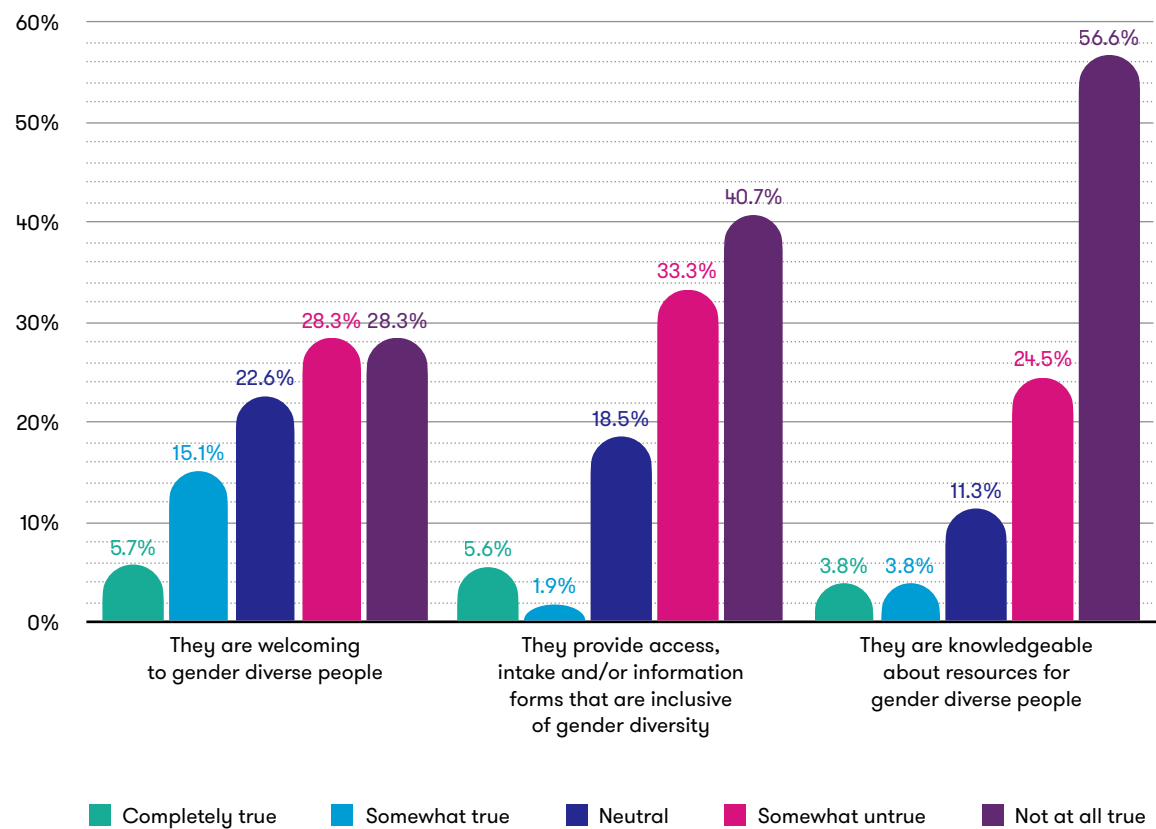
More understanding of trans and gender science and medical options. (Australian / Scottish, same-sex attracted, non-binary 25-29yrs, Recommendation for Counselling/Mental Health Service).

Follow-up items asked this cohort how true it was that health, community and social services in the Western Sydney region were welcoming to individuals from a variety of backgrounds and capable of providing inclusive services for specific LGBTQ+ communities, based on their experiences. Responses ranged from "not at all true" (1) to "completely true" (5).

In-Depth Survey Results

Figure 20 shows trans and gender diverse participants’ responses to the items which specifically referenced gender diversity, by percentage of agreement with each statement.

Figure 20:
Trans and gender diverse participants’ percentage agreement with statements detailing services’ inclusivity of gender diversity



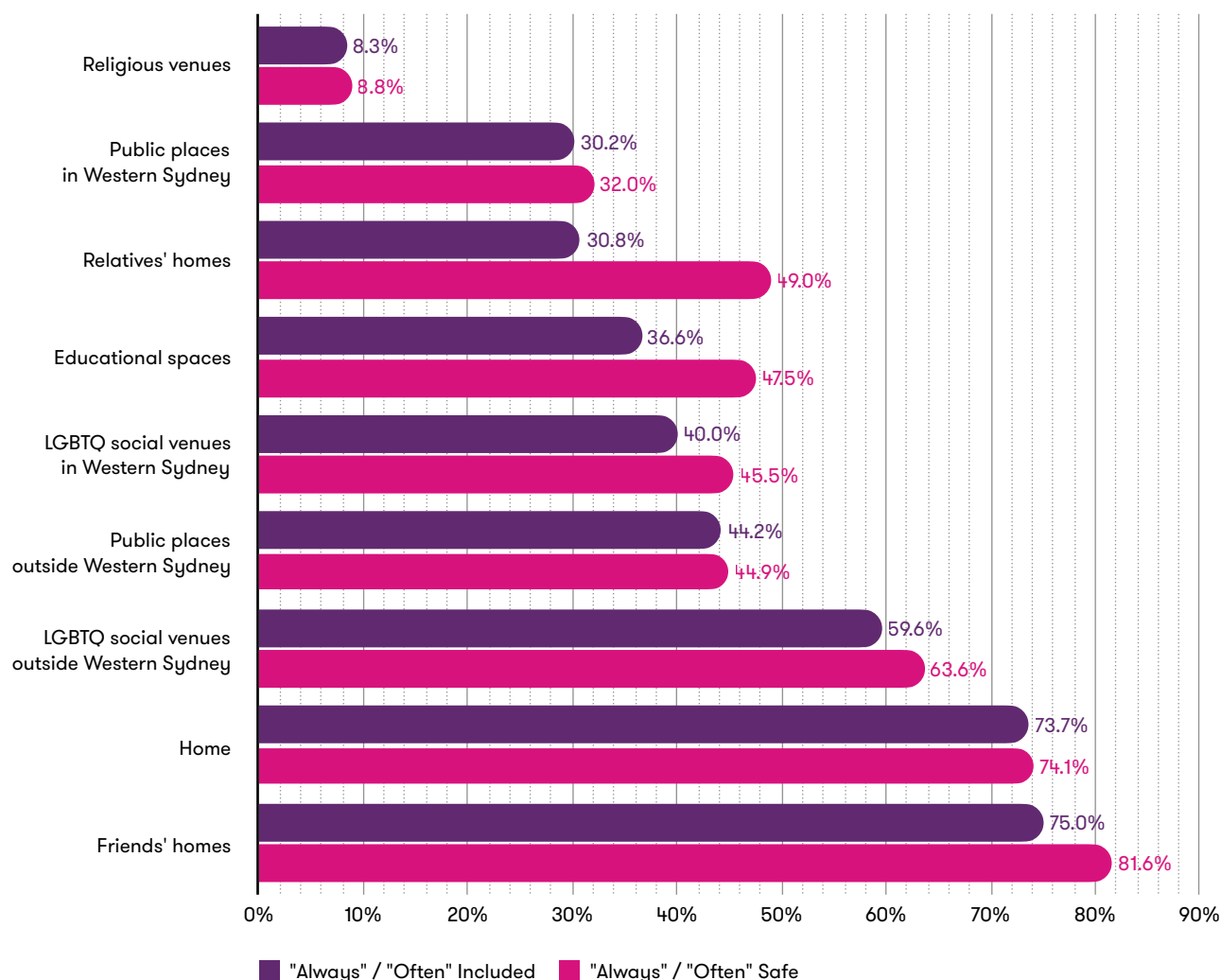
Inclusion and Safety at Home for Trans and Gender Diverse Participants

A series of items asked participants about their sense of inclusion and safety when engaging with particular spaces and locations while living in Western Sydney. Responses ranged from “never” (1) to “always” (5), with a higher score indicating a greater sense of inclusion or safety. Figure 21 shows the percentage of trans and gender diverse participants reporting that they “always” or “often” felt included or safe in the various venues or personal settings listed. Unsurprisingly, participants were most likely to report feeling safe and included in their friends’ homes or in their own homes, followed by spaces and venues located outside of Western Sydney. Participants were least likely to report that they “always” or “often” felt safe in religious venues in Western Sydney.

In-Depth Survey Results

Figure 21:

Percentage of trans and gender diverse participants reporting feelings of safety/inclusion



Mean comparisons across the trans and gender diverse and cisgender cohorts revealed statistically significant differences in participants' experiences of inclusion. Specifically, the trans and gender diverse cohort ($n = 52$; $M = 3.0$; $SD = 1.3$) was statistically significantly less likely than the cisgender cohort ($n = 191$; $M = 3.71$; $SD = 1.3$) to report feeling a sense of inclusion while at relatives' homes ($t = -3.46$; $p < 0.01$). Likewise, the trans and gender diverse group had lower mean scores across every measure of experiences of safety than the cisgender group, with most of these mean differences being large enough so as to be statistically significant as shown in Table 2.



In-Depth Survey Results

Table 2:
Mean score differences for reported sense of safety comparing trans and gender diverse and cisgender participants

“When living in Western Sydney, how often do you/did you feel safe in the following places?”	Trans and Gender Diverse	Cisgender	t	df
Home (where I am currently/was living)	4.11 (1.18) n = 54	4.44 (0.87) n = 205	-1.91*	69.2
Educational spaces (school, TAFE, university)	3.38 (1.13) n = 40	3.90 (0.94) n = 162	-2.70**	53.1
Public places in Western Sydney (including parks)	2.92 (1.16) n = 50	3.24 (0.98) n = 204	-1.96 ^a	252
Public places outside of Western Sydney (including parks)	3.29 (1.00) n = 49	3.52 (0.88) n = 202	-1.63	249
Friends’ homes	4.27 (0.97) n = 49	4.48 (0.78) n = 199	-1.65	246
Relatives’ homes	3.37 (1.27) n = 49	4.15 (1.10) n = 189	-4.30***	236
Religious venues	3.42 (1.15) n = 33	2.58 (1.34) n = 129	-2.77**	62.1
LGBTQ+ social venues in Western Sydney	3.77 (0.94) n = 44	3.49 (1.20) n = 94	-0.27	125
LGBTQ+ venues outside Western Sydney	3.77 (0.94) n = 44	3.86 (0.98) n = 157	-0.53	199

*p < 0.05; **p < 0.01; ***p < 0.001; ^a p = 0.51, approaching significance

Notably, trans and gender diverse participants’ sense of inclusion and safety was statistically significantly correlated with their reported psychological distress as measured by the K5; participants with more frequent experiences of inclusion or safety had better mental health outcomes in the form of lower reported psychological distress. Strongest correlations were present for reported safety in Western Sydney’s public spaces, including parks (r = -0.45, p < 0.01, n = 50) and safety within relatives’ homes (r = -0.46, p < 0.01, n = 49).

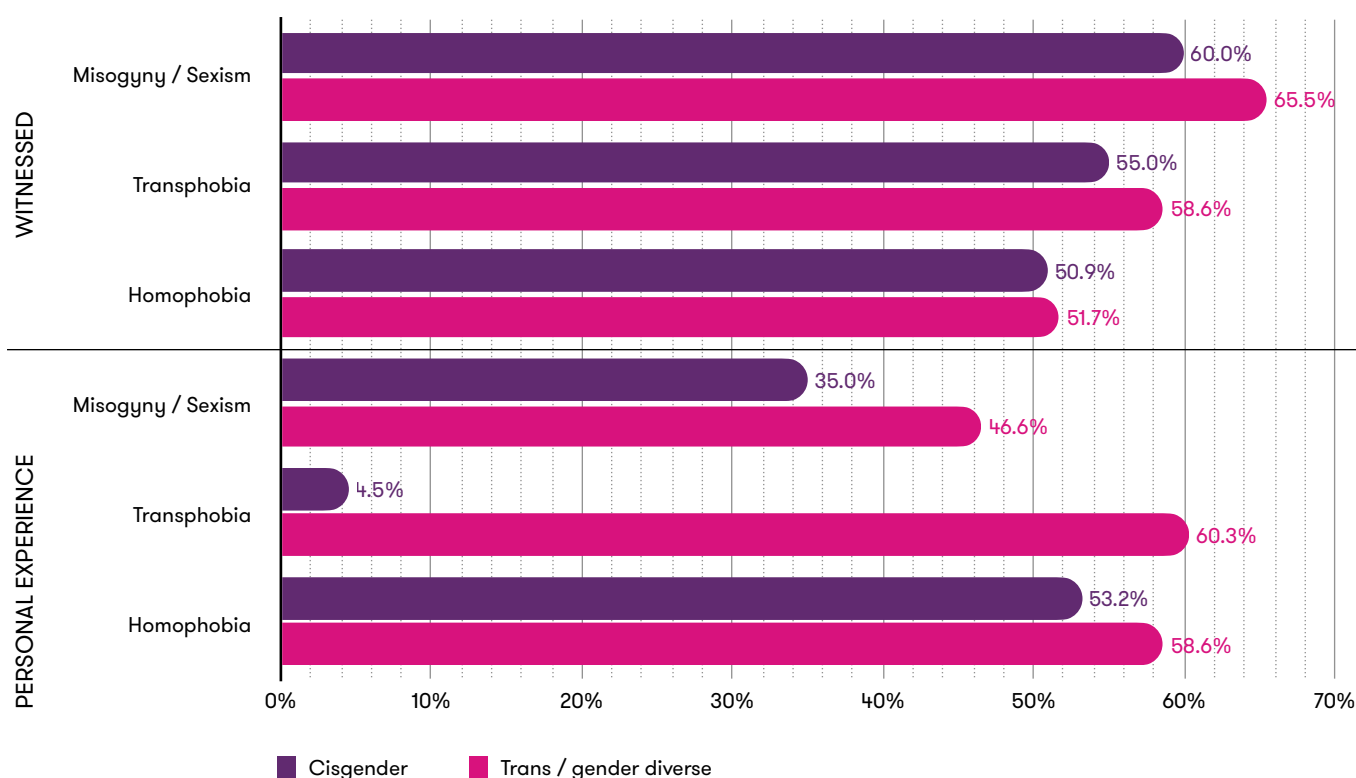
In-Depth Survey Results

●●● Negative Attitudes Experienced by Trans and Gender Diverse Participants

As previously explained in an earlier section of this report, participants were asked a series of items related to negative attitudes experienced while living in Western Sydney, including attitudes related to gender normativity (i.e. homophobia, transphobia, misogyny, sexism). Participants were asked to report whether these attitudes were directed at them and/or whether or not they had seen such attitudes being directed at others. Figure 22 shows comparative data for the trans and gender diverse and cisgender participant groups specifically on items related to gender. As can be seen, while these two groups report witnessing these negative attitudes in Western Sydney at comparative rates, larger percentages of the trans and gender diverse cohort reported that such negative attitudes were directed at them personally. Just over 60% of the trans and gender diverse sample (n = 35) reported personally experiencing transphobic attitudes while living in Western Sydney.

Figure 22:

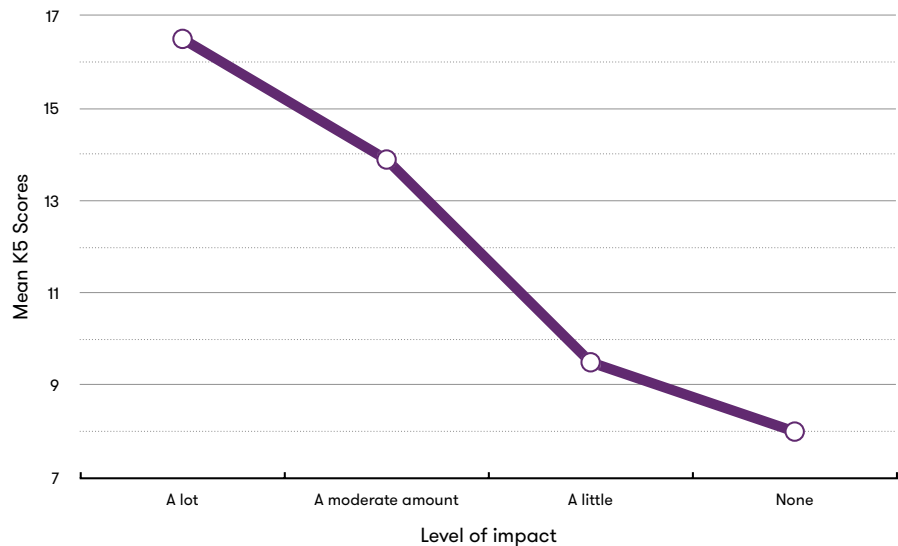
Percentage of trans and gender diverse/cisgender participants reporting negative attitudes



A closer look at this cohort of participants highlighted the relationship between personal experiences of transphobia and psychological distress (see Figure 23). Mean comparisons across the groups of individuals reporting that personal experiences of transphobia in Western Sydney caused them “a lot”, “a moderate amount”, “a little” or no worry/stress showed statistically significant differences on the K5 measure of psychological distress ($F(3,33) = 2.91, p = 0.05$). As a group, the trans and gender diverse participants who reported that transphobic attitudes caused them “a lot” of personal worry or stress (n = 22) had a mean K5 score of 16.5 (SD = 4.47), in the “very high” range of scores.

In-Depth Survey Results

Figure 23:
Means plot for K5 score and impact of transphobic attitudes for the trans and gender diverse cohort



Trans and Gender Diverse Participants’ Suggested Areas for Change

Participants were asked to nominate their three top suggested areas for change to the Western Sydney region. As their overall top suggestions, the trans and gender diverse cohort selected: (1) more local/regional services for LGBTQ+ people (43.1% of the cohort suggested this); (2) training/education for service providers and community leaders in Western Sydney on LGBTQ+ issues (37.9%); and (3) additional local support networks for LGBTQ+ people (34.5%). These responses point to a need for more on-the-ground services, staffed by educated professionals who affirm and support LGBTQ+ communities.

Figure 24:
Percentage of trans and gender diverse participants suggesting areas for change



In-Depth Survey Results

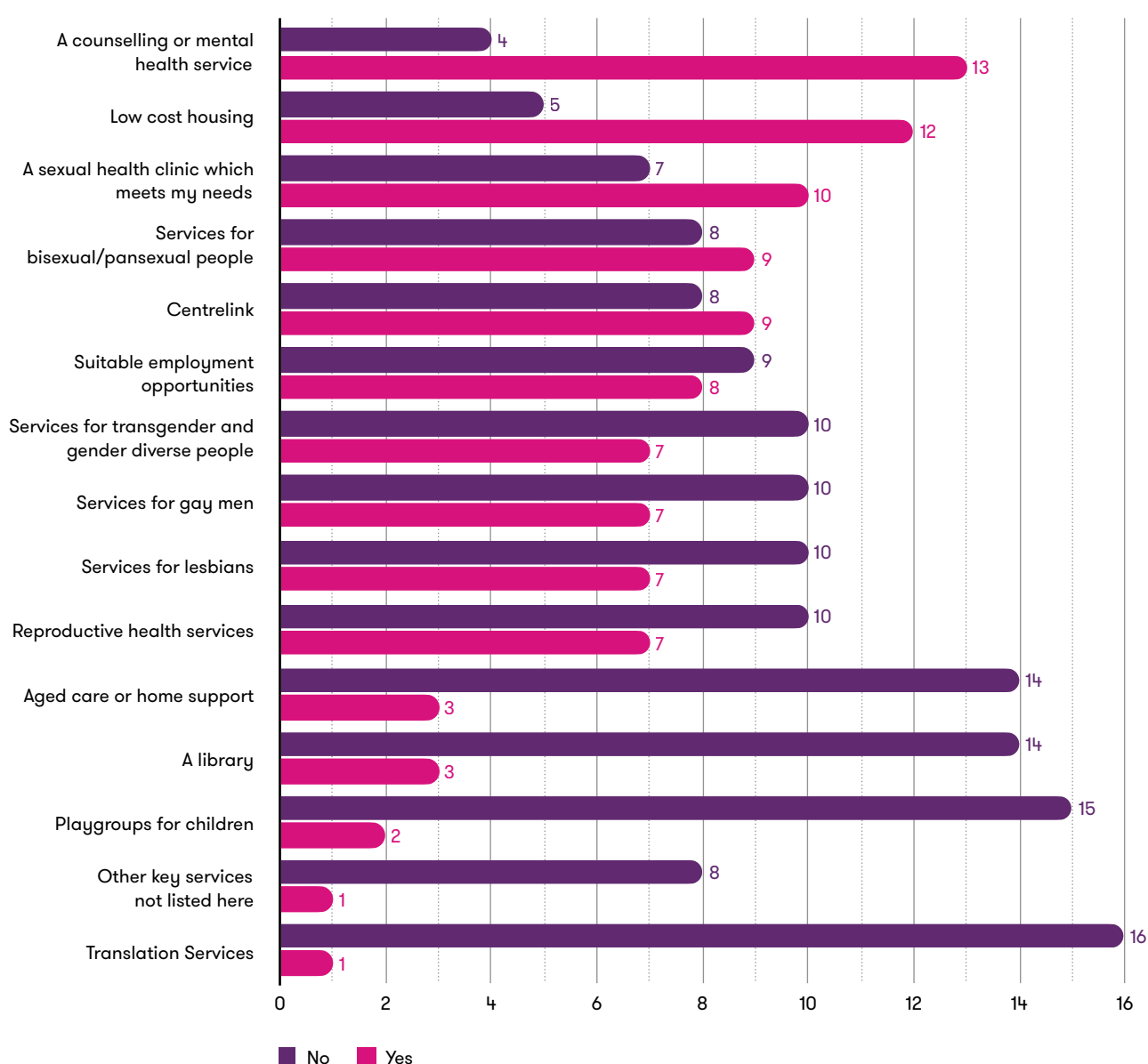
● ● ● ● Aboriginal and Torres Strait Islander Respondents

Access and Experiences with Services for Aboriginal and Torres Strait Islander Participants

For the 17 Aboriginal or Torres Strait Islander respondents, most cited the lack of access to the following services had caused them worry or stress: a counselling or mental health service (n=13), low cost housing (n=12), a sexual health clinic which meets my needs (n=10), services for bisexual/pansexual people (n=9), and Centrelink (n=9). The remaining services had 8 or less respondents who noted that the lack of access to services had caused them personal worry or stress

Figure 25:

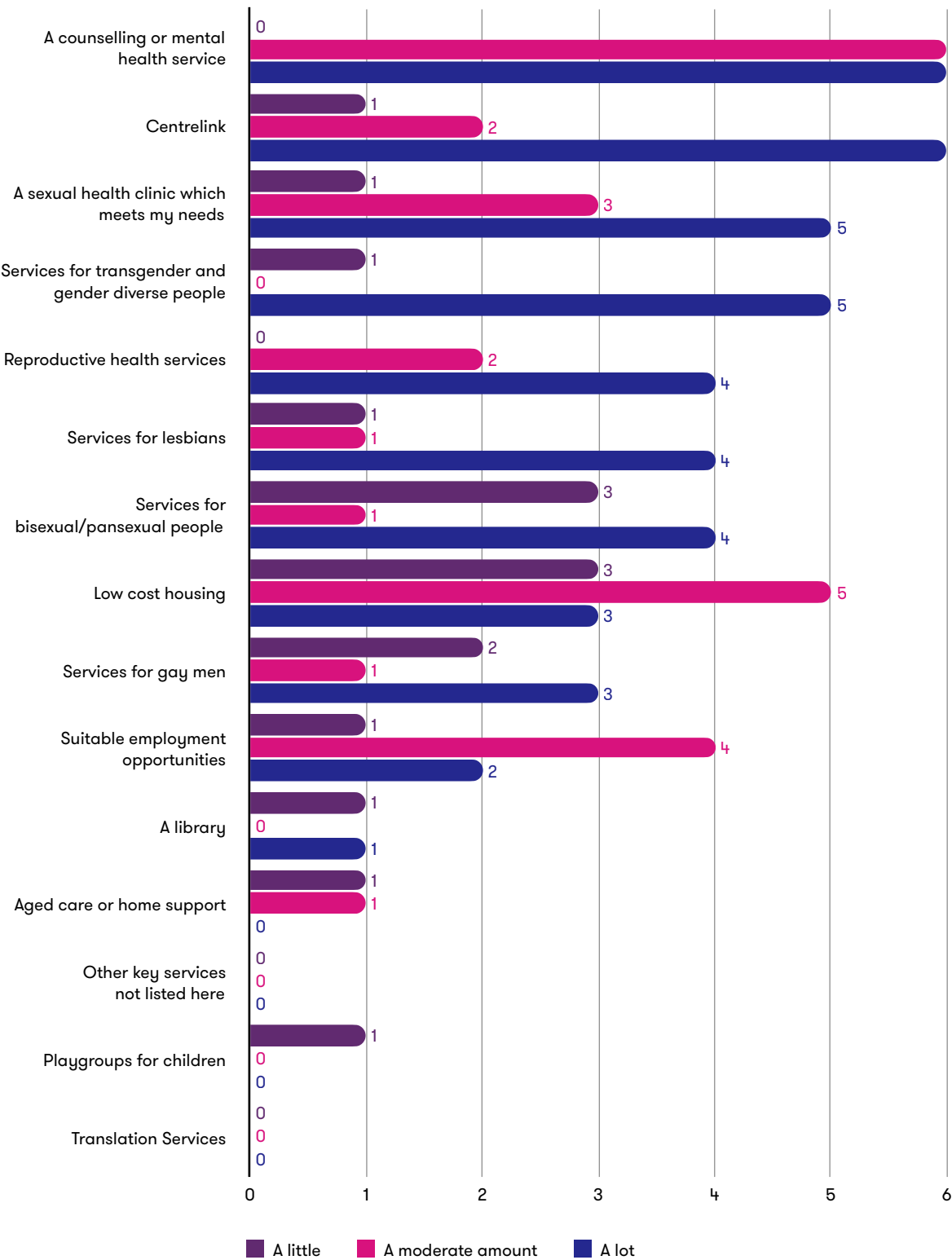
Has the lack of access to the following services in Western Sydney ever caused you personal worry or stress? (N=17)



The Aboriginal or Torres Strait Islander respondents were also asked how much worry or stress did lack of access to these services caused them. The services which caused them 'a lot' of personal worry or stress were: a counselling or mental health service (n=6), Centrelink (n=6), a sexual health clinic which meets my needs (n=5), and services for transgender and gender diverse people (n=5).

In-Depth Survey Results

Figure 26:
How much worry or stress did lack of access to these services cause you? (N=17)

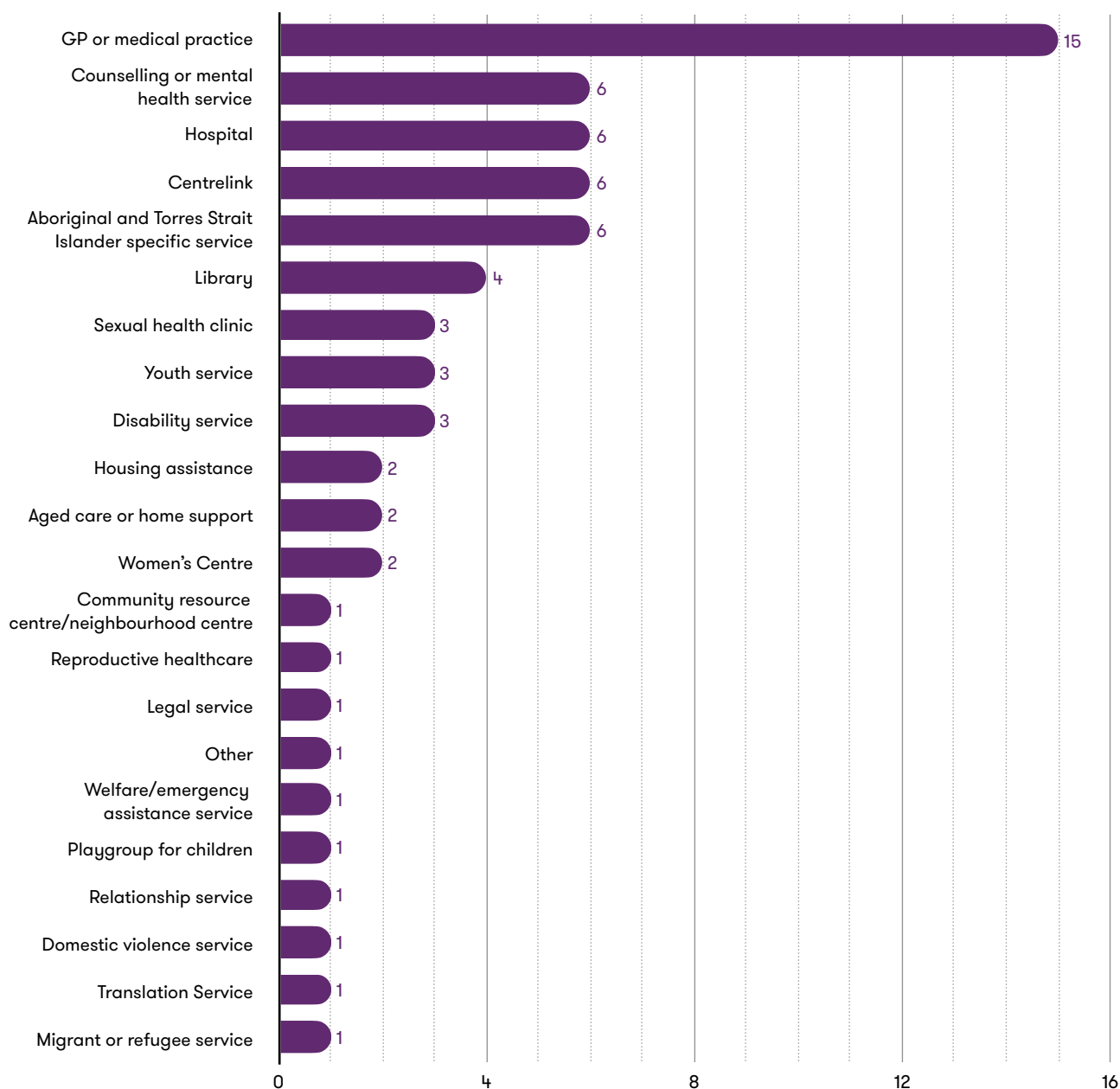


In terms of usage of services in the last 12 months, at least one-third of the 17 Aboriginal or Torres Strait Islander respondents reported using the following services: GP or medical practice (n=15), counselling or mental health service (n=6), hospital (n=6), Centrelink (n=6), and an Aboriginal and Torres Strait Islander specific service (n=6).

In-Depth Survey Results

Figure 27:

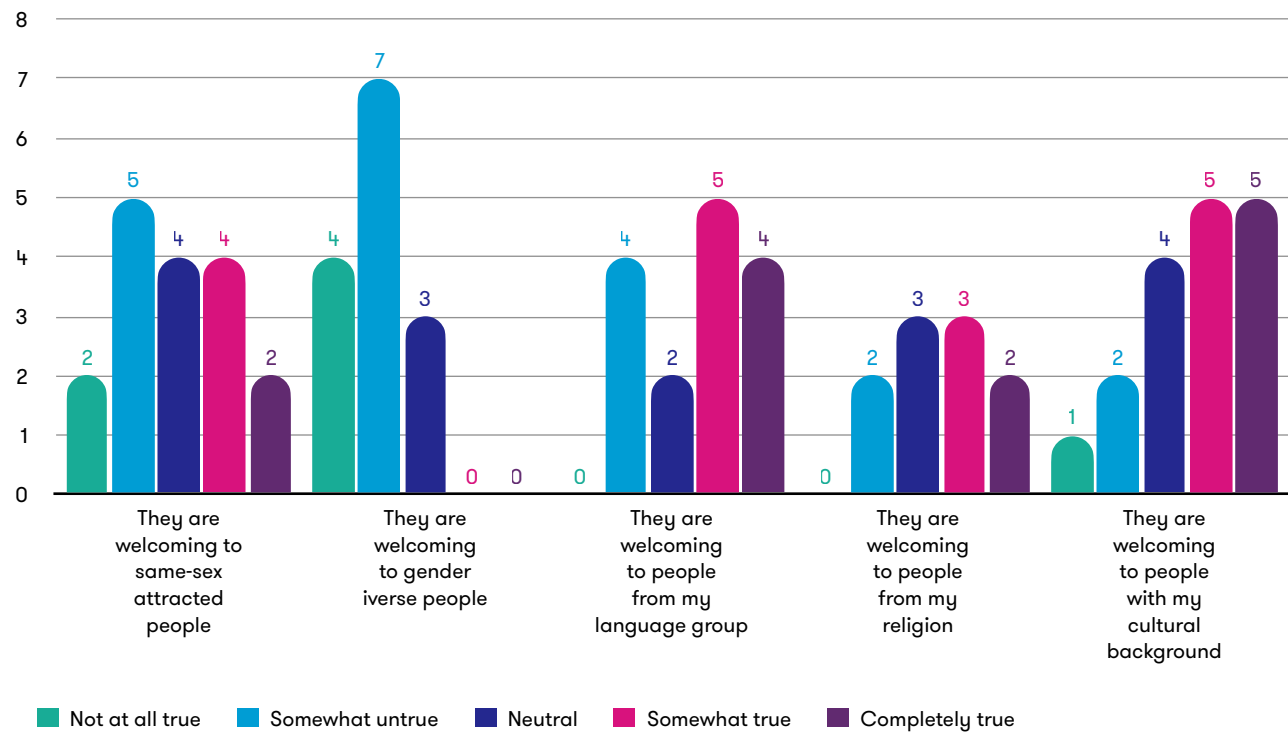
Which health, community or social services have you used in the last 12 months, either face to face or online?(N=17)



When accessing health, community and social services in the Western Sydney region, the 17 Aboriginal or Torres Strait Islander participants reported that they were most welcoming to people of their cultural and language background, but were less welcoming of same-sex attracted people and gender diverse people.

In-Depth Survey Results

Figure 28:
When accessing health, community and social services in the Western Sydney region, how true were the following statements? (N=17)



In regards to perceptions of inclusivity, the Aboriginal or Torres Strait Islander participants reported similar observations in that they tended to agree that these services provide access, intake and/or information forms that inclusive of diverse cultures, but they disagreed that these services were inclusive of gender diversity or same-sex attracted people. When asked how knowledgeable these services were about resources for same-sex attracted people or gender diverse people, the majority felt that it was ‘not at all true’ or ‘somewhat untrue’ that these services were knowledgeable about resources for gender diverse people (n=11) or same-sex attracted people (n=11).



In-Depth Survey Results

Figure 29:

When accessing health, community and social services in the Western Sydney region, how true were the following statements? (N=17)

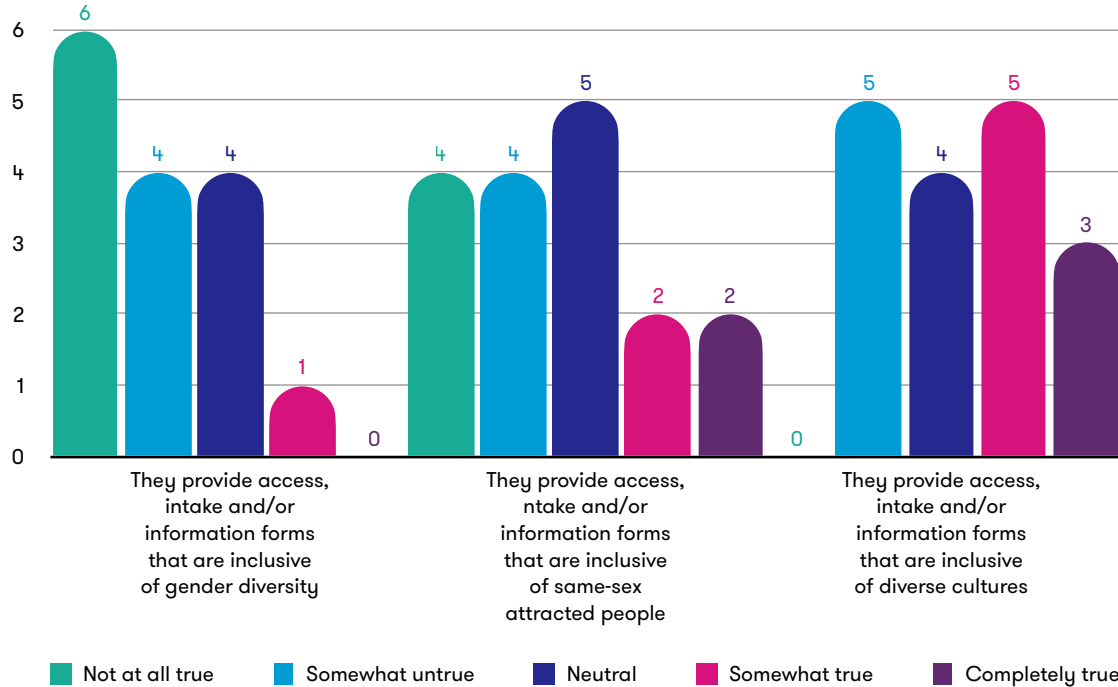
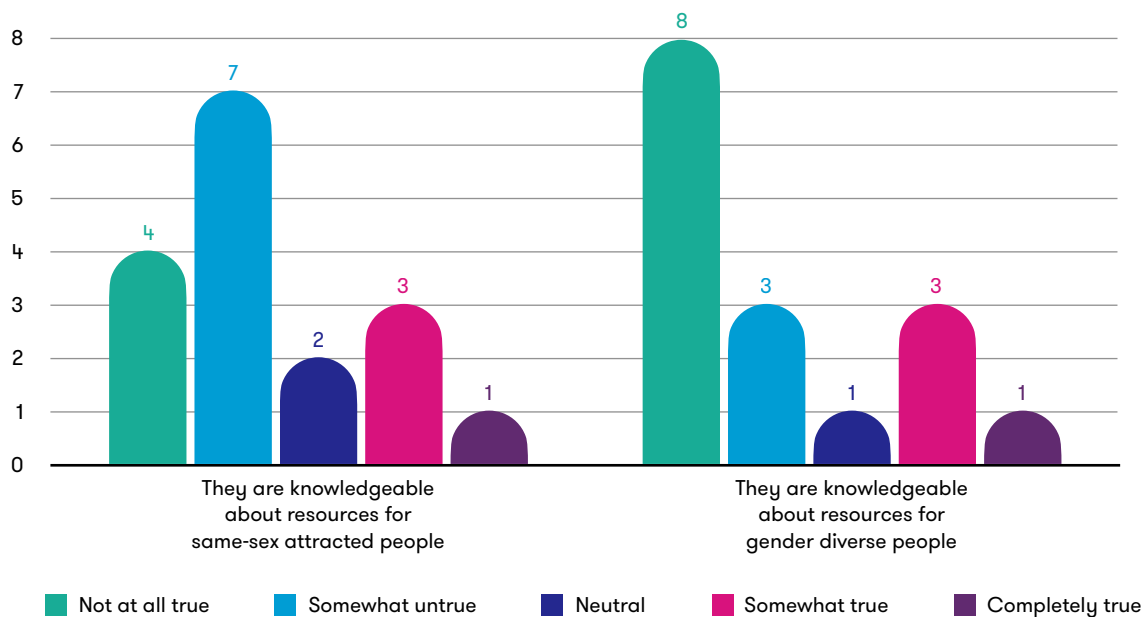


Figure 30:

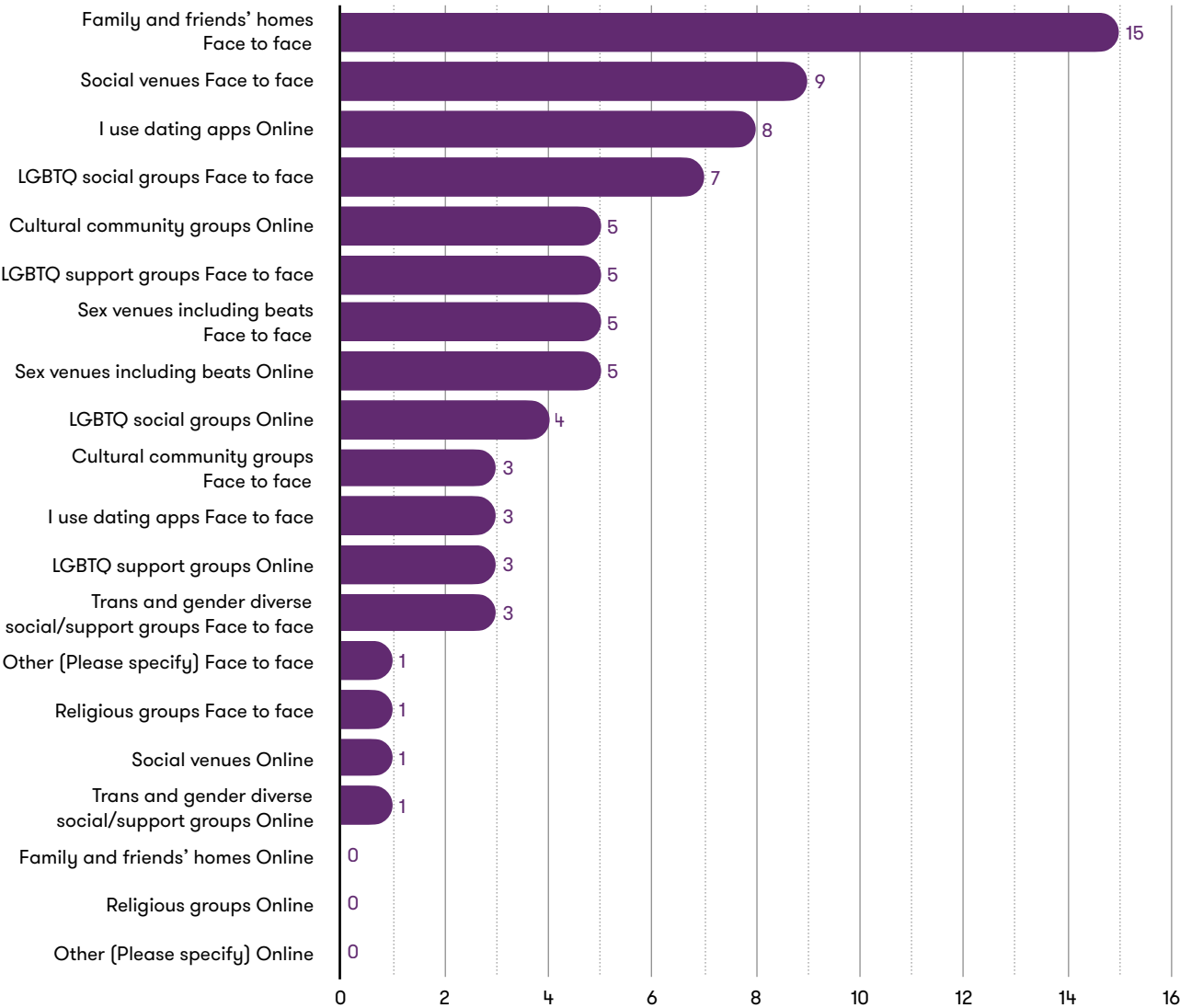
When accessing health, community and social services in the Western Sydney region, how true were the following statements? (N = 17)



In terms of social connections, at least 5 Aboriginal or Torres Strait Islander respondents go to the following places to connect with people: family and friends' homes (n=15), social venues (n=9), online dating apps (n=8), LGBTQ+ social groups (n=7), online cultural community groups (n=5), LGBTQ+ support groups (n=5), and sex venues including beats face-to-face & online (n=5).

In-Depth Survey Results

Figure 31:
Where do you go to connect with people? (N=17)

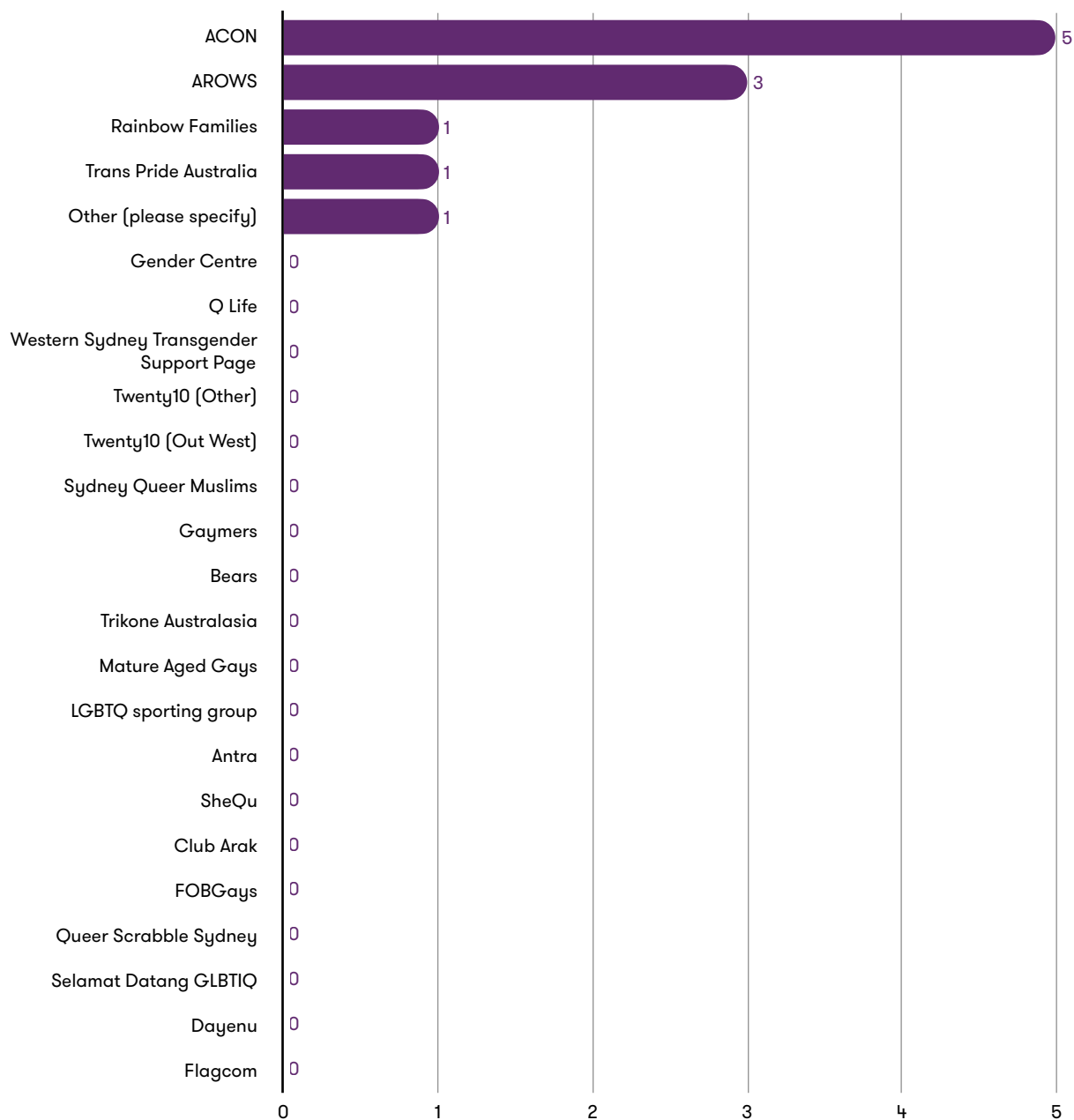


When asked how often they connect with any of the LGBTQ+ groups or services ‘often’, 5 accessed ACON, followed by 3 for AROWS, 1 for Trans Pride Australia, 1 for Rainbow Families (6%), and 1 for ‘other’ (i.e., Heaven Social Group).

In-Depth Survey Results

Figure 32:

Do you connect with any of these LGBTQ groups or services 'often'? (N=17)



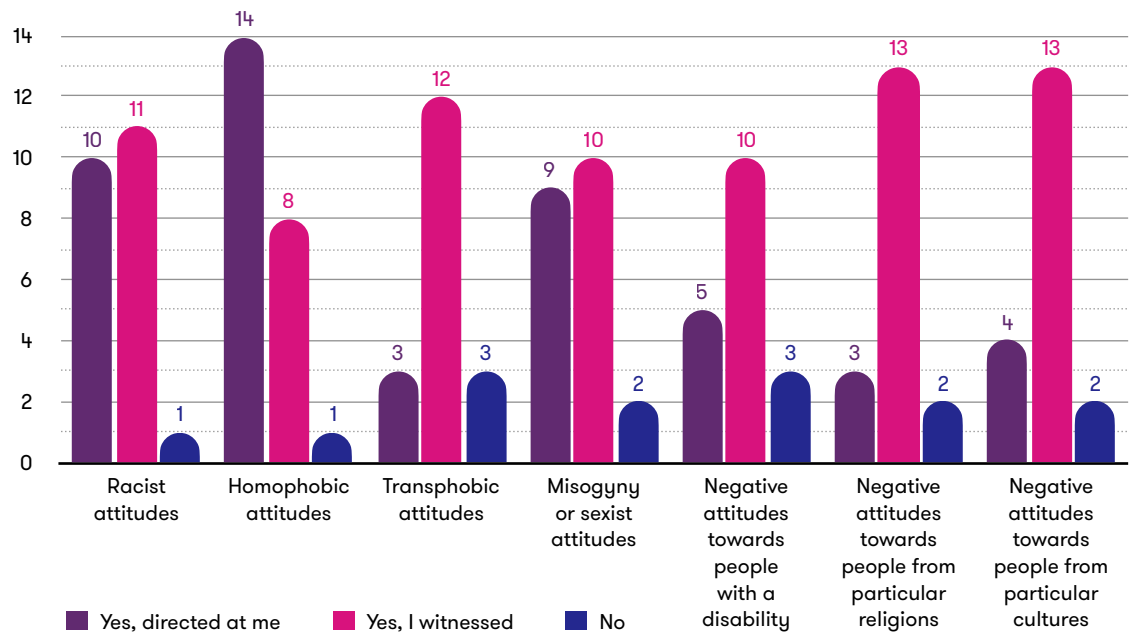
In terms of experiencing and witnessing prejudice, 14 Aboriginal or Torres Strait Islander respondents experienced homophobic attitudes, followed by 10 who experienced racist attitudes, followed by 9 who experienced misogyny or sexist attitudes. Unfortunately, at least half of the Aboriginal or Torres Strait Islander respondents reported witnessing negative attitudes across all categories.

In-Depth Survey Results



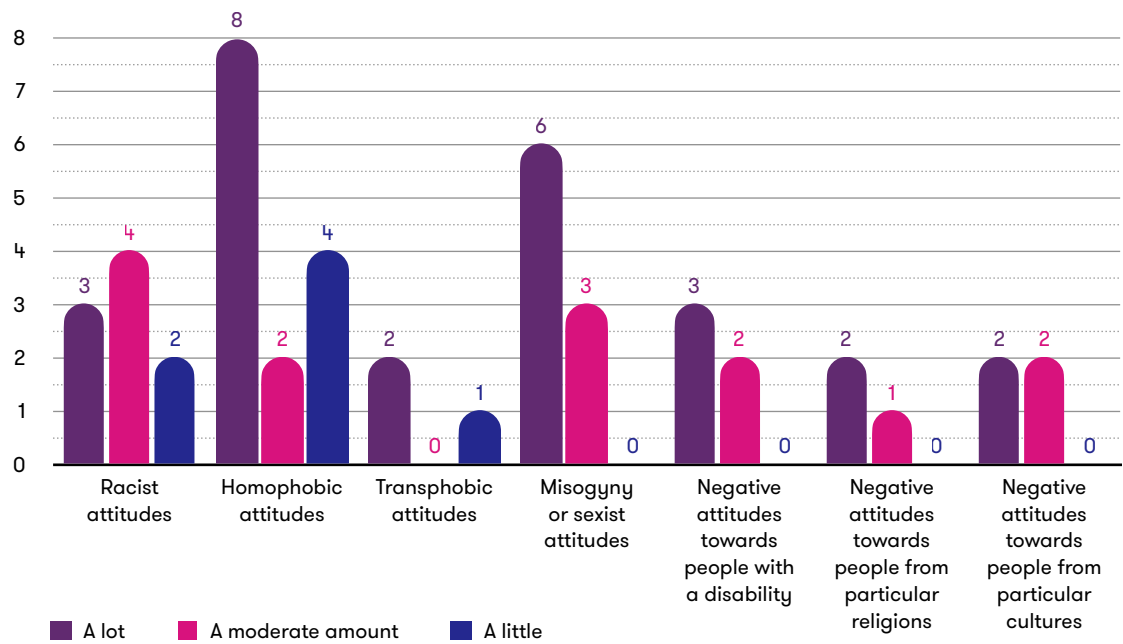
Negative Attitudes Experienced by Aboriginal and Torres Strait Islander Participants

Figure 33:
When living in Western Sydney, have you personally experienced any of the following attitudes? (n=17)



In addition, these experiences of prejudice, and even witnessing prejudice, also had a negative impact on the Aboriginal or Torres Strait Islander respondents, by causing personal worry or stress. For direct experiences of prejudice, 8 reported ‘a lot’ of worry or stress due to homophobic attitudes, followed by 6 due to misogyny or sexist attitudes.

Figure 34:
How much personal worry or stress do/did these attitudes directed at you cause you? (n=17)

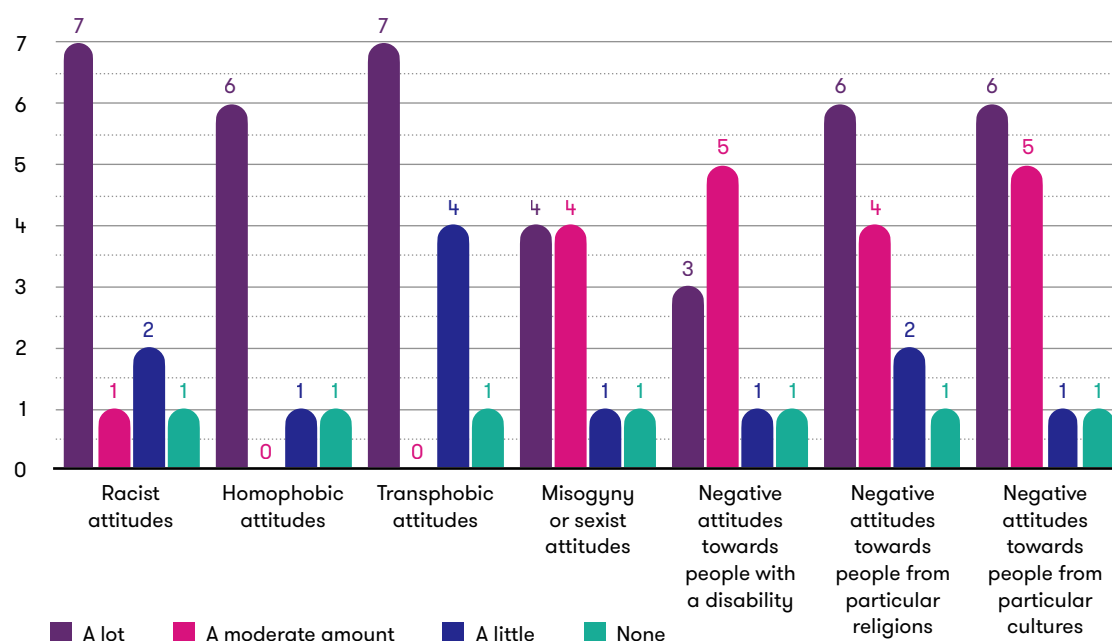


In-Depth Survey Results

However, witnessing prejudice seemed to have an even greater negative impact on the Aboriginal or Torres Strait Islander respondents, by causing personal worry or stress. Just witnessing prejudice caused ‘a lot’ of personal worry and stress across all types of prejudice, ranging from 3 respondents for witnessing negative attitudes towards people with a disability, to 7 respondents for witnessing racist or transphobic attitudes.

Figure 35:

How much personal worry or stress do/did these attitudes you witnessed cause you? (n=17).



●●●● Suggested Areas for Change from Aboriginal and Torres Strait Islander Participants

Suggestions on how health and other services could be more inclusive of LGBTQ+ Aboriginal communities

It was considered by participants that current services in the region need to provide culturally inclusive programs and resources that are readily available, that target the needs of Aboriginal LGBTQ+ Peoples. This also included providing culturally aware LGBTQ+ counsellors. Some stated that there needs to be a service specifically for Aboriginal LGBTQ+ Peoples. A cisgender lesbian participant in her mid to late 40's raised the issue of 'gay marriage' and how it was generally dismissed by some services, commenting that services needed to acknowledge 'gay marriage is legal'; she wanted service providers to treat her 'like any other married person'. This woman also pointed out that her married partner was always mistaken to be her mother. This is not uncommon, women's female partners have often historically been mistaken by others to be close relatives such as, a sister, mother or daughter, rather than the perceived intimacy being equated with a sexual relationship. This perspective is equated with the discourses of compulsory heterosexuality and of mature-aged women being constituted as no longer active sexual beings.

Other inclusive practices identified by participants included: providing visual cues of inclusivity of Aboriginal LGBTQ+ Peoples, such as posters and LGBTQ+ safe place stickers; cultural awareness training for services providers in both Aboriginal and LGBTQ+ cultures; the need for health professionals to 'listen' to patients who know their specific healthcare needs; and there needs to be inclusive services outside the hubs of Penrith and other current hubs, with more services being located in areas such as, the Hawkesbury region.

In-Depth Survey Results

●●●● Safety and inclusion

Similar to other respondents in the online survey, safety and inclusion issues were by far the greatest concerns raised by Aboriginal LGBTQ+ participants. Some Aboriginal LGBTQ+ participants indicated that they had moved away from Western Sydney largely due to not feeling included or safe in the region and wanting to be closer to queer and trans communities. Participants generally commented on experiencing homophobia, transphobia, racism and misogyny whilst living in the region. There was also a strong concern about a lack of access to LGBTQ+ aware and inclusive services, as well as a lack of opportunities more generally for sexuality and gender diverse people.

A cisgender lesbian who had moved away from the region commented: “If it is not a queer event, Western Sydney is very homophobic”. Another cisgender lesbian, who had also left the region, pointed out that she moved away due to being excluded from activities; being told she was going to hell; people making threats of violence; and her family disowning her. This person continued commenting on safety, feeling “like people are going to bash you, men being suggestive and trying to tell you, you’re not gay”.

Main Issues Facing LGBTQ+ Community Members in Western Sydney From Aboriginal LGBTQ+ Community participants

The main issues facing LGBTQ+ diverse communities in Western Sydney raised by Aboriginal LGBTQ+ community members participating in this research were once again similar to those identified by LGBTQ+ community members more broadly. Discrimination, homophobia, transphobia and access to good quality and inclusive healthcare services, with General Practitioners trained in LGBTQ+ healthcare needs were considered critical issues that needed to be addressed in the region. Greater visibility of LGBTQ+ services, events and communities in the region was viewed as an important way of building more supported, inclusive, safe and liveable environments for LGBTQ+ diverse community members. It was suggested that ACON could have a greater presence, employing a full-time worker from and embedded in the Western Sydney community. In terms of addressing specific safety concerns, it was suggested that there was a need for more Police Gay and Lesbian Liaison Officers and more transport options to and from queer events.

Inclusive schools and community education around LGBTQ+ diverse communities was highlighted as an important way to support addressing homophobia, transphobia, racism, misogyny and fostering broader community acceptance. A gay cismale participant stated: “the battle is with a lot of religious communities that are set in conservative ways”.

In-Depth Survey Results

LGBTQ+ Community Members with a Reported Disability

Figure 36:
Percentage of Reported Disability by CALD status

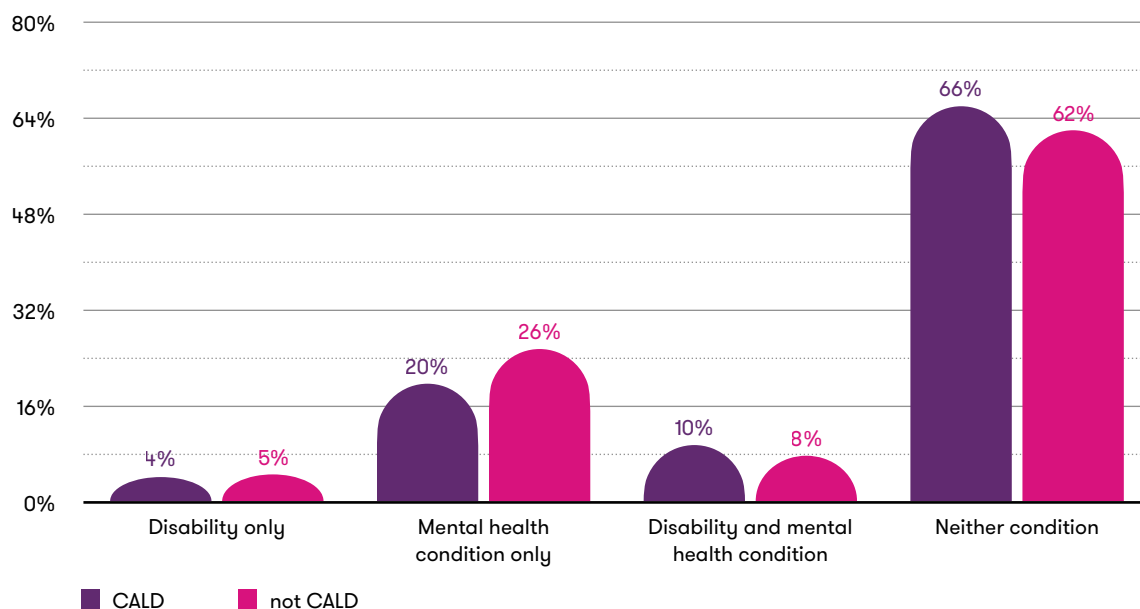
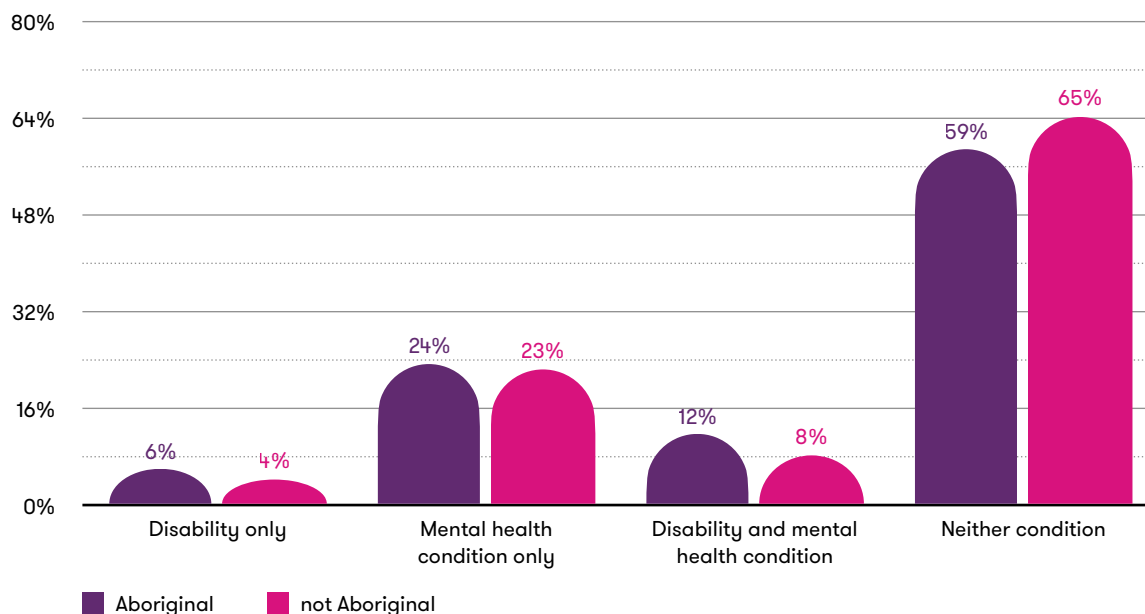


Figure 37:
Percentage of reported disability by Aboriginal or Torres Strait Islander status

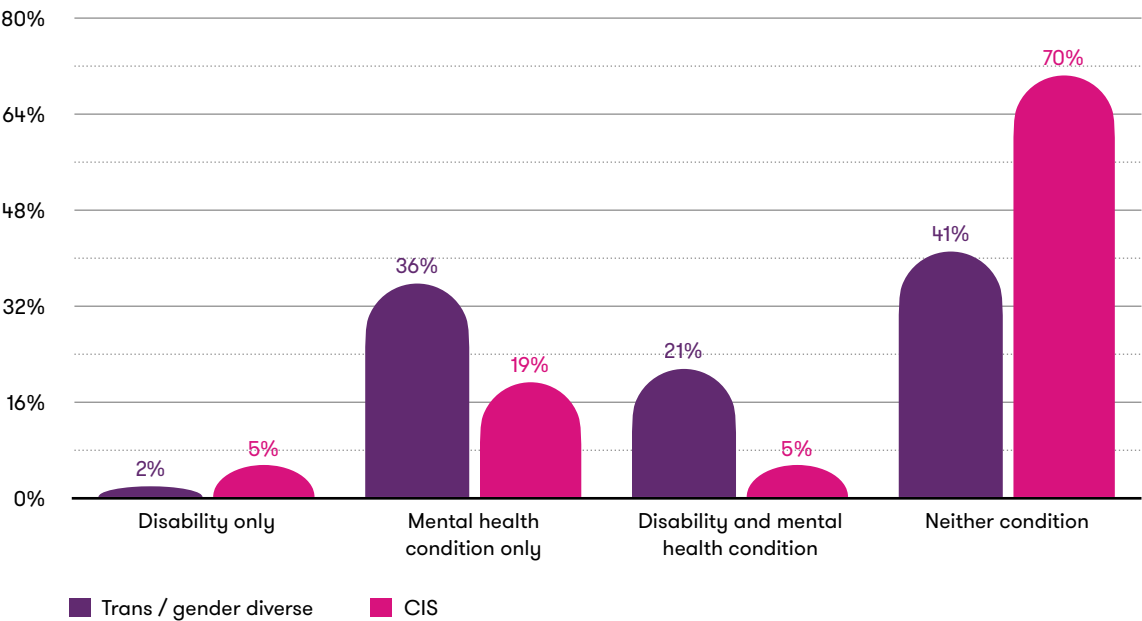


There was a statistically significant relationship between reported disability and reported gender identity (χ^2 (3, N = 255) = 24.3, $p < .001$), with trans and gender diverse participants more likely to report having a mental health condition or both a mental health condition and a disability when compared to the cisgender cohort. This relationship can be seen in Figure 38 below.

In-Depth Survey Results

LGBTQ+ Community Members with a Reported Disability

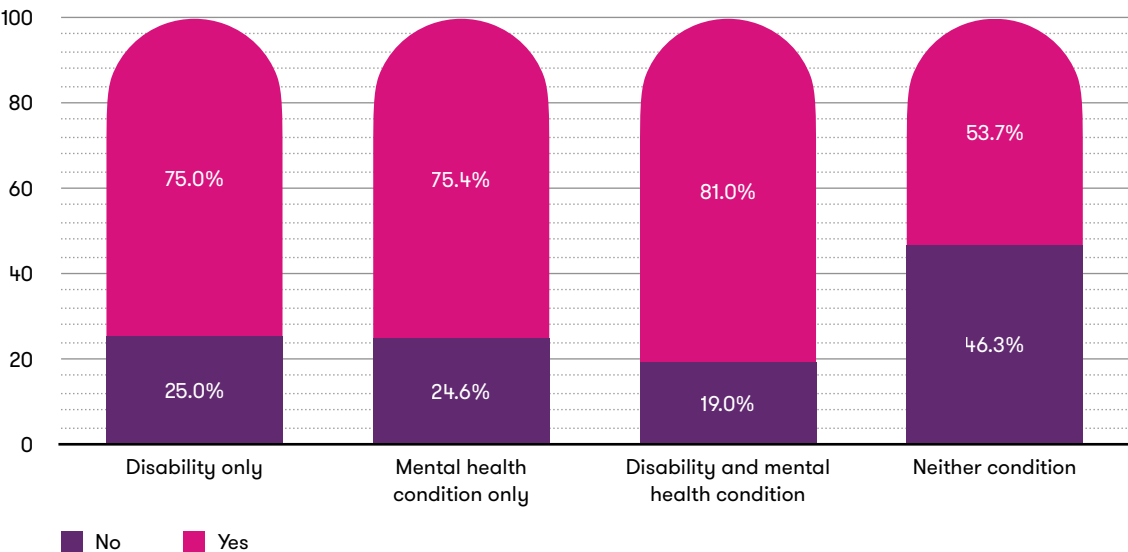
Figure 38:
Percentages of reported disability by participant gender identity



Access and Experiences with Services for Participants Reporting a Disability

In terms of access to services, as can be seen in Figure 39, the majority of participants reporting some form of disability and/or mental health condition also reported experiencing worry or stress due to their lack of access to such services in Western Sydney.

Figure 39:
Percentage of personal worry/stress related to lack of access to counselling or mental health services within groups, by reported disability

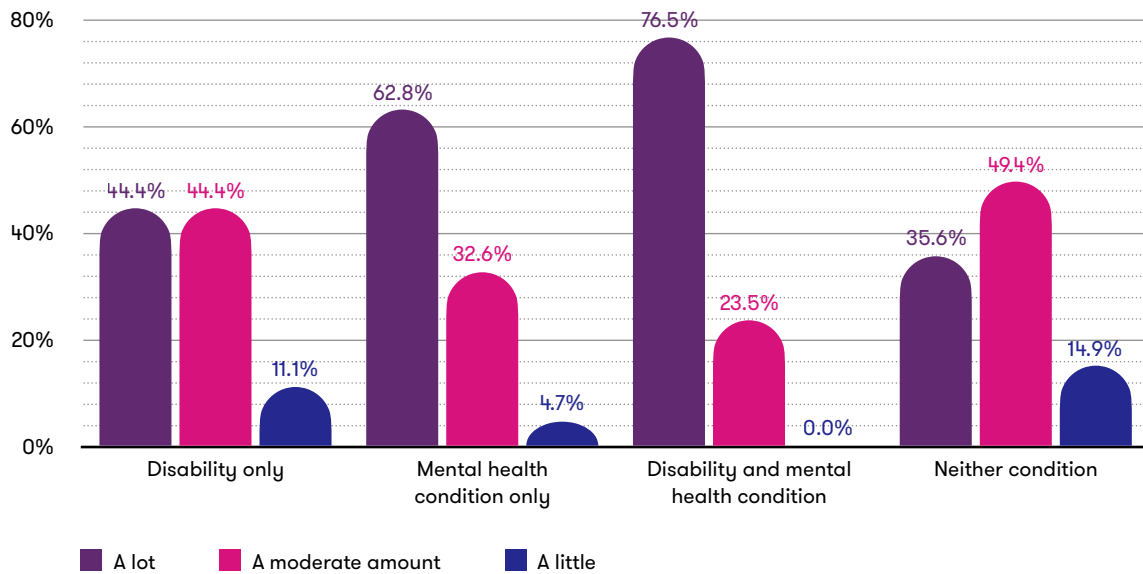


In-Depth Survey Results

As may be expected, there was a statistically significant difference on the amount of stress experienced by participants due to lack of access to a counselling or mental health service between groups based on reported disability as determined by a one-way ANOVA ($F(3,151) = 5.52, p < 0.001$). Participants reporting a mental health condition, either with or without an accompanying disability, had statistically significantly higher reported stress related to their lack of access to a counselling or mental health services in their area. Figure 40 shows the percentage of individuals reporting various levels of worry or stress within each of four disability categories.

Figure 40:

Percentage of amount of personal worry/stress due to lack of access to counselling or mental health services

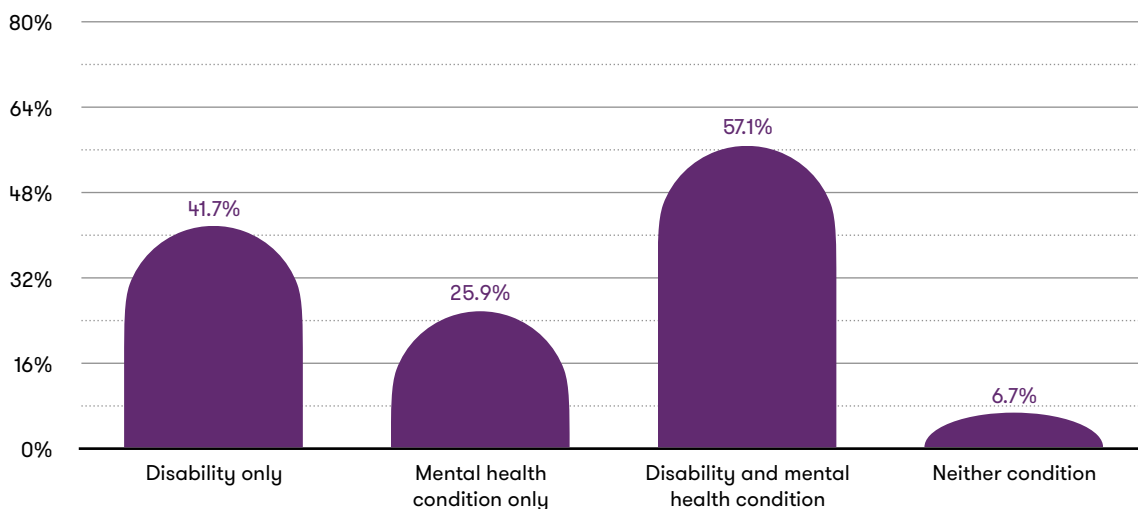


Negative Attitudes Experienced by Participants Reporting a Disability

Participants were asked about negative attitudes they had either experienced or witnessed while living in Western Sydney, including negative attitudes directed towards people with a disability. Of those participants reporting both a disability and a mental health condition, 57% reported personally experiencing such attitudes from others in Western Sydney.

Figure 41:

Percentage of individuals with a reported disability who've personally experienced negative attitudes towards people with a disability

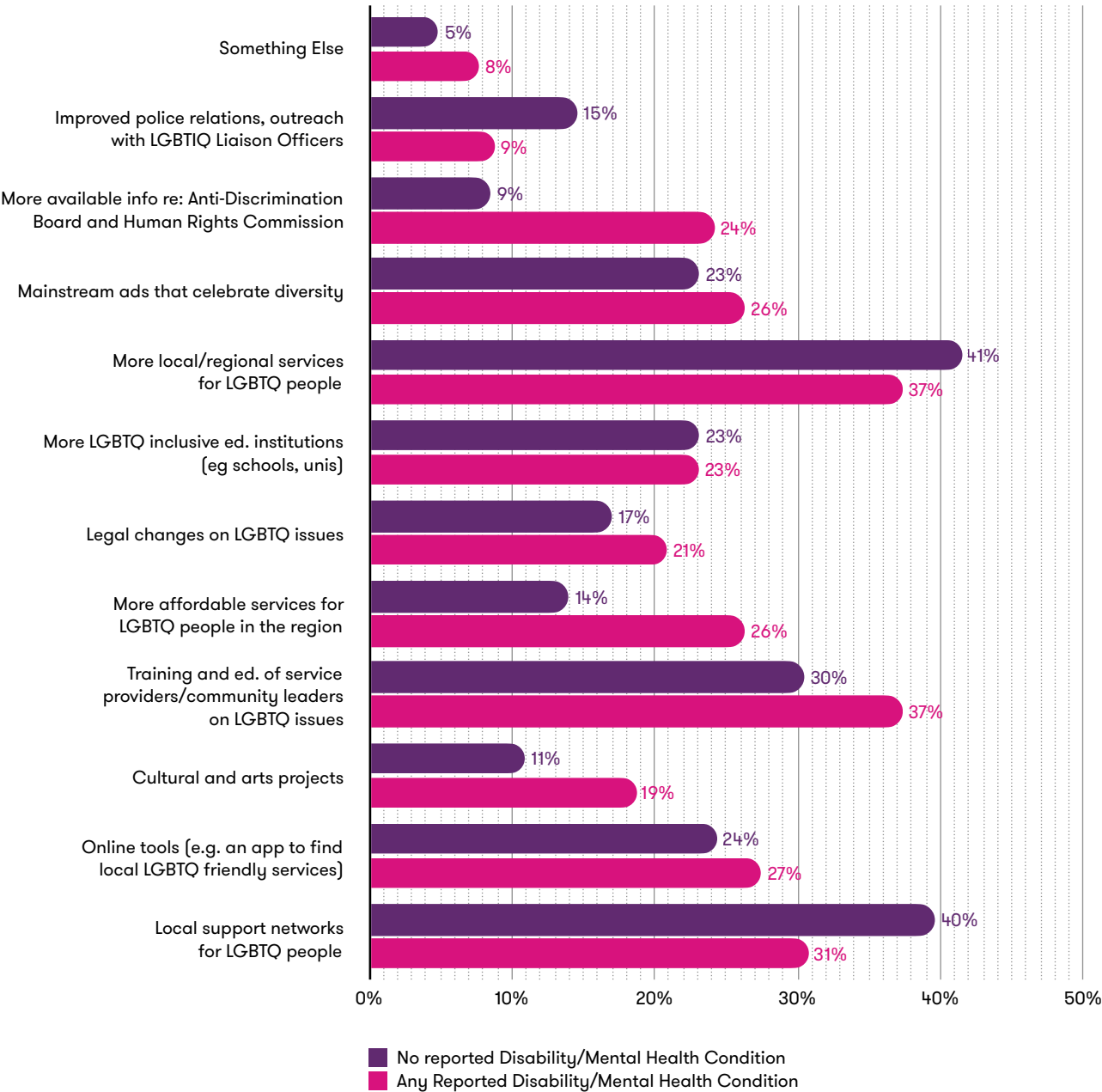


In-Depth Survey Results

Suggested Areas for Change from Participants Reporting a Disability

Regarding suggested areas of change, the graph below shows the percentage prevalence of participants' suggested areas for change, organised by reported disability. Disability categories were collapsed into a dichotomous (yes/no) for ease of interpretation. Perhaps most notably, 24% of individuals with a reported disability and/or mental health condition suggested greater availability of information regarding the Anti-Discrimination Board and Human Rights Commission, as compared with only 9% of individuals not reporting a disability. Participants with a disability were also more likely to suggest affordable services as well as training and education for community leaders around LGBTQ+ issues.

Figure 42:
Suggested Areas for Change, Percentage by total Disability Classification



CHAPTER

5

Mental Health and Psychological distress

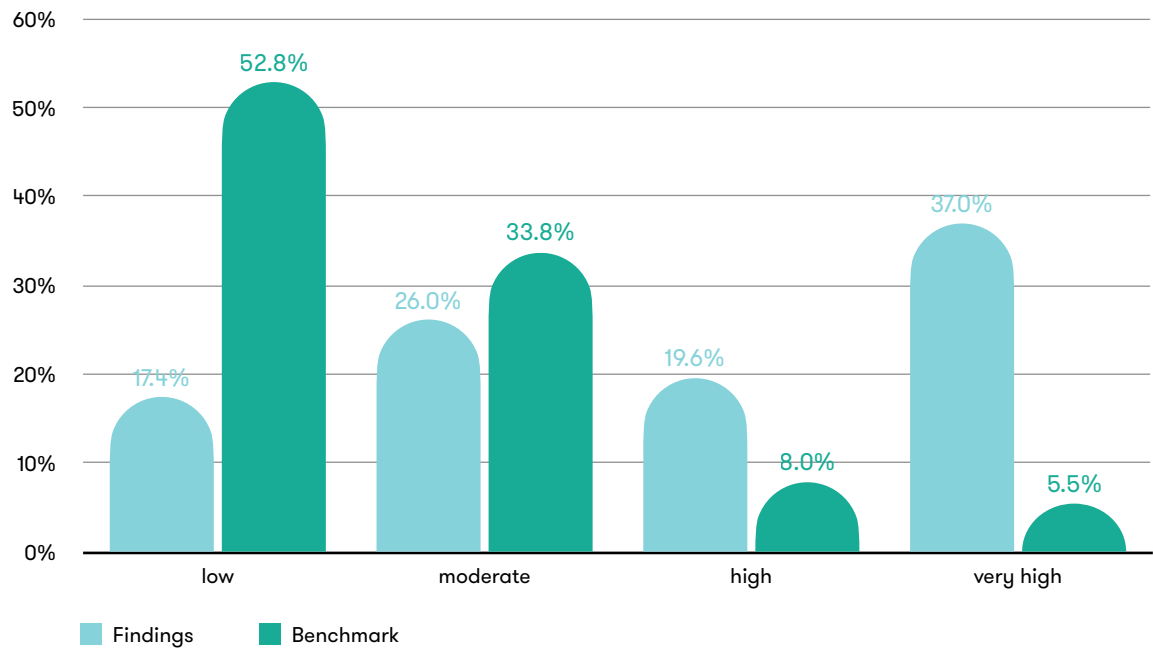
K5 scores

A key finding of this research was respondents reported significantly higher levels of psychological distress than the Australian population generally. Five K5 questions from the Australian Government Department of Health Primary Mental Health Care Minimum Data Set (Department of Health, 2018) were included in the survey questions. The results were benchmarked against the responses reported for non-Indigenous persons in Australia by Cunningham and Paradies (2012).

Mental Health and Psychological distress - K5 scores

Very high' psychological distress was defined as a K5 score of greater than 15 (> 15) (with scores ranging from 5-25). Over half (56.6%) of survey respondents reported 'high' or 'very high' levels of psychological distress (37.0% 'very high' and 19.6% 'high'). This is in comparison to 13.5% (5.5% 'very high' and 8.0% 'high') of non-Indigenous persons reporting 'high' or 'very high' levels of psychological distress in the general population.

Figure 43:
Kessler – 5 (K5) level of psychological distress



'Very High' Psychological Distress – K5 scores

Of the 278 respondents, 98 (37%) scored 'very high' on the K5 Psychological Distress scale. Of these, the participants who were considered to be 'very high' on psychological distress tended to be non-Aboriginal (94%), with 6% being Aboriginal. While 46% were culturally and linguistically diverse (CALD), the majority (83%) were born in Australia, and most (92%) said they speak English at home either 'often' (12%) or 'always' (80%). Of the 19 respondents who reported speaking a non-English language in addition to English in their household, 16% spoke Mandarin, 16% spoke Arabic, with the remaining 68% speaking other languages (i.e., Vietnamese, Cantonese, Fijian-Hindi, Greek, Tagalog, Urdu, Tamil, Bengali, other language). In terms of religion, three-fifths (62%) did not practice any religion and one-fifth (20%) identified as Christian. In addition, those who were 'very high' on

psychological distress tended to be younger in age, with 75% being under the age of 40, and over half (53%) have a university degree.

In terms of gender identity, almost one-third (29%) were trans and gender diverse, and just over two-thirds (68%) were cisgender. In terms of sexuality (note that these categories were not mutually exclusive), 32% identified as gay, 25% queer, 21% lesbian, 20% bisexual, 15% same-sex attracted, 14% pansexual, 9% homosexual, and 4% heterosexual. Eleven percent indicated a 'different identity' (e.g., 'asexual', 'demisexual', 'human'). In terms of disability and/or a mental health condition, a little less than half (45%) had neither condition, 38% had a mental health condition only, 5% had a disability only, and 12% had both a disability and mental health condition.

Mental Health and Psychological distress - K5 scores

Figure 44: How often English is spoken at home

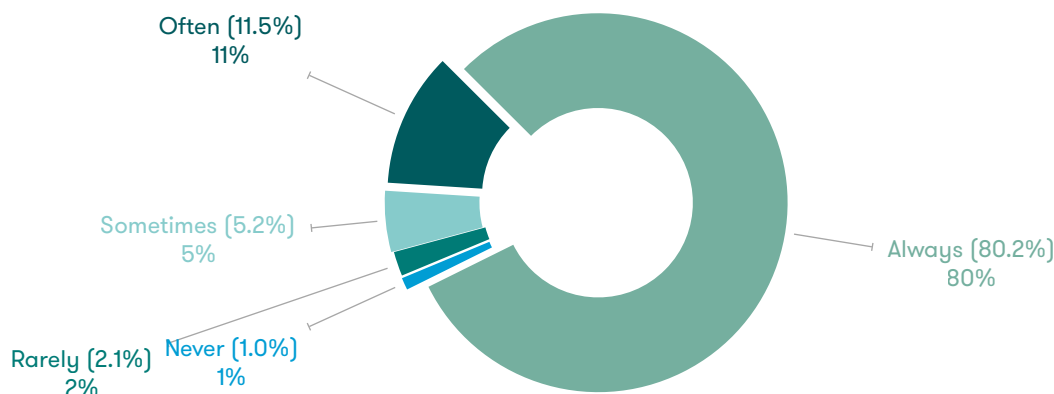


Figure 45: Country of Birth

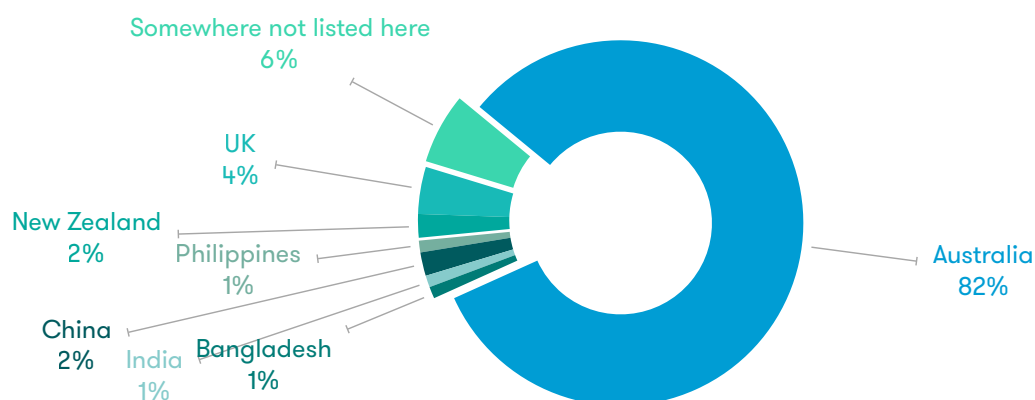
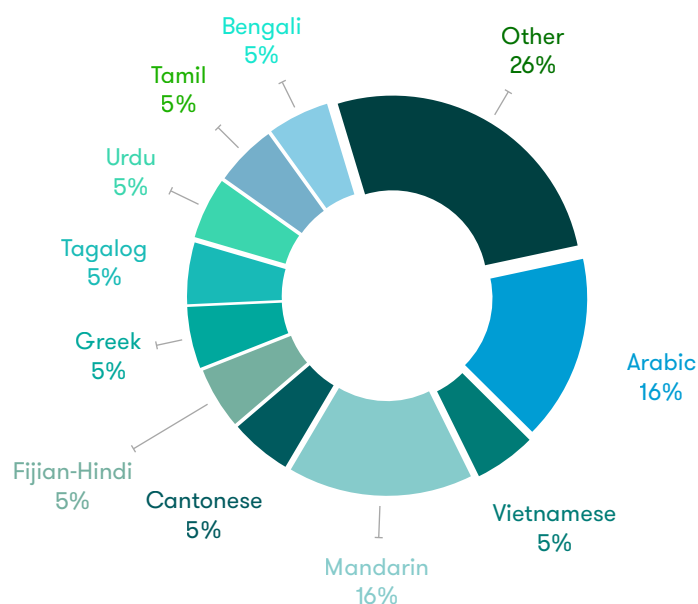


Figure 46: Language spoken at home (in addition to English)



Mental Health and Psychological distress - K5 scores

Figure 47: Religion

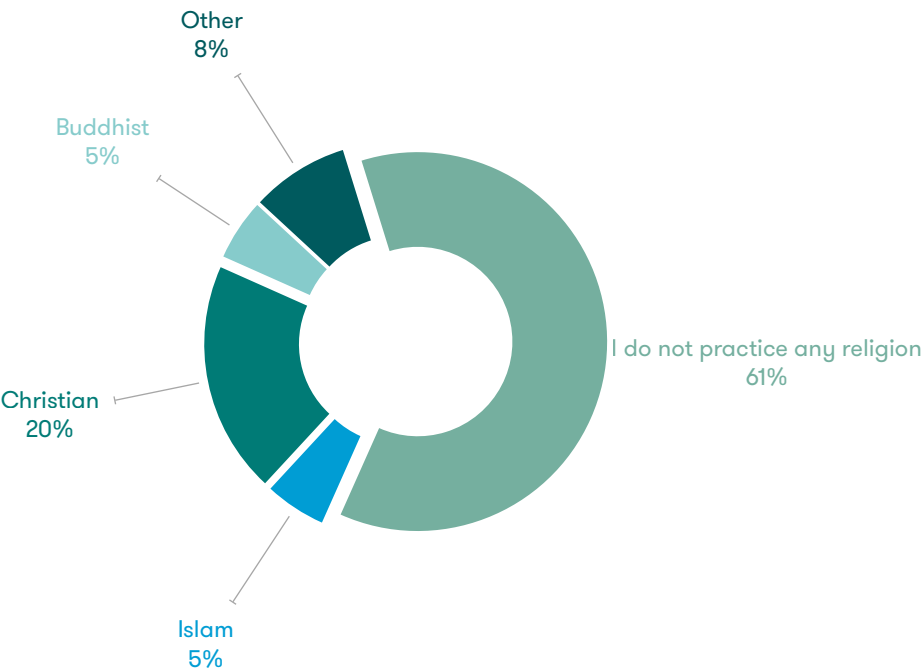
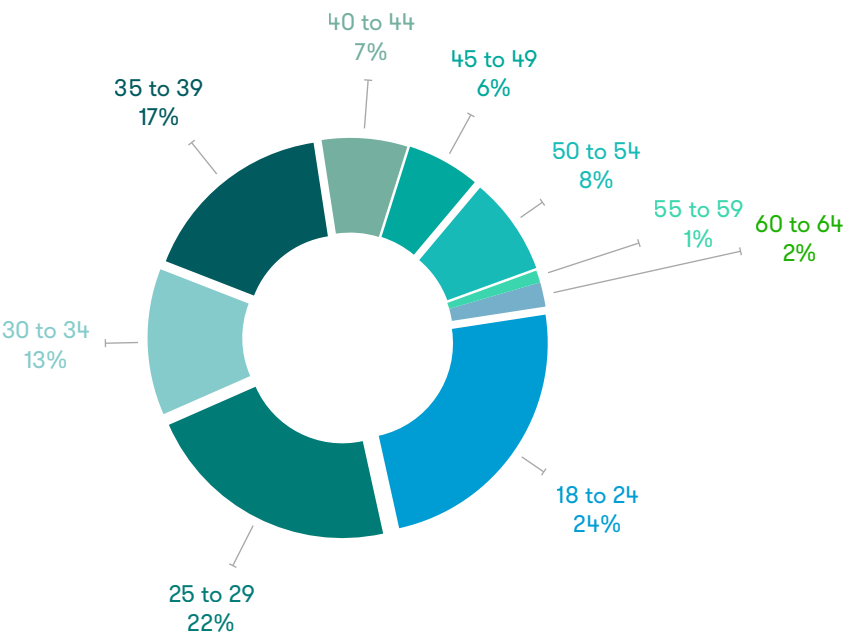


Figure 48: Age Range



Mental Health and Psychological distress - K5 scores

Figure 49: Education

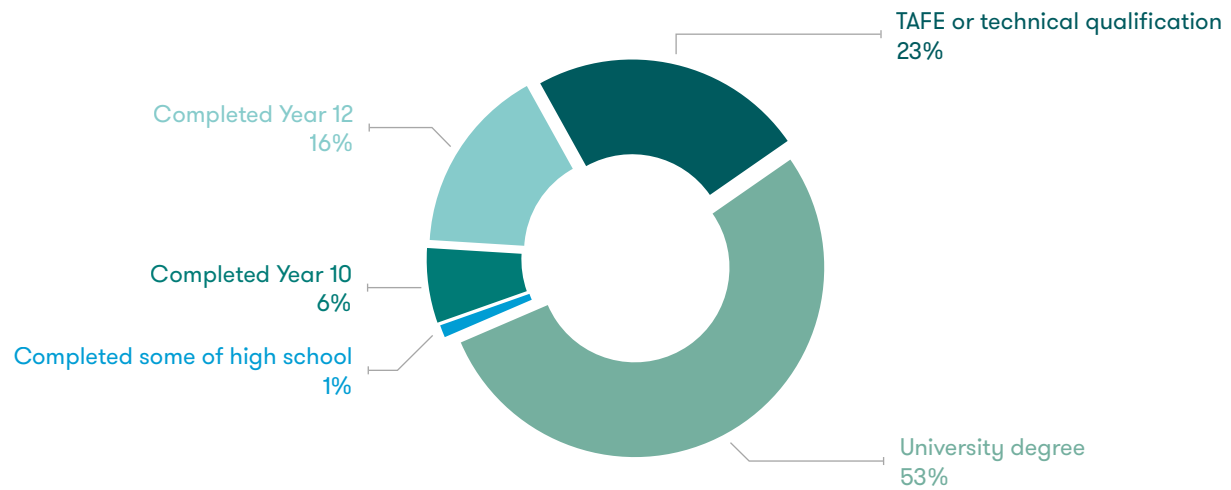
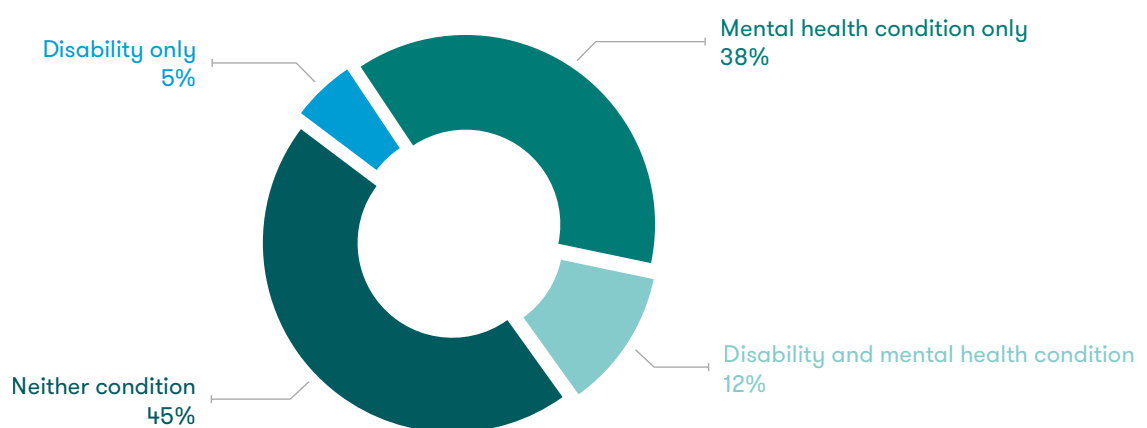


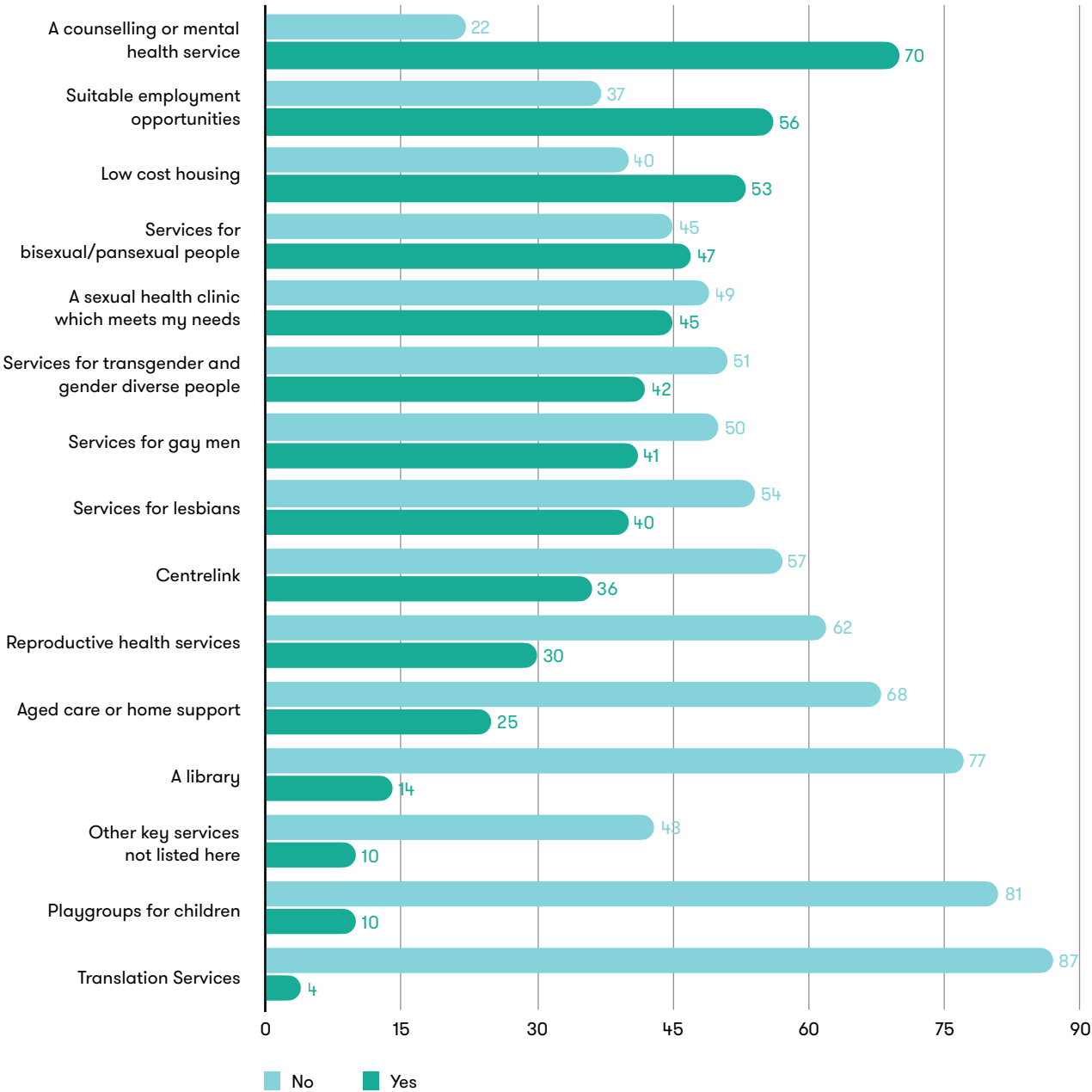
Figure 50: Disability or mental health condition



Mental Health and Psychological distress - K5 scores

Of the respondents who were ‘very high’ on psychological distress, at least half cited that the lack of access to the following services had caused them worry or stress: a counselling or mental health service (70%), suitable employment opportunities (56%), and low cost housing (53%).

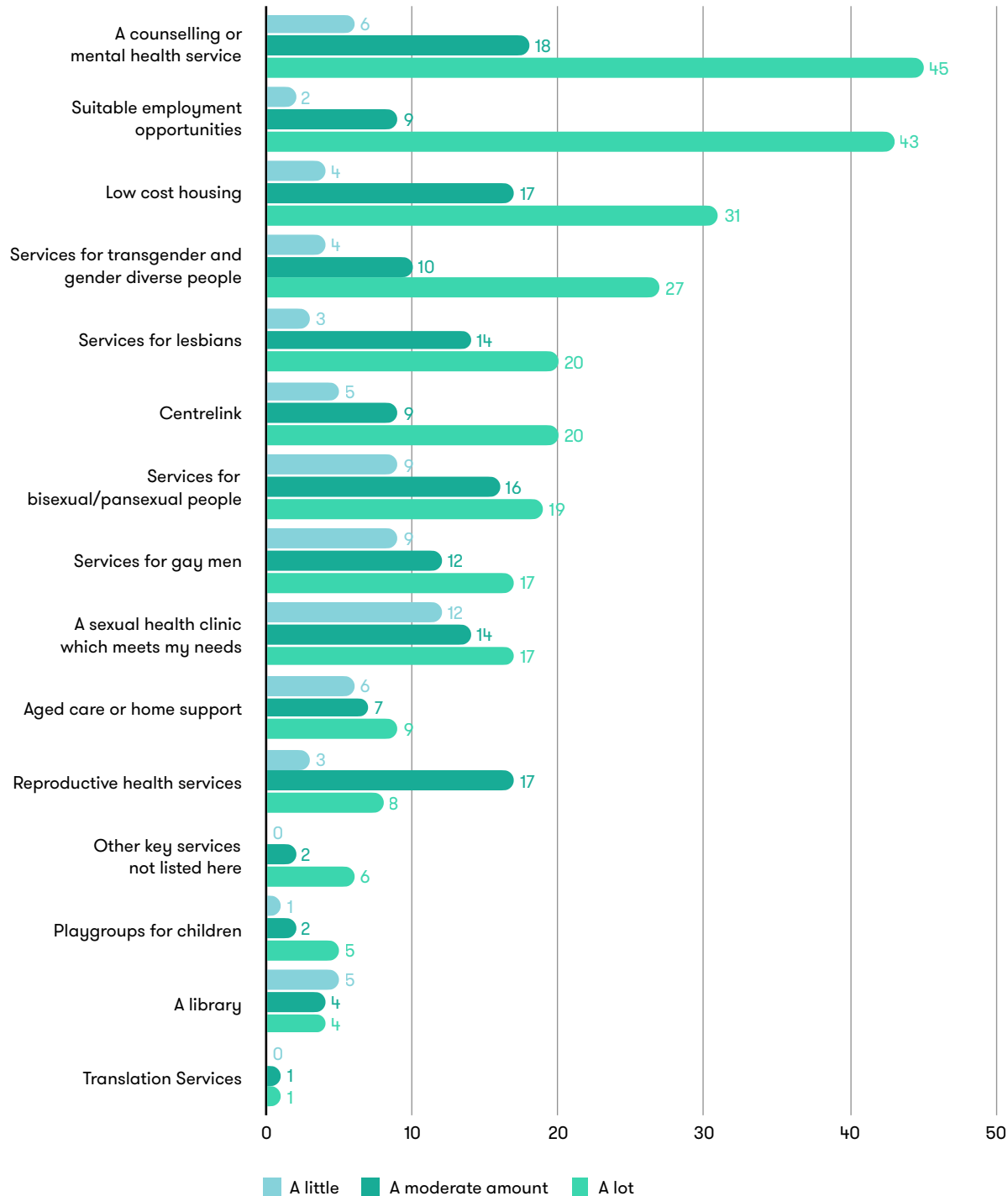
Figure 51:
Has the lack of access to the following services in Western Sydney ever caused you personal worry or stress? Percentage [%].



These findings also mirror the pattern of results when respondents were asked how much worry or stress lack of access to these services caused them, with at least one-third citing the following services caused them ‘a lot’ of personal worry or stress: a counselling or mental health service (45%) and suitable employment opportunities (43%).

Mental Health and Psychological distress - K5 scores

Figure 52:
How much worry or stress did lack of access to these services cause you? Percentage (%).

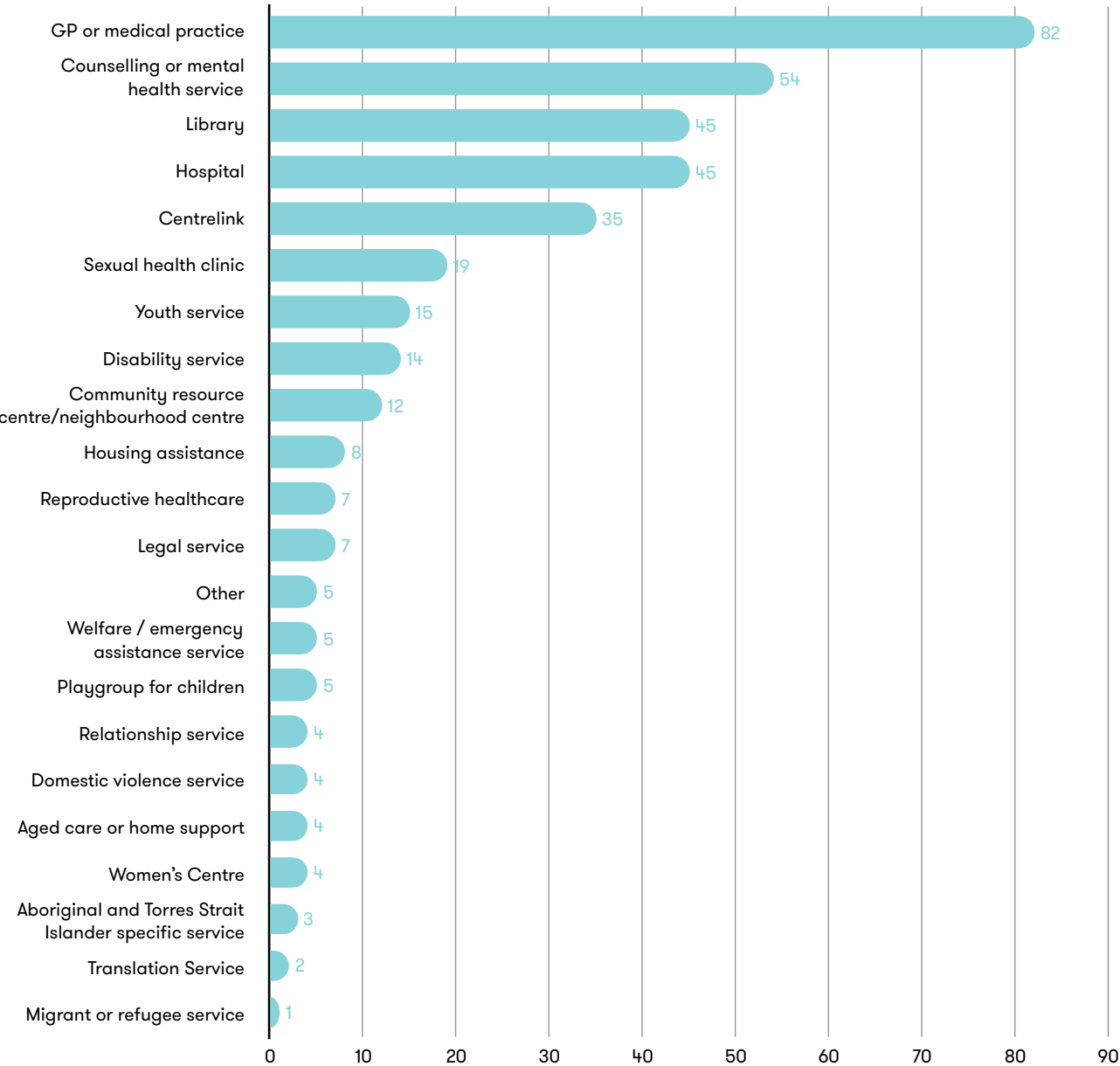


In terms of usage of services, at least one-third of respondents in the ‘high risk’ psychological distress group reported using the following services at least once in the last 12 months: GP or medical practice (82%), counselling or mental health service (54%), library (45%), hospital (45%), and Centrelink (35%).



Mental Health and Psychological distress - K5 scores

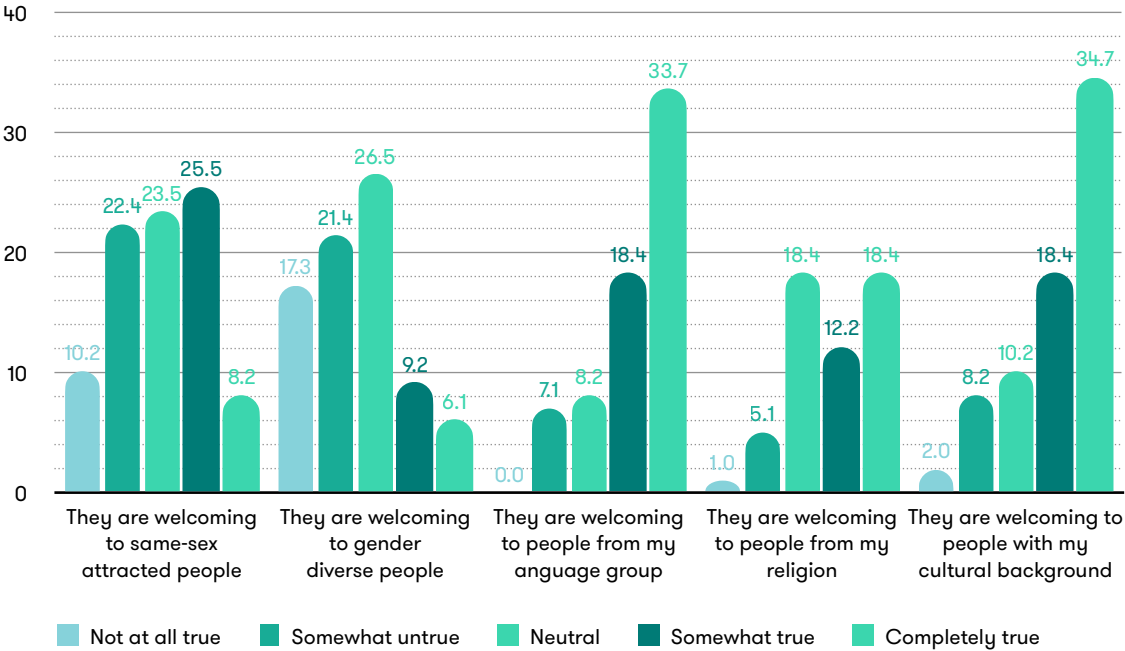
Figure 53:
Which health, community or social services have you used in the last 12-months, either face-to-face or online?



When accessing health, community and social services in the Western Sydney region, the participants reported that they were most welcoming to people of their cultural and language background, but were less welcoming of same-sex attracted people and trans and gender diverse people.

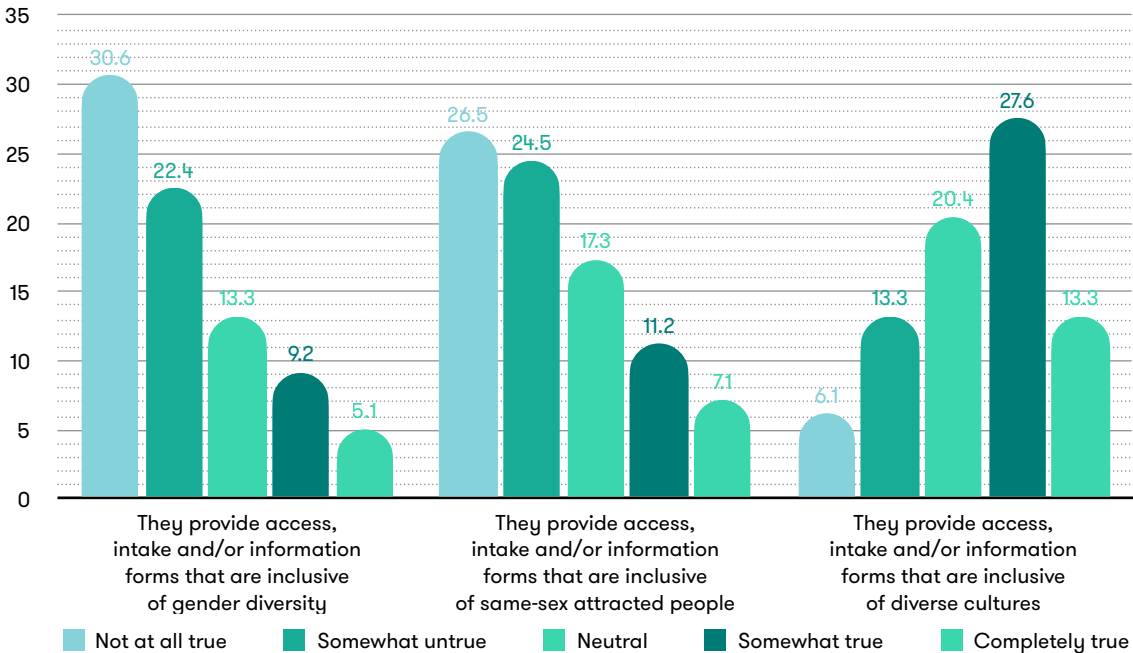
Mental Health and Psychological distress - K5 scores

Figure 54:
When accessing health, community and social services in the Western Sydney region, how true were the following statements? Percentage (%).



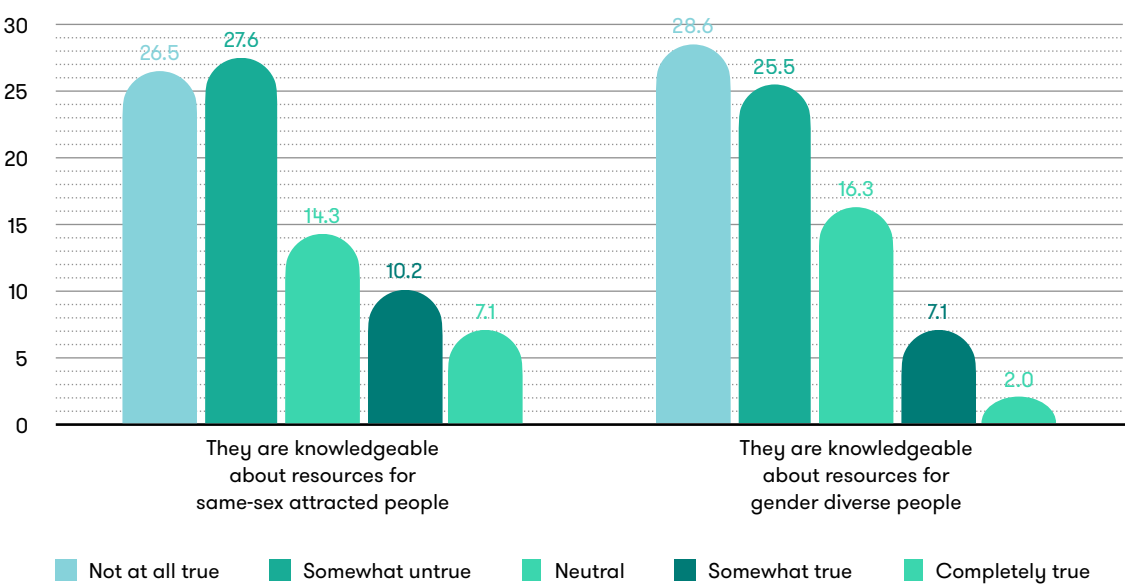
In terms of being inclusive, the participants reported similar observations in that they tended to agree that these services provide access, intake and/or information forms that inclusive of diverse cultures, but they tended to disagree that these services were inclusive of gender diversity or same-sex attracted people. When asked how knowledgeable these services were about resources for same-sex attracted people or gender diverse people, the majority felt that it was ‘not at all true’ or ‘somewhat untrue’ that these services were knowledgeable about resources for same-sex attracted people (54%) or gender diverse people (54%).

Figure 55:
When accessing health, community and social services in the Western Sydney region, how true were the following statements? Percentage (%).



Mental Health and Psychological distress - K5 scores

Figure 56:
When accessing health, community and social services in the Western Sydney region, how true were the following statements? Percentage (%).

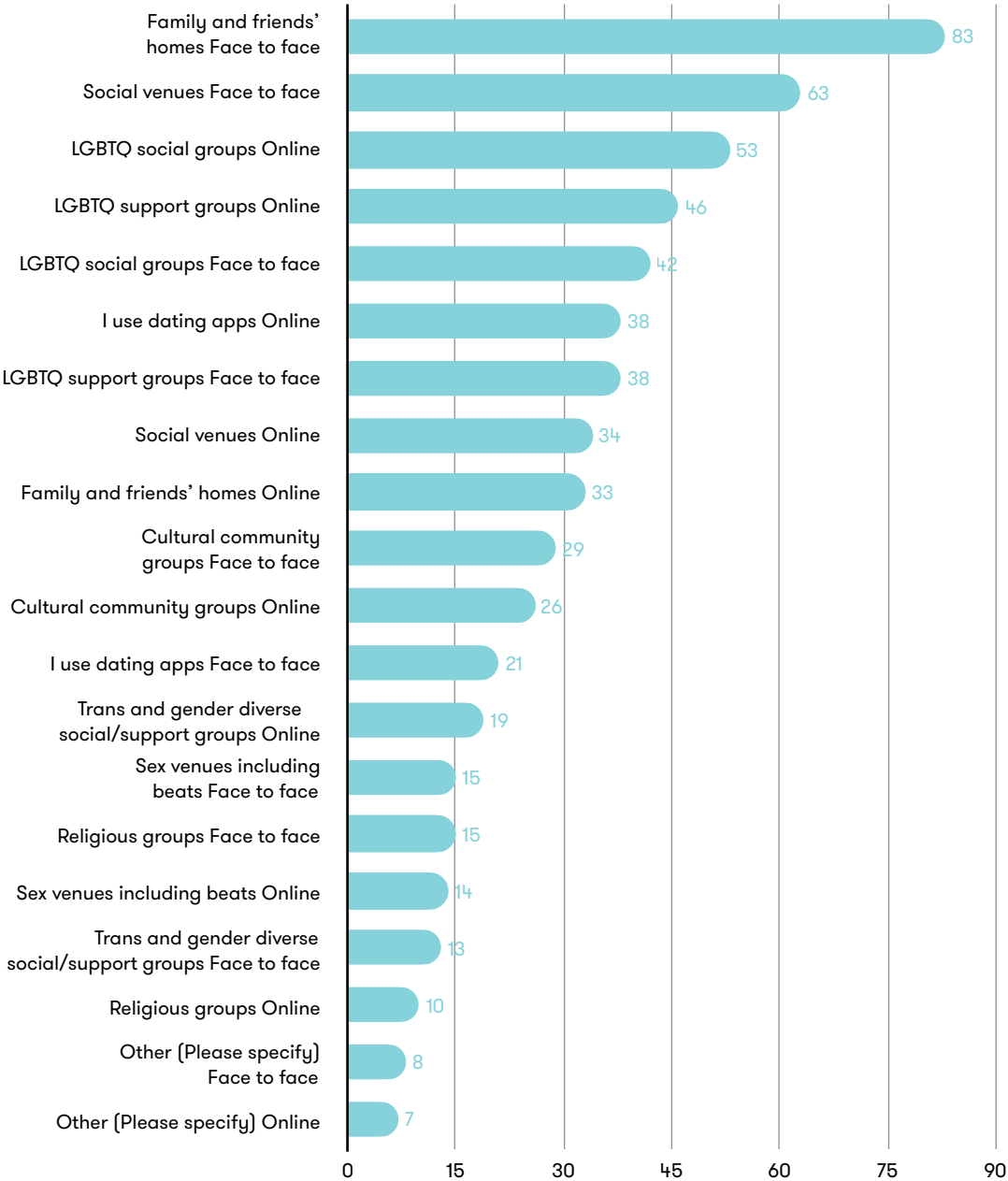


In terms of social connections, at least one-third of the respondents in this group go to the following places to connect with people: family and friends’ homes (83%), social venues (63%), online LGBTQ+ social groups (53%), online LGBTQ+ support groups (46%), LGBTQ+ social groups (42%), online dating apps (38%), LGBTQ+ support groups (38%), online social venues (34%), and family and friends’ homes online (33%).



Mental Health and Psychological distress - K5 scores

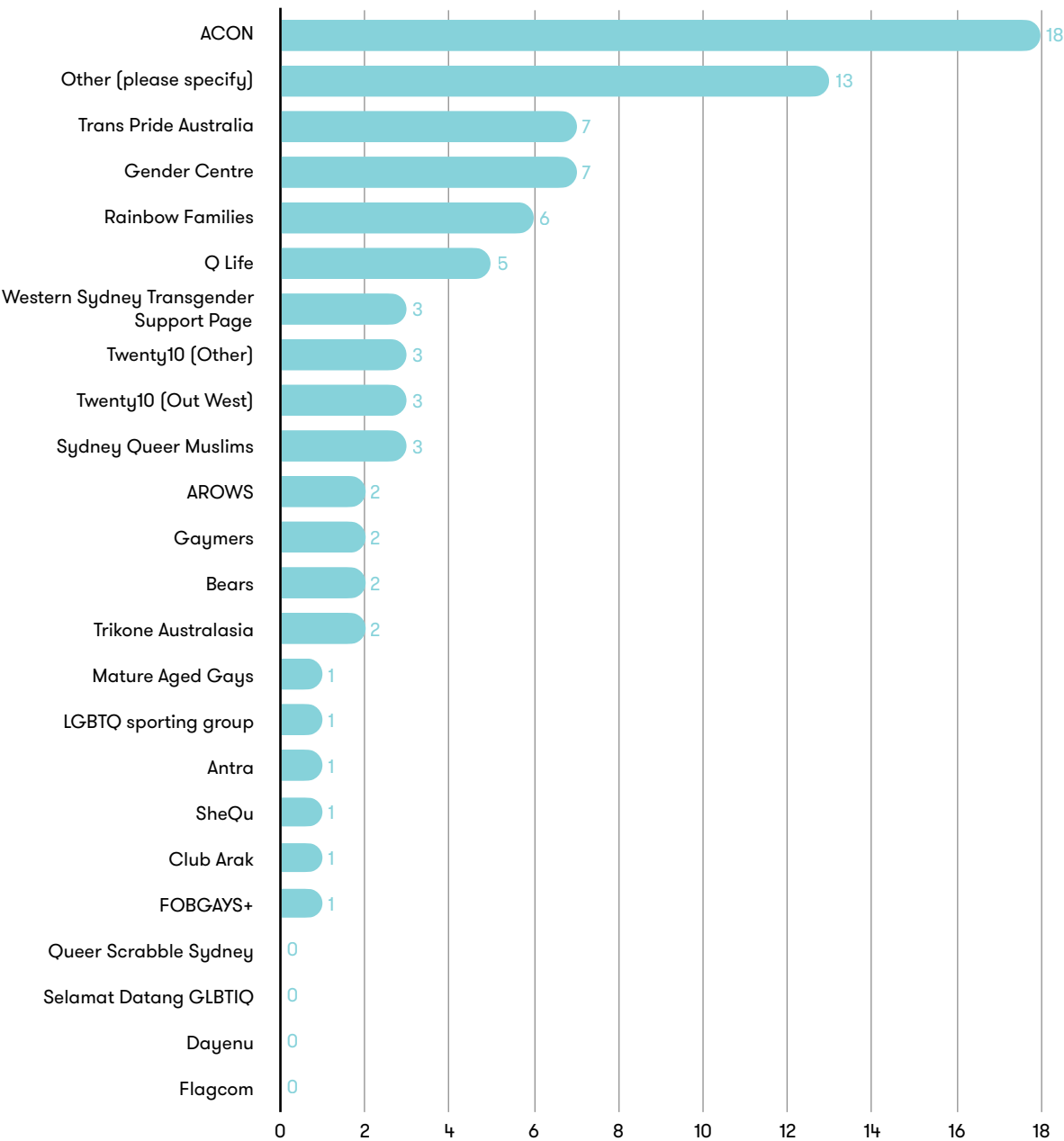
Figure 57:
Where do you go to connect with people? Percentage (%)



Mental Health and Psychological distress - K5 scores

When asked how often they connect with any of the LGBTQ+ groups or services ‘often’, 18% accessed ACON, followed by 13% for ‘other’ (e.g., Sydney Bi+ Network, Queer screen, AllOut Blacktown, Equal Voices), Trans Pride Australia (7%), Gender Centre (7%), Rainbow Families (6%), and Q Life (5%). The remaining groups/services had less than 5% reporting that they used those services ‘often’.

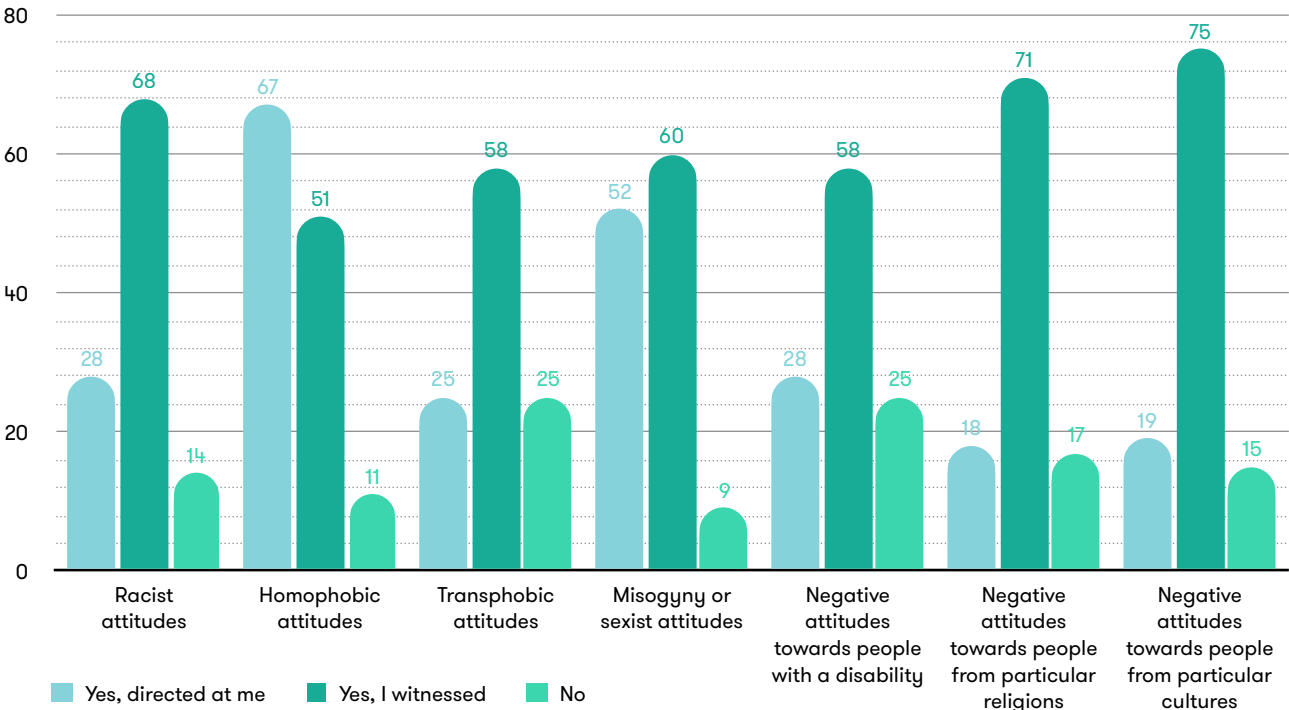
Figure 58:
Do you connect with any of these LGBTQ groups or services ‘often’? Percentage (%).



In terms of experiencing and witnessing prejudice, 67% experienced homophobic attitudes, followed by 52% who experienced misogyny or sexist attitudes the most frequently, followed by 28% who have experienced racist attitudes and also 28% who experienced negative attitudes towards people with a disability. Unfortunately, a high number of respondents reported witnessing these various negative attitudes, with at least 50% witnessing negative attitudes across all categories.

Mental Health and Psychological distress - K5 scores

Figure 59:
When living in Western Sydney, have you personally experienced any of the following attitudes? Percentage (%).

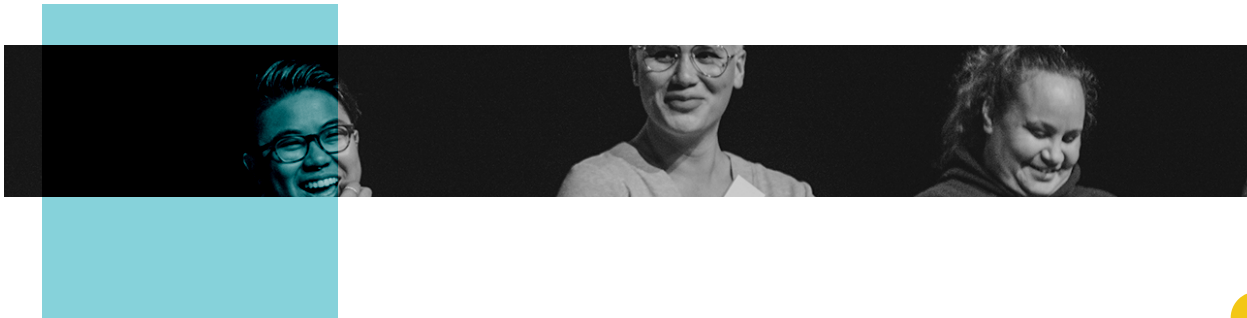


reported ‘a lot’ of worry or stress due to homophobic attitudes



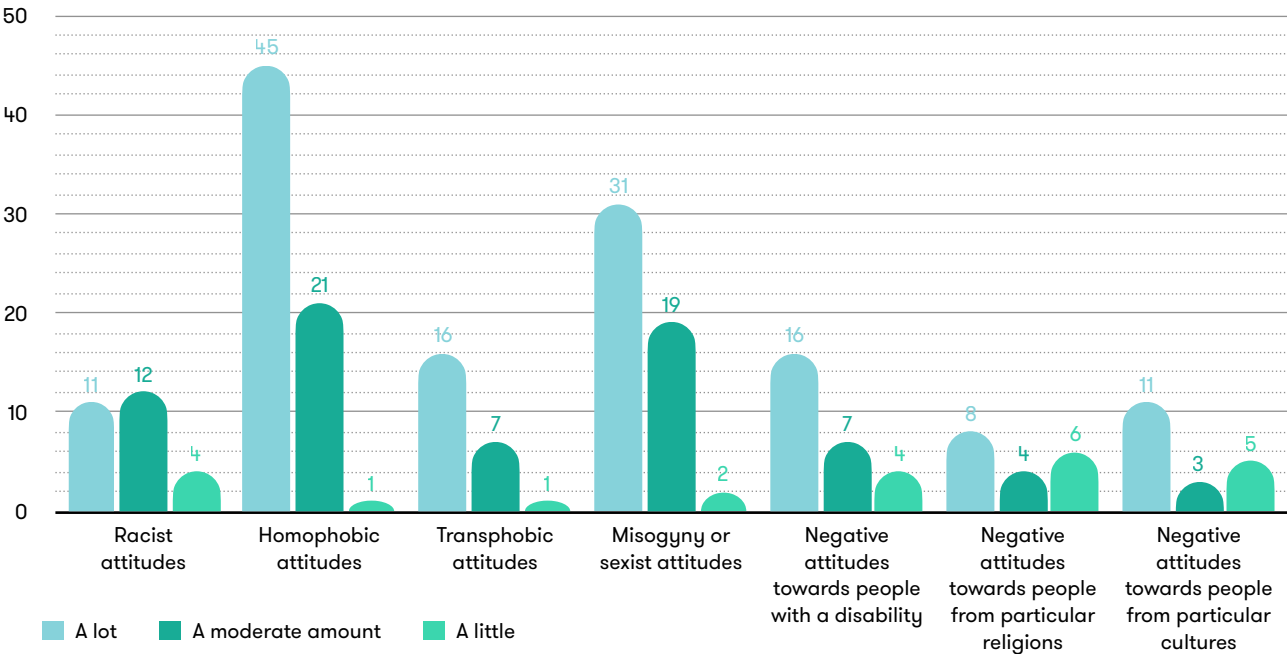
direct experiences for both racist attitudes and negative attitudes towards people from particular cultures

In addition, these experiences of prejudice, and even witnessing prejudice, also had a negative impact on the respondents, by causing personal worry or stress. In terms of direct experiences of prejudice, 45% reported ‘a lot’ of worry or stress due to homophobic attitudes, followed by 31% for misogyny or sexist attitudes, followed by 16% for transphobic attitudes, 16% for negative attitudes towards people with a disability, 11% for both racist attitudes and negative attitudes towards people from particular cultures, and 8% for negative attitudes towards people from particular religions.



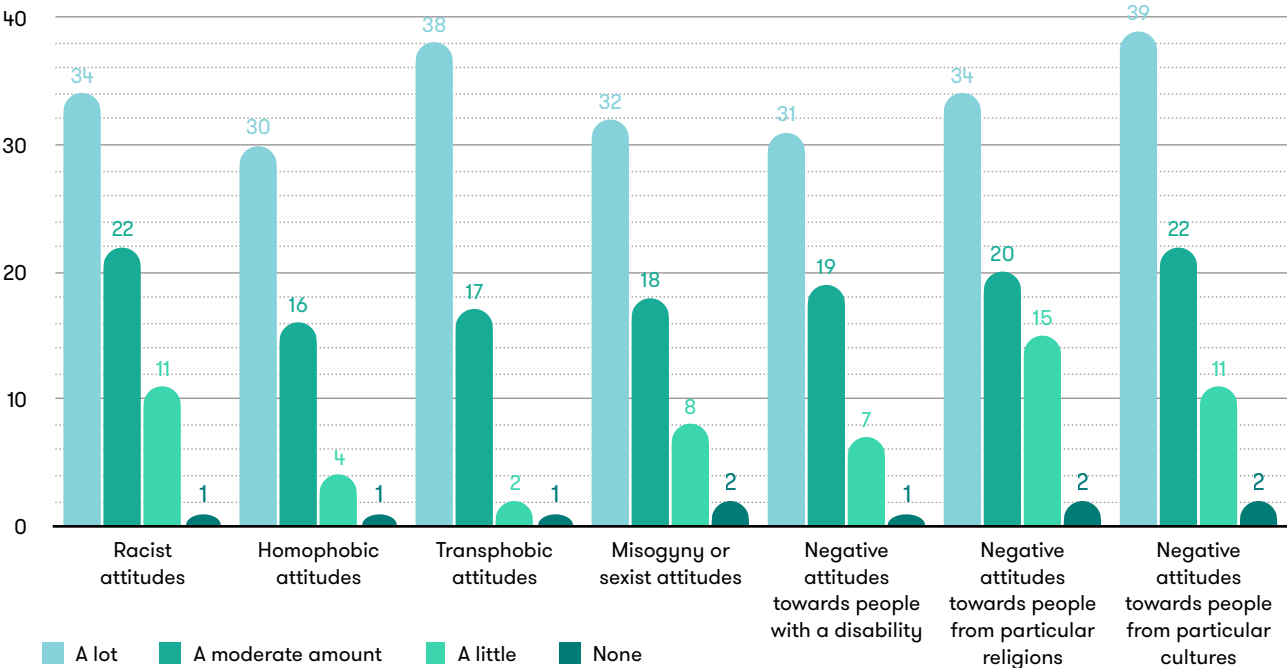
Mental Health and Psychological distress - K5 scores

Figure 60:
How much worry or stress do/did these attitudes directed at you cause you? Percentage [%].



Not surprisingly, even witnessing prejudice also had a negative impact on the respondents, by causing personal worry or stress. Just witnessing prejudice caused ‘a lot’ of personal worry and stress across all types of prejudice, ranging from 30% for homophobic attitudes to 39% for negative attitudes towards people from particular cultures.

Figure 61:
How much worry or stress do/did these attitudes you witnessed cause you? Percentage [%].

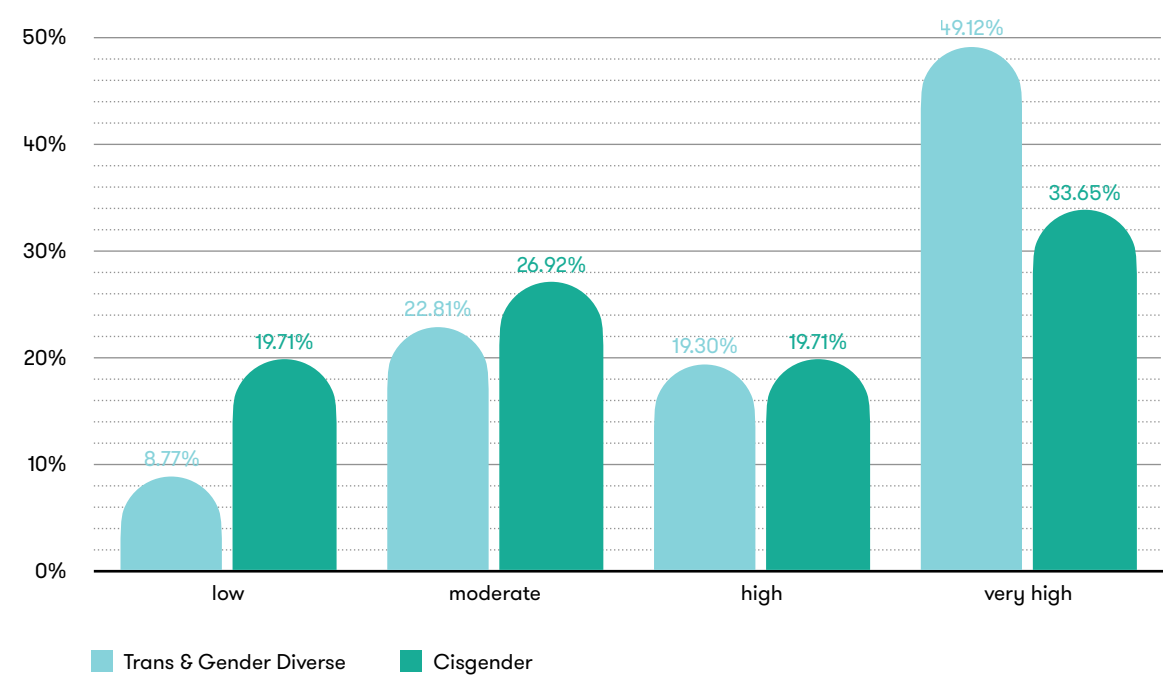


Mental Health and Psychological distress - K5 scores

Trans and gender diverse people Reported Psychological Distress - K5 scores

Trans and gender diverse participants reported experiencing statistically significantly higher levels of psychological distress on the K5 measure (n = 57; M = 14.5; SD = 4.7) than cisgender participants (n = 208; M = 12.3; SD = 4.6) (t = 3.20; p < 0.01). As reported above, on the whole, participants’ reported K5 scores were much higher than reported benchmark data, however, the trans and gender diverse cohort reported the highest percentage scores in the “very high” (psychological distress) of any participant sub-cohort analysed, with almost half of the group’s summed responses (49%) falling into this category.

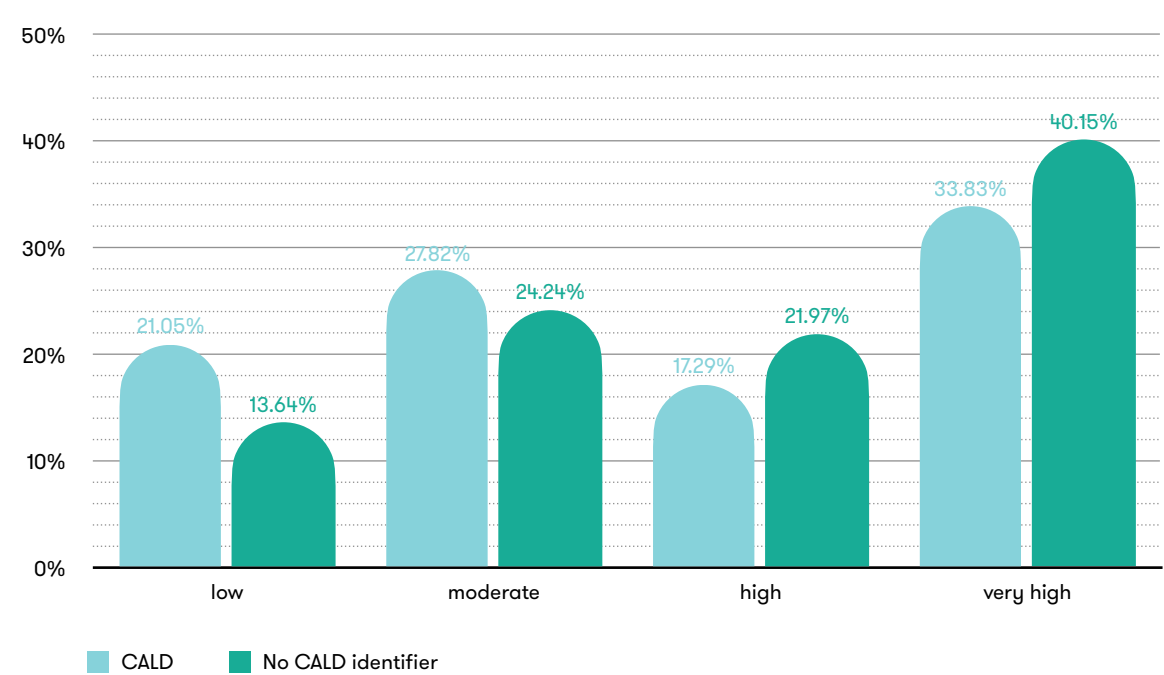
Figure 62:
Percentage of Trans and Gender Diverse/Cisgender Participants reporting scores within each K5 Response Category.



Mental Health and Psychological distress - K5 scores

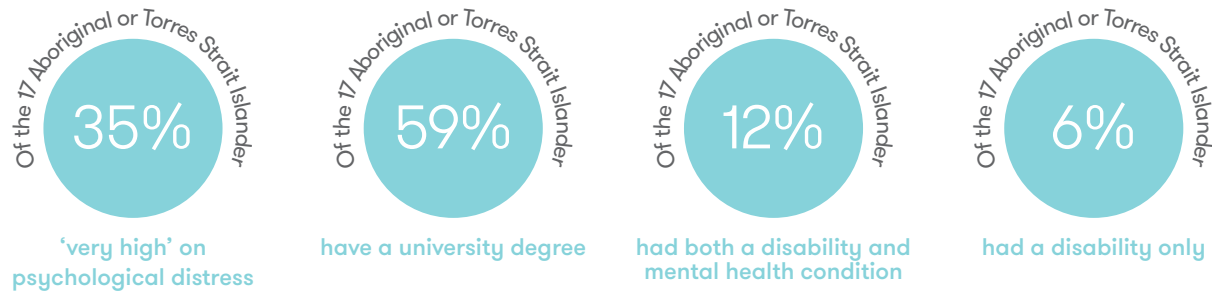
CALD Participants Reported Psychological Distress - K5 scores

Figure 63:
Percentage of CALD/Non-CALD Participants reporting scores within each K5 Response Category.



Mental Health and Psychological distress - K5 scores

Aboriginal and Torres Strait Islander Participants Reported Psychological Distress - K5 scores



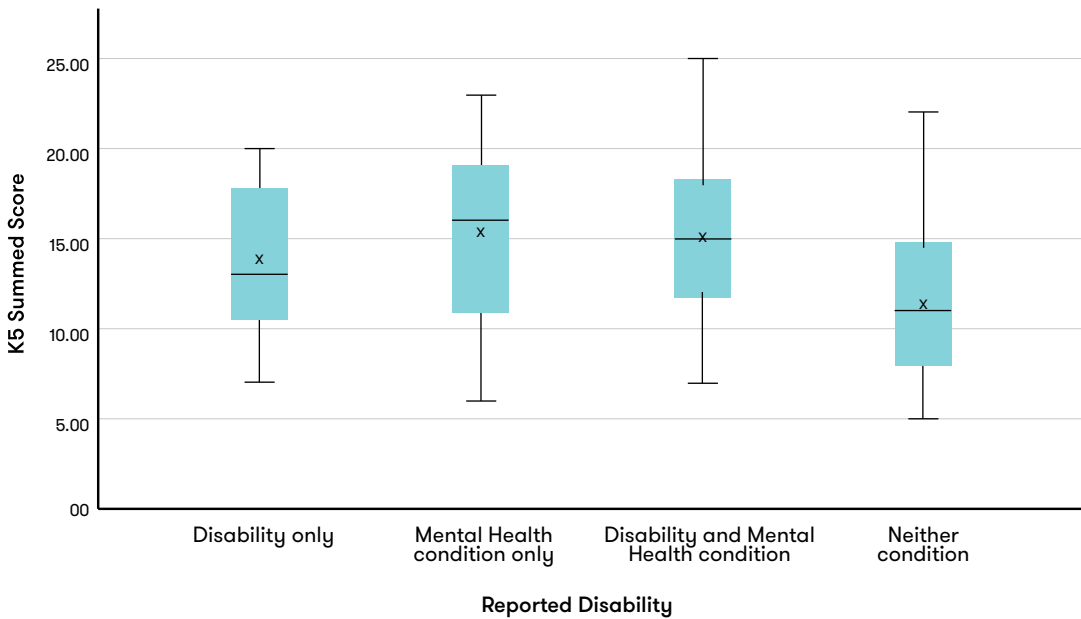
Of the 278 respondents, 17 (6%) were Aboriginal or Torres Strait Islander. Of the 17 Aboriginal or Torres Strait Islander respondents, 6 (35%) were 'very high' on psychological distress. In terms of ages, 24% were under 30 years of age, 52% were under the age of 40, 95% were under 50 years of age. In terms of education, 59% have a university degree, and 23% have completed TAFE or another technical qualification.

In terms of gender identity, 3 (18%) were trans or gender diverse, and 14 (82%) were cisgender. For sexuality (note respondents can choose more than one), 9 (53%) identified as gay, 3 (18%) queer, 3 (18%) lesbian, 2 (12%) bisexual, 2 (12%) pansexual, and 1 (6%) same-sex attracted. One person (6%) indicated a 'different identity' (i.e., 'women loving women'). In terms of disability and/or a mental health condition, 10 (59%) had neither condition, 4 (24%) had a mental health condition only, 2 (12%) had both a disability and mental health condition, and 1 (6%) had a disability only.

Participants Reporting a Disability Reported Psychological Distress - K5 scores

Individuals reporting some form of disability and/or mental health condition (n = 89; M = 15.2; SD = 4.7) had statistically significantly lower wellbeing scores on the K5 measure of reported psychological distress than participants not reporting either condition (n = 163; M = 11.4; SD = 4.2) (t = -6.54; p < 0.001). Figure 64 shows the interquartile ranges, minimum, maximum and mean K5 scores for each of the four participant cohorts.

Figure 64:
K5 Score by participants' reported disability.



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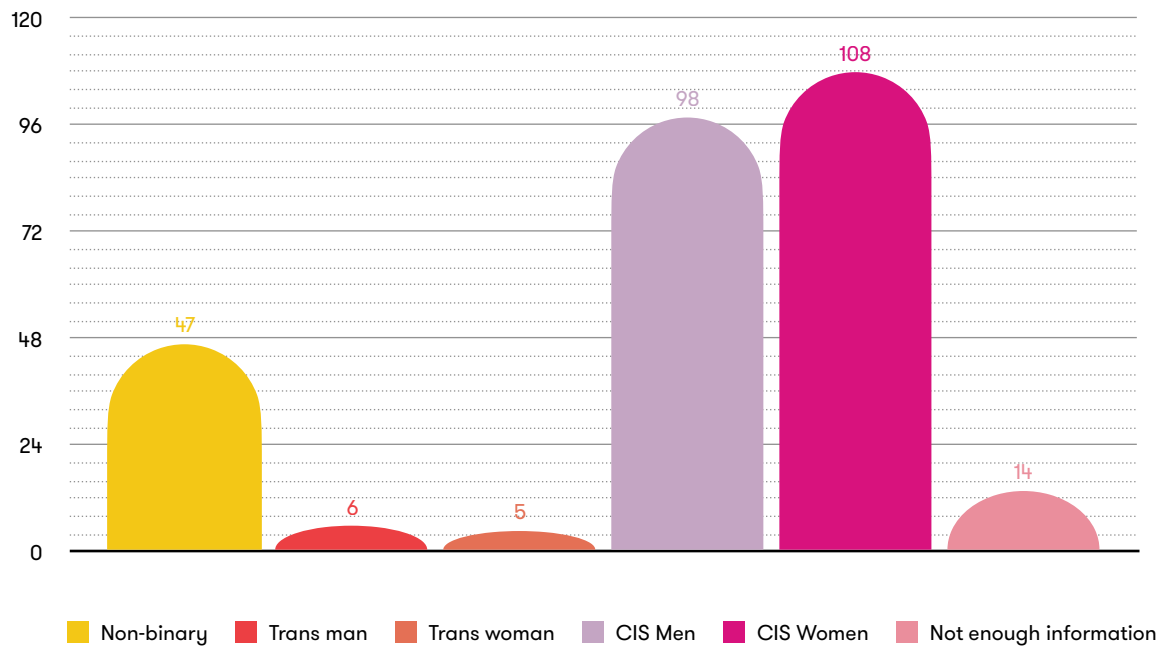


Appendix - Survey Demographics

Gender identity

Participants were asked to complete two survey items in order to ascertain gender identity: gender presumed at birth and gender identity. These two items were used to determine cisgender and trans and gender diverse identities. Figure 65 shows participants' gender identity. The participant group who were included in later analysis as "trans and gender diverse" (n=58) include trans women, trans men and non-binary people.

Figure 65:
Participants' Reported Gender Identity.



Approximately 20% of participants did not identify as cisgender and identified their gender in a variety of ways. The seven individuals who selected a "different identity" provided their identity descriptors in an open text box; these included: demiboy and gender non-conforming, as well as four individuals who wrote multiple gender identities (i.e. trans woman and non-binary; non-binary trans-femme). An additional individual wrote that they were "trying to figure it out".

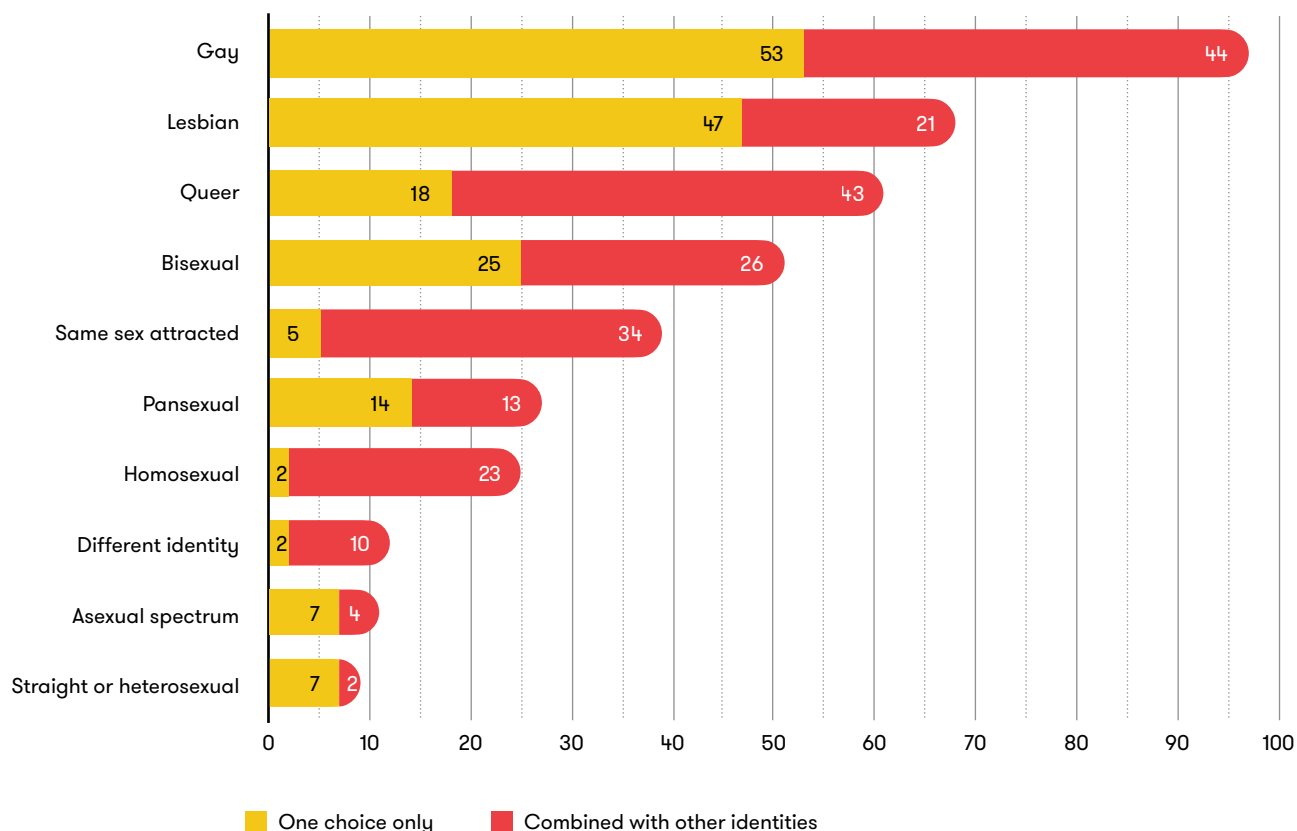
Appendix - Survey Demographics

Sexual orientation

Respondents were given a number of options to consider for sexual orientation. 180 respondents selected only one choice, 84 selected more than one option, and 14 did not answer the question.

Figure 66:

Sexual orientation

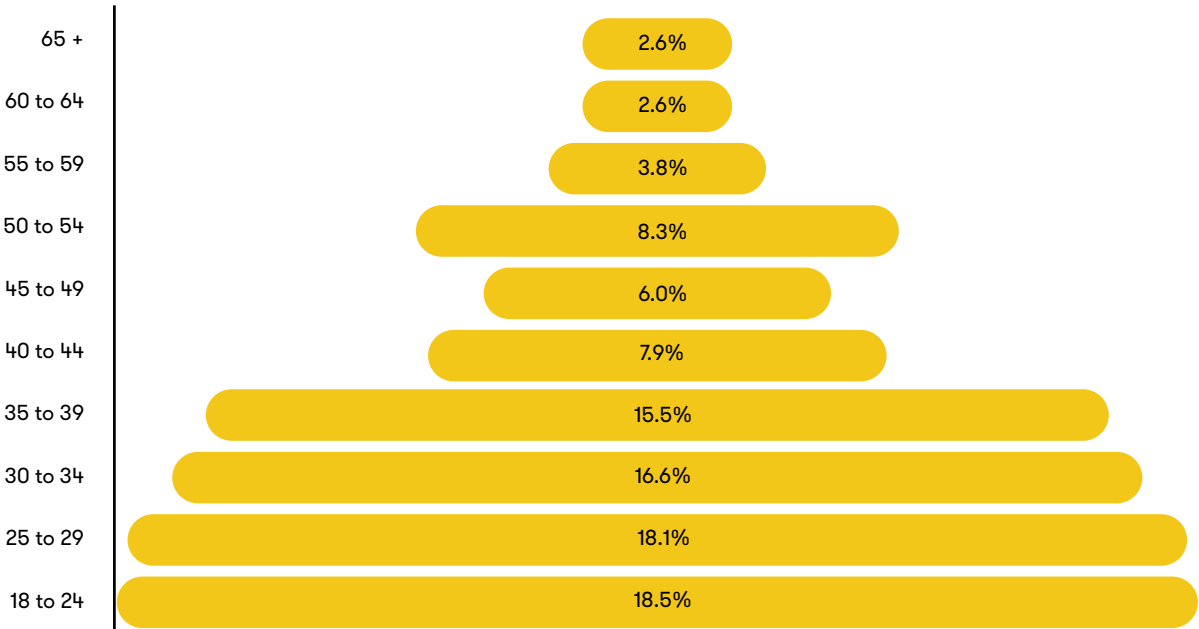


The participants' ages ranged from 18 to 81 years, with the mean age 35 years and 8 months. Just over half, at 52.3%, were under 35 years of age.

Appendix - Survey Demographics

Age of Respondents

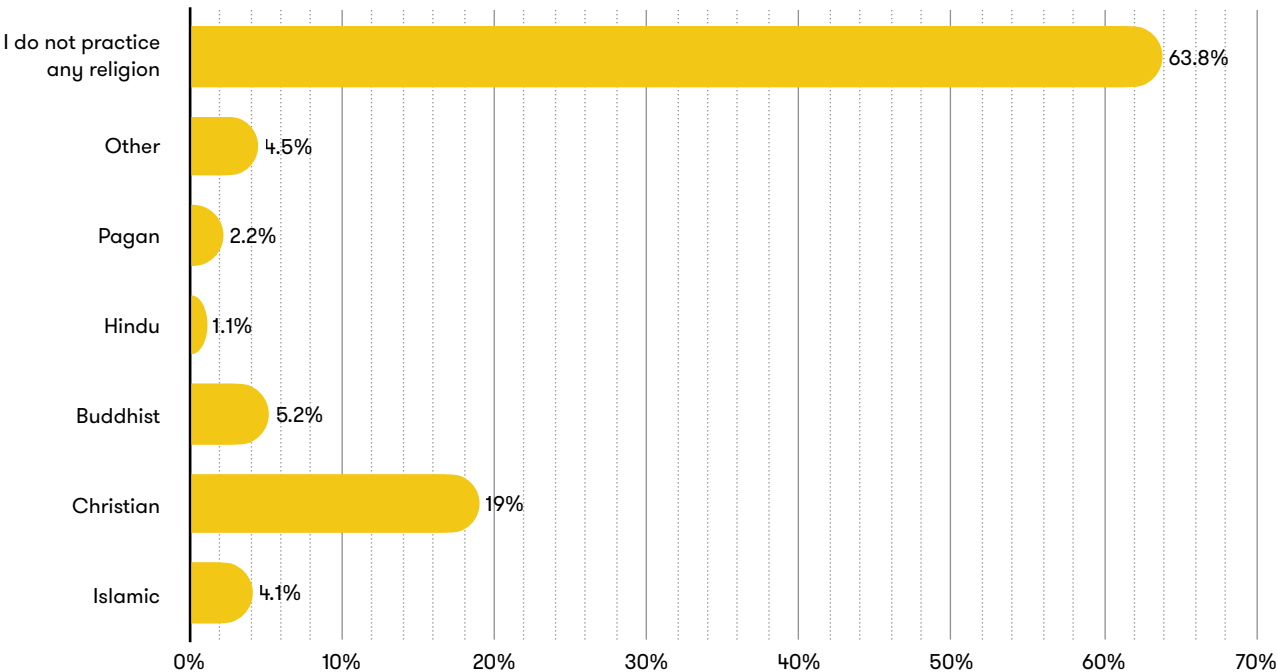
Figure 67:
Age of respondents



Religion

Just over half, at 52.3%, were under 35 years of age. There were 64% that did not practice any religion, with 19% who identified as Christian, 5.2% Buddhist, 4.1% Islamic.

Figure 68:
Religion affiliation

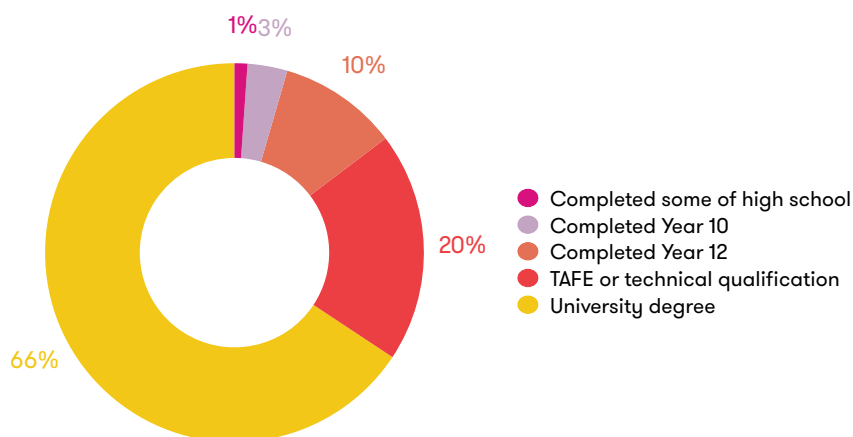


Appendix - Survey Demographics

Level of formal education

Figure 69:

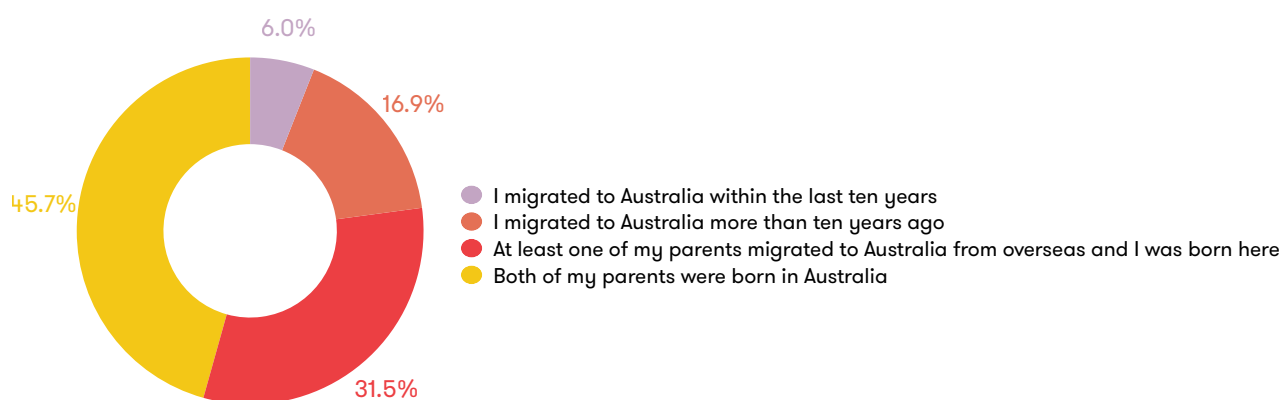
Level of formal education



Migration

Figure 70:

Migration



Appendix - Survey Demographics

Languages

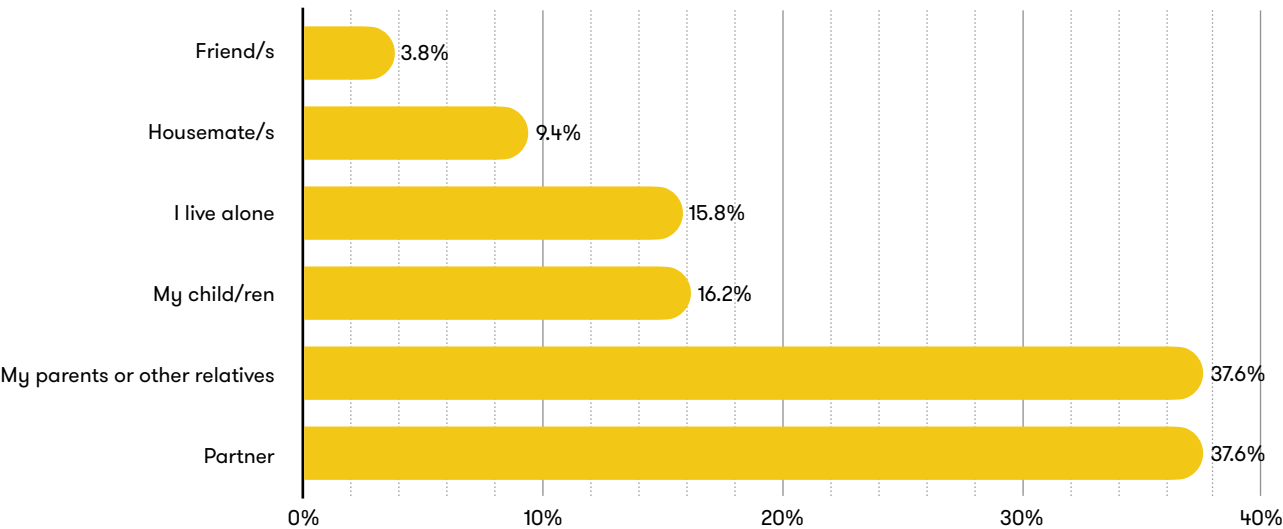
Table 3
Languages spoken by participants

Language	No.	Language	No.
Mandarin	17	Frisian	1
Arabic	7	Greek	1
Vietnamese	6	Indonesian	1
Cantonese	3	Italian	1
Spanish	3	Korean	1
Tagalog	3	Lao	1
Tamil	3	Other	1
Fijian-Hindi	2	Portuguese	1
Assyrian	1	Punjabi	1
Bengali	1	Samoaan	1
Bosnian	1	Serbian	1
Croatian	1	Solomon Pijin	1
Dari	1	Thai	1
Dutch	1	Turkish	1
French	1	Urdu	1

Household composition

Participants were asked who they lived with (could give multiple responses).

Figure 71:
People living in participants' households



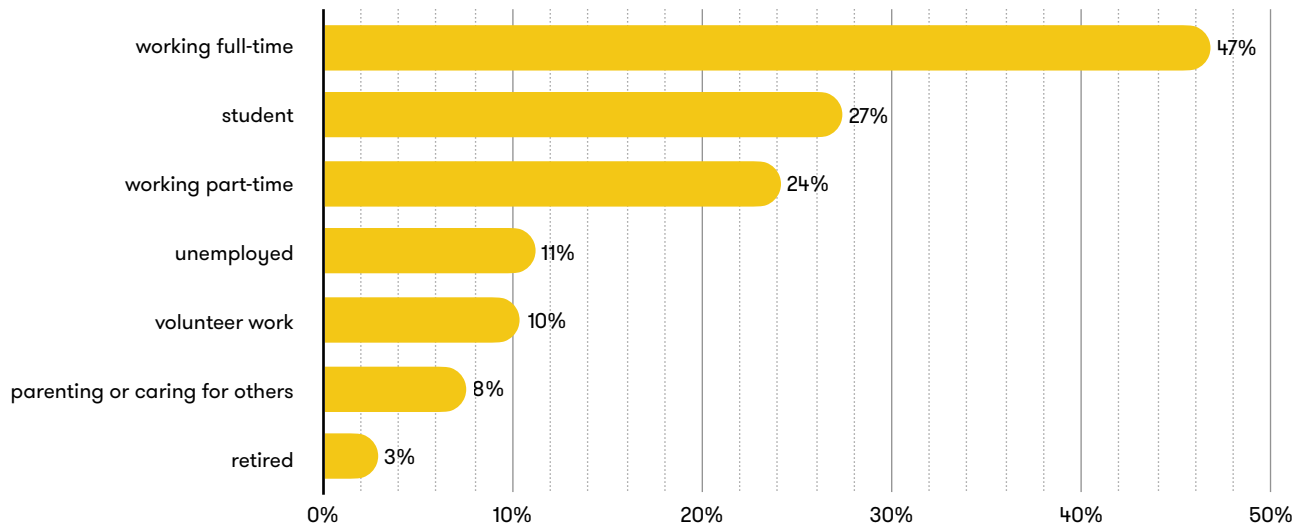
Appendix - Survey Demographics

Work / study / caring status

We asked people whether they were engaged in any of the following activities, and they could choose as many as applied to them.

Figure 72:

Work / study / caring status of participants



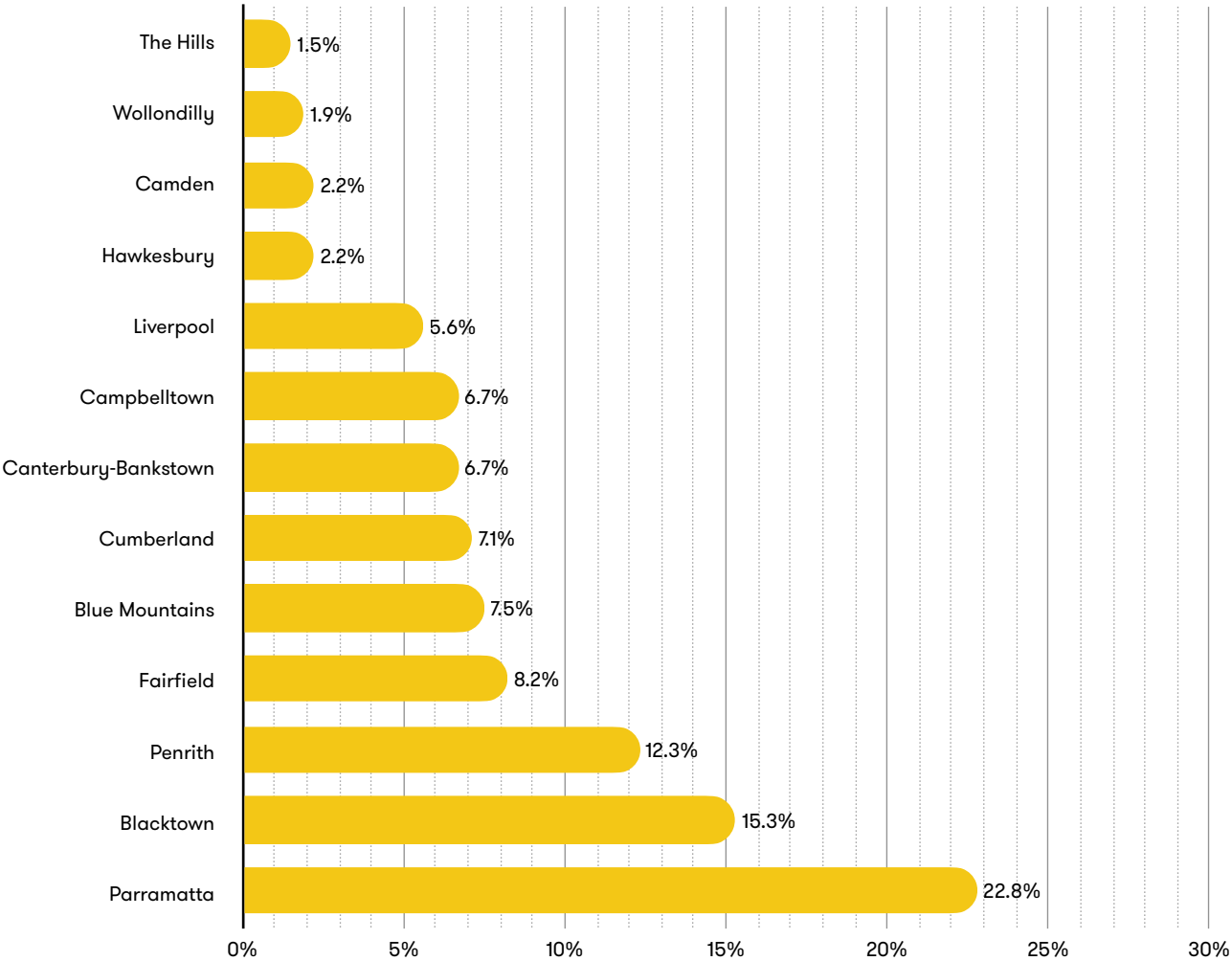
Appendix - Survey Demographics

LGA Areas

Participants were asked where they lived, or had previously lived, in Western Sydney.

Figure 73:

Place of residence by local government area



For more information about this report, or the Greater Western Sydney
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Bankstown Arts Centre, 2019. Back Cover Photo: (left to right) Lauren Foy and Peter
Polites, Bankstown Arts Centre, 2019.

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