

LGBTIQ+ COMMUNITY ADVISORY GROUP REPORT

SARAA
rainbow alliance



JULY 2021



Table of contents

Acknowledgement of Country	2
Executive Summary	3
Background	4
About the LGBTIQ+ Community Advisory Group (CAG)	5
Priorities for LGBTIQ+ inclusion and wellbeing	8
Whole of government approaches to LGBTIQ+ services, inclusion, community representation and consultation	8
Youth and education	10
Health and wellbeing	12
Ageing	16
Disabled LGBTIQ+ people	17
Intersex people	19
LGBTIQ+ people in regional and remote areas	20
Law	22
Policing	24
Domestic and Family Violence	25
Economic participation and the workforce	27
Safe community spaces	29
Invisibility and recognition	30
Recommendations	31
Represent and lead for our communities	31
Advance our equality and safety under the law	31
Include and respect us in service we access	32
Improve our health and wellbeing	32
Next Steps	34
Appendices	35

Acknowledgement of Country

Members of the South Australian Rainbow Advocacy LGBTIQ+ Community Advisory Group live, work, and play on the lands of various Aboriginal Peoples, from Kurna *yerta* in Adelaide, to the lands and waters of the Nukunu people in the Mid North. We acknowledge that sovereignty was never ceded. We say *yakalya*.

Yerta land

Yakalya sorry

Acknowledgement of LGBTIQ+ community leaders

We acknowledge and give thanks to leaders in the LGBTIQ+ community, both those who have contributed directly to this report, and those who have fought to create a world in which organisations like SARAA are possible. We commit to using our voices and experiences to make the world safer, more respectful, and more inclusive for future generations.

About the South Australian Rainbow Advocacy Alliance (SARAA)

The South Australian Rainbow Advocacy Alliance Inc. (SARAA) is a community of South Australians working to advocate, inform and educate for a LGBTIQ+ inclusive, healthy and safe South Australia.

We work to:

- **advocate** for decision-makers to make changes to improve LGBTIQ+ health and rights
- **create spaces** and opportunities for LGBTIQ+ communities to discuss issues that matter to us
- **educate** the broader South Australian community about the importance of LGBTIQ+ health and rights.

Website: www.saraa.org.au/

Email: info@saraa.org.au

Facebook: www.facebook.com/sarainbowadvocacyalliance

Executive Summary

This report draws upon the lived experience of LGBTIQ+ community leaders to explore the key priorities for LGBTIQ+ inclusion, health and wellbeing in South Australia in 2021.

In 2019, the incoming Government held a LGBTIQ+ Community Roundtable to identify issues of concern for LGBTIQ+ South Australians. A key recommendation of the Roundtable was for the Government to engage in ongoing consultation with LGBTIQ+ communities as action on these issues progressed. To this end, the Department of Human Services SA funded the South Australian Rainbow Advocacy Alliance to establish and run a LGBTIQ+ Community Advisory Group in 2020/21 which would serve as a diverse but collective voice for the LGBTIQ+ community to advance their rights.

Our communities have welcomed progress on key issues of concern since the 2019 Roundtable, including legislative reform on the outdated gay panic defence, the ability for people convicted of outdated homosexual offences to have it wiped from their criminal record, consultation on better healthcare for gender diverse communities, and guidelines to improve data collection about LGBTIQ+ communities.

Nevertheless, there remains a long way to go to see LGBTIQ+ South Australians included, healthy and well.

This report summaries the LGBTIQ+ Community Advisory Group's advice on the

key priorities for LGBTIQ+ inclusion, health and wellbeing in South Australia. It's based on the lived experience of members and their peers, and backed by the latest LGBTIQ+ research and evidence.

This report we discuss priorities for LGBTIQ+ South Australians in the are of:

- representation and consultation
- youth and education
- health and wellbeing
- ageing
- disabled LGBTIQ+ people
- intersex people
- LGBTIQ+ people in regional and remote areas
- law and policing
- domestic and family violence
- economic participation
- safe community spaces
- invisibility and recognition.

Our recommendations on the key priorities for LGBTIQ+ inclusion, health and wellbeing in South Australia are included on page 43 of this report. The recommendations are summarised in the 4 themes of:

- Represent and lead for our communities
- Advance our equality and safety under the law
- Include and respect us in the services we access
- Improve our health and wellbeing.

Background

In April 2019, the Hon Michelle Lensink MLC, Minister for Human Services, and the Department of Human Services SA (DHS) fulfilled a 2018 election commitment by hosting a Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ+) Roundtable during which issues of concern were tabled. The Roundtable culminated in a report that discusses a wide range of issues impacting on LGBTIQ+ communities and recommendations for action to address these.

Progress has been made on some of the issues raised in the 2019 Roundtable report, including:

- new laws to abolish the homosexual provocation ('gay panic') defense;
- a spent convictions scheme to expunge outdated homosexual offences
- consultation on removing religious exemptions in the *Equal Opportunity Act 1984 (SA)*
- consultation by SA Health to develop a state-wide model of care for gender diversity
- publication of the DHS Data Collection and Gender Guideline to improve data collection about LGBTIQ+ communities across government
- LGBTIQ+ people named as a key cohort in public sector diversity strategies
- support and resources provided to SARAA for capacity building activities.

A key theme of the Roundtable report was for ongoing consultation by the Government with LGBTIQ+ communities as action on these recommendations progress. The report recommended a mechanism for the regular inclusion of the voices of LGBTIQ+ in law, strategy, policy and program planning, and that such a mechanism should represent the diverse and intersecting identities across the LGBTIQ+ spectrum. It also recommended the South Australian Government provide funding to the LGBTIQ+ community to establish a peak representative body in South Australia.

In pursuit of these recommendations, DHS provided funding to SARAA to build its capacity as a peak representative body for LGBTIQ+ communities. The purpose of this funding was to support SARAA to:

- recruit a project officer 0.6FTE with appropriate skills and experience to establish and coordinate the Community Advisory Group (CAG)
- coordinate/ reimburse advisory group members, providing executive support to the CAG
- write up recommendations that are proposed by the working group experts
- initiate discussions with relevant parts of Government and other stakeholders
- deliver on actions that arise from the deliberations of the working group.

Historically operating as an entirely volunteer-run community organisation, SARAA welcomed its first employee, Kelly Vincent, a former Parliamentarian and a well respected disability advocate, to the role in September 2020.

About the LGBTIQ+ Community Advisory Group (CAG)

Purpose

In accordance with its Terms of Reference (Appendix A), the purpose of the LGBTIQ+ Community Advisory Group is to:

- inform SARAA about issues of importance to the LGBTIQ+ community
- assist SARAA in lobbying with Members of Parliament, peak bodies, and other relevant individuals and organisations to advance the health and wellbeing, social standing and rights of LGBTIQ+ people
- be intersectional, giving a voice to the LGBTIQ+ people who have lived experience of a range of issues that impact our communities.

The LGBTIQ+ Community Advisory Group achieves this by:

- sharing insight and advice regarding issues relevant to the LGBTIQ+ community
- providing feedback on existing and proposed legislation and policy that may affect the LGBTIQ+ community
- providing constructive feedback on the work of SARAA
- identifying opportunities where community groups, agencies, and organisations can have a shared agenda
- contributing to LGBTIQ+ research and issues.

In 2021, the LGBTIQ+ Community Advisory Group's work focused on

- reviewing the Roundtable Report to confirm the relevance of its recommendations and add further recommendations where necessary;
- provide ongoing advice to SARAA on what issues the organisation should be working on, how, and with whom.

Appointment

LGBTIQ+ South Australians were invited to express their interest in participating in the Community Advisory Group in October to November 2020 (Appendix B).

The EOI was shared with the SARAA email mailing list, on our social media, our website and via other LGBTIQ+ social media accounts and mailing list, including DHS Rainbow News.

SARAA received 43 applications for 12 vacancies. From the applications, SARAA selected 22 applications that represented a wide cross section of ages, cultures, abilities, interests, skills, knowledge, and LGBTIQ+ identities. Policy and Project Officer, Kelly Vincent, SARAA Board Member, Cherrie Rogers, and then-SARAA Chairperson, Matthew Morris interviewed the shortlisted applicants via Zoom due to COVID-19 restrictions. Applicants were given the option of an in-person interview, and one such interview was conducted.

After the interviews were complete, the recruitment panel undertook a selection process, aiming to ensure the group reflected the diversity of the LGBTIQ+ communities including:

- people from various age groups
- culturally and linguistically diverse people
- transgender and gender diverse people
- disabled people
- well established LGBTIQ+ advocates, and those still finding their voice.

The EOI did not elicit any applications from First Nations people, so SARAA reserved a position to be filled by a First Nations person. Through conversations with community and advertising on social media, this position was filled in time for the group's second meeting.

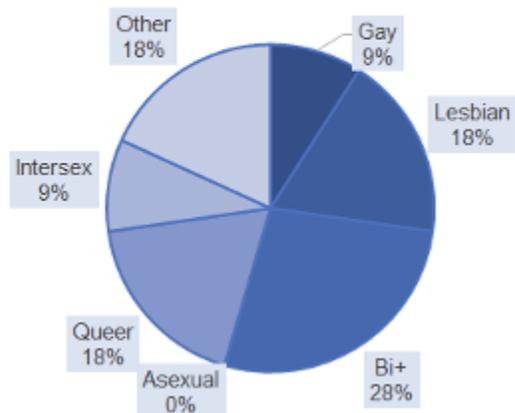
Membership

- **Zac Cannell** (resigned February 2021) - Transgender health advocate
- **Heather Eckerman** (resigned June 2021) - trans and sex worker rights advocate
- **Saoirse Ewart** - intersex person
- **Alex/John Kelly** - regional secretary for Amnesty SA/NT and Queer Gender Diverse Activist.
- **Manasvi Muthukrishnan** - representative of multicultural LGBTIQ+ people and international students living in South Australia
- **Em O'Loughlin** - regional disability and mental health advocate
- **Mariam Owrang** (Chairperson) - transgender woman with a multicultural background (Italian/Iranian)
- **Jenny Scott** - former professional archivist, transgender LGBTIQ+ rights advocate
- **Keenan Smith** - non-binary First Nations person
- **Paul Stone** - LGBTIQ+ Community member and advocate who is a gay man with over 20+ years experience working in the health and social service sector including HIV & Sexual Health, Ageing, Youth and Community Development
- **G Treloar** - Young gender diverse person
- **Sandie Zander** - LGBTQIA+ advocate with an emphasis on the rights of Transgender and other gender diverse people

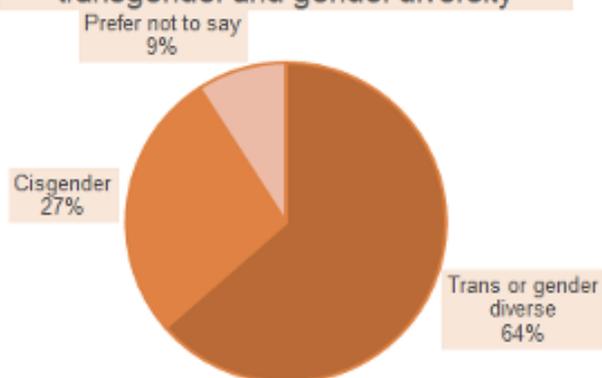
We acknowledge that there's limited representation within the LGBTIQ+ Community Advisory Group of asexual people, First Nations people and people from culturally and linguistically diverse backgrounds. The LGBTIQ+ Community Advisory Group have therefore elected not to speak specifically to issues impacting these communities in this report, as such commentary should be driven by lived experience. SARAA will work to seek greater representation from these communities in the next phase of the LGBTIQ+ Community Advisory Group.

The below pie charts show the LGBTIQ+ identities of CAG members:

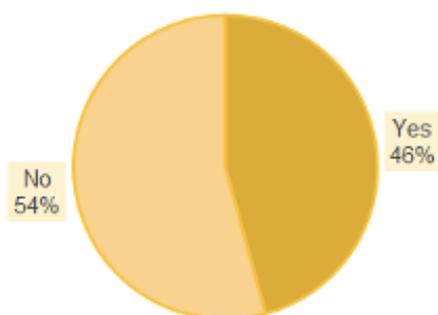
Community Advisory Group by LGBTIQ+ identity



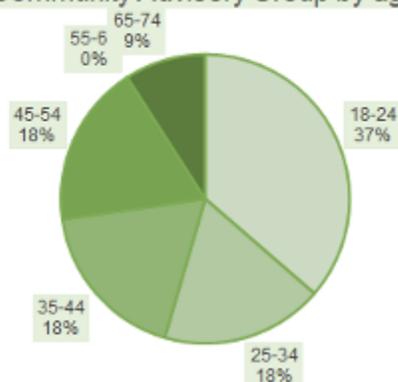
LGBTIQ+ Community Advisory Group by transgender and gender diversity



Community Advisory Group by disability



Community Advisory Group by age



Meetings

5 meetings were held in 2021 on:

- Thursday 28 January 2021
- Thursday 25 March 2021
- Wednesday 28 April 2021
- Tuesday 15 June 2021
- Tuesday 06 June 2021

Meetings were held in person at SHINE SA's community space, with the option for members to attend via Zoom.

Members were reimbursed for their time at a rate of \$30 per hour, though some members opted not to receive an honorarium as they perceived participation as part of their employment.

Priorities for LGBTIQA+ inclusion and wellbeing

Whole of government approaches to LGBTIQA+ services, inclusion, community representation and consultation

The establishment of the LGBTIQA+ Community Advisory Group presents a vital and appreciated step in the South Australian Government's support of LGBTIQA+ people. Historically, it has been rare for LGBTIQA+ communities to be considered or consulted in public policy and strategy. This sends an incredibly strong message to the communities: your existence is controversial, and the lives and experiences of non-LGBTIQA+ people are more important. The LGBTIQA+ Community Advisory Group presents a practical way forward for the South Australian Government to rebuild relationships with LGBTIQA+ communities and promote genuine inclusion and consultation of LGBTIQA+ people in public policy strategy and service design.

However, this consultation and engagement must be met with a commitment to action by the South Australian Government. The Community Advisory Group expressed frustration at discussing the same issues the LGBTIQA+ community has been lobbying on for some decades, with seemingly slow and ad hoc progress by the South Australian Government. These frustrations are exacerbated by a lack of transparency from the South Australian Government. For example, there has not been a statewide strategy for LGBTIQA+ inclusion since the 2016 *The Way Forward* report, and the 2019 Roundtable Report was not published publicly, even to community members who attended. Furthermore, there is no Minister, Commissioner or Office with direct oversight for advancing the health and rights of LGBTIQA+ people, as there is in Victoria¹, and ACT.² The LGBTIQA+ Community Advisory Group would welcome deeper engagement by the South Australian Government with SARAA and the Community Advisory Group in the development and design of strategies and services that impact LGBTIQA+ people. Members note that alternative advisory models utilised in Victoria,³ ACT,⁴ and QLD⁵ are state-led Community Advisory Groups that provide advice directly to the Government, rather than via a community group like SARAA.

Community Advisory Group members are also concerned about the limited and inconsistent resourcing of LGBTIQA+ community sector. Members report that while many organisations do vital work with limited funding and resources, many experience funding loss and live grant-to-grant which makes it difficult to engage in long-term strategic planning. Many LGBTIQA+ peer support groups that are essential to the wellbeing of our community are run by unfunded volunteer community groups. Additionally, members are concerned that the LGBTIQA+ community sector is significantly underfunded by the State Government in contrast to other

¹ State Government of Victoria, 'The Victorian Commissioner for LGBTIQ+ Communities', <https://www.vic.gov.au/victorian-commissioner-lgbtig-communities>.

² ACT Government, 'The Office of LGBTIQ+ Affairs', <https://www.cmtedd.act.gov.au/policystrategic/the-office-of-lgbtig-affairs>.

³ State Government of Victoria, 'LGBTIQ+ Taskforce', <https://www.vic.gov.au/lgbtiq-taskforce>.

⁴ ACT Government, 'LGBTIQ+ Ministerial Advisory Council', <https://www.cmtedd.act.gov.au/policystrategic/the-office-of-lgbtig-affairs/lgbtiq-ministerial-advisory-council>.

⁵ Queensland Government, 'Queensland Lesbian, Gay, Bi-sexual, Transgender, Intersex (LGBTI) Roundtable', <https://www.chde.qld.gov.au/about/initiatives/lgbti-roundtable>.

community sectors. These trends are consistent with those throughout the Australian LGBTIQ+ community sector, with less than 0.5% of Federal, State and local government grants awarded to LGBTIQ+ causes between 2013-2018, 0.4% of philanthropic funding going to LGBTIQ+ specific projects, and 48% of LGBTIQ+ groups operating on an annual budget of less than \$10,000.⁶

The result of perceived over consultation, lack of action by the South Australian Government, and a lack of support for LGBTIQ+ organisations, is a considerable degree of consultation fatigue, emotional labour, and burnout within LGBTIQ+ community leaders.

LGBTIQ+ Community Advisory Group members are eager to maintain a positive relationship with the South Australian Government to ensure advancements in LGBTIQ+ rights are based on our needs and lived experiences, resulting in more effective public policy.

To progress whole of government LGBTIQ+ community representation and consultation this, the LGBTIQ+ Community Advisory Group recommends advancing the following priorities:

- **Continue to strengthen relationships between the South Australian Government and the LGBTIQ+ Community Advisory Group, and engage further with the group regarding the development and design of strategies, policies and services across Government that impact LGBTIQ+ people.**
- **Consider establishing a state-led LGBTIQ+ lived experience group to provide advice directly to Government, appointed by members of the LGBTIQ+ community. This model could look similar to the Office of the Chief Psychiatrist's Lived Experience Advisory Group, or the Victorian Government's LGBTIQ+ Taskforce and Working Groups.**
- **Establish a South Australian LGBTIQ+ Commissioner as has occurred in Victoria. This role must be filled by a person from the South Australian LGBTIQ+ community.**
- **Mandate state authorities and local government bodies to develop, implement and publish LGBTIQ+ inclusion plans. This could be modelled on existing Disability Access and Inclusion Plans.**
- **Demonstrate accountability and transparency regarding the South Australian Government's work relating to LGBTIQ+ communities by providing regular updates to the community, and developing a public strategy on the Government's priorities for LGBTIQ+ inclusion, health and wellbeing.**
- **Provide ongoing and consistent funding for the LGBTIQ+ community sector, on par with that of other community sectors.**

⁶ Our Community and GiveOUT, 'Funding to LGBTIQ+ causes in Australia' www.ourcommunity.com.au/innovationlab/LGBTIQ+funding.

Youth and education

The wellbeing of young LGBTIQ+ people is of significant interest to all LGBTIQ+ Community Advisory Group members. For young members, this comes from their lived experience or that of their peers, while older members wish to see younger people be safer and more empowered than they perhaps were.

Members were concerned about the lack of LGBTIQ+ inclusive education. Younger members of the group testified that teachers and school staff have little to no understanding of the respectful and inclusive treatment of LGBTIQ+ students.

Such educational cultures contribute to young people feeling unsafe and being subject to bullying and harassment in school communities, reflected in the recent *Writing Themselves In 4 (2021)*⁷ research, the largest ever study on the experiences of LGBTQ+ young people aged 14-21 in Australia. The South Australian summary of this research shows that:

- 33.5% of participants reported never having any aspect of LGBTIQ+ people mentioned in a supportive or inclusive way during their education
- More than half (55.7%) of participants said that they felt unsafe or uncomfortable at secondary school due to their sexuality or gender identity in the past 12 months
- 74.5% of participants reported sometimes or frequently hearing negative remarks regarding sexuality in their educational setting
- 65.7% of school students reported coming out to teachers and being supported, whereas only 40.9% of classmates were found to be as supportive of LGBTIQ+ students.

Members called for training and support for educators to promote LGBTIQ+ inclusive practices. The group acknowledged that many teachers want to feel confident to connect with students and celebrate diversity and inclusion particularly around sexuality and gender expression and need to have continued support with training and regular updates. Creating safe schools, Universities and vocational education environments will enable LGBTIQ+ people to study, feel safe and thrive in these communities.

Of particular concern was the politicisation and subsequent defunding of the Safe Schools Program in particular, which previously provided such support for educators. The reinstatement of such a program would help school environments to make LGBTIQ+ students to feel safe and thrive in their academic years.

Trans and gender diverse members also shared concerning lived experiences when requesting that educational institutions reflect legal changes to their name and gender on educational certificates, such as University degrees, SACE and TAFE certificates. Members and their peers reported South Australian TAFE, SACE and Universities refusing or being unable to update their

⁷ Hill AO, Lyons A, Jones J, McGowan I, Carman M, Parsons M, Power J, Franklin JD, Bourne A (2021) *Writing Themselves In 4: the health and wellbeing of LGBTQ+ young people in Australia*. South Australia summary report, ARCSHS Monograph series number 128. Australian Research Centre in Sex, Health and Society, La Trobe University: Melbourne. Available at <https://www.latrobe.edu.au/arcschs/publications/writing-themselves-in-publications/writing-themselves-in-4>.

educational certificates with their chosen name, even once their name had been legally changed via Consumer and Business Services (CBS) under the *Births, Deaths and Marriages Registration Act 1996 (SA)*. This not only disrespects the identities of trans and gender diverse people, but puts them at significant risk of discrimination and being outed to prospective employers. Members call on South Australian TAFE, SACE and Universities to develop processes that allow trans and gender diverse people to change their name and gender on educational certificates.

Lastly, LGBTIQ+ inclusive education is particularly important in relationship and sexual health and safety education. Members were concerned about the lack of sexuality and sexual health education and support within the education system for older LGBTIQ+ young people (16 – 25 years) who may be sexually active, coming to terms with their sexuality and or gender identities, coming out to friends and family. The Community Advisory Group's experiences of sex education echoes those highlighted in the South Australian Commissioner for Children and Young People's recent report on Sex Education in South Australia, namely that 'those who are sexually or gender diverse continue to be "invisible" in the classroom, causing these young people to feel shame and confusion about why their identity is still not being openly discussed, or their experiences ever considered'. Members support the recommendations of the report, including that relationship and sexual health education 'should be implemented with an awareness that all classes are likely to have some LGBTQI+ students in them'.⁸

To progress LGBTIQ+ inclusion in relation to youth and education, the LGBTIQ+ Community Advisory Group recommends advancing the following priorities:

- **Provide training and support for school and tertiary educators to promote LGBTIQ+ inclusive practices.**
- **Support the creation of safe, inclusive and supportive education environments that celebrate the diversity of LGBTIQ+ people.**
- **Develop processes that allow trans and gender diverse people to change their name and gender on educational certificates, for example from South Australian TAFE, SACE and Universities.**
- **Implement inclusive relationships and sexual health education with an awareness that all classes are likely to have some LGBTQIA+ students in them, as recommended by the Commissioner for Children and Young People.**

⁸ Connolly, H. Commissioner for Children and Young People, South Australia (2021) Sexual Health and Education in South Australia: What young people need to know for sexual health and safety. Available at <https://www.cyp.com.au/wp-content/uploads/2021/06/Screen-Sex-Education-in-South-Australia-Report.pdf>.

Health and wellbeing

Members hold grave concerns about the loss of specific health and wellbeing support in this State in recent years for LGBTIQ+ community members. A lack of LGBTIQ+ health and wellbeing support services places our community at risk of poorer health outcomes.

Mental health

The poor mental health of LGBTIQ+ people, caused largely by stigma which can lead to secrecy, shame, and self-doubt is an ever present concern. *Private Lives 3* (2020) is Australia's largest national survey of the health and wellbeing of LGBTIQ+ people to date, shows that LGBTIQ+ Australians are vastly overrepresented in suicide statistics. We experience suicide and suicidal ideation at more than five times that of the general population, with 75% of us having experienced suicidal ideation in our lifetime. This overrepresentation is exacerbated in the most vulnerable and marginalised portions of our community, particularly in trans and gender diverse communities. 52.9% of trans men, 45.6% of trans women and 40.2% of non-binary people reported having ever attempted suicide, significantly higher than that of cisgender LGBTIQ+ people.⁹ Similar trends continue in relation to LGBTIQ+ children and young people, evidenced by *Writing themselves in 4* (2021), the largest ever study on the experiences of LGBTQA+ young people aged 14-21 in Australia. This research found that over half of the 640 South Australian respondents had experienced suicidal ideation in the past 12 months, and that their experiences of suicidal ideation and suicide attempts were reported at more than five times that of the general population.¹⁰

LGBTIQ+ Community Advisory Group members shared stories of the difficulty in accessing LGBTIQ+ inclusive mental health services in South Australia. We know many people have to utilise mainstream mental health services that generally do not cater to LGBTIQ+ specific issues. This means that people in our communities needing this support either go without or hope they find a service (usually via word of mouth) that has workers who are either part of the LGBTIQ+ community or are allies with an understanding of the LGBTIQ+ issues. Members spoke of their peers accessing mainstream services and feeling very uncertain and uncomfortable to disclose their issues as there has been no cues from that service or worker that they are an ally or welcoming to LGBTIQ+ people.

We heard similar stories when consulting with LGBTIQ+ South Australians with lived experience of suicide in relation to the new South Australian Suicide Prevention Plan. Through the consultation we heard that we need:

- to acknowledge that LGBTIQ+ people are at greater risk of suicide given experiences of abuse, discrimination, homophobia and transphobia

⁹ Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia*. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University. Available at <https://www.latrobe.edu.au/arcshs/publications/private-lives/private-lives-3>.

¹⁰ Hill AO, Lyons A, Jones J, McGowan I, Carman M, Parsons M, Power J, Franklin JD, Bourne A (2021) *Writing Themselves In 4: the health and wellbeing of LGBTQA+ young people in Australia*. South Australia summary report, ARCSHS Monograph series number 128. Australian Research Centre in Sex, Health and Society, La Trobe University: Melbourne. Available at <https://www.latrobe.edu.au/arcshs/publications/writing-themselves-in-publications/writing-themselves-in-4>.

- to make it easier for LGBTIQ+ people to talk openly about who they are when accessing care and support
- better access to inclusive health and mental health services that understand the diversity of LGBTIQ+ communities
- more support for safe spaces for LGBTIQ+ people - some young people literally survived because of community-run drop-in spaces
- more inclusive, respectful communities free from homophobia and transphobia.¹¹

These experiences are consistent with the findings of *Private Lives 3* which found that ‘many LGBTIQ people in need of mental health services are not accessing them and although mainstream medical clinics were the most utilised health service, they had the lowest proportion of participants who felt that their sexual orientation or gender identity was respected’.¹²

Funding should therefore be expanded for LGBTIQ+ specific counselling and psychological support services, who provide a safe and inclusive space, with experts who provide best practice LGBTIQ+ health services. Additionally, providing mainstream services with training and opportunities to be formally accredited as LGBTIQ+ inclusive is essential to expand the pool of services that LGBTIQ+ South Australians can access for appropriate and culturally safe mental health care and support.

People living with HIV (PLHIV)

LGBTIQ+ Community Advisory Group members were concerned about the lack of health and support services for people living with HIV (PLHIV) in South Australia.

Thankfully, due to advancements in HIV treatment, HIV+ people are managing their illness through effective treatments, achieving undetectable viral load and long-term suppression of symptoms. This means they are living longer than we survived in previous decades. HIV in Australia is considered a chronic manageable condition. For this reason it is increasingly vital to consider and cater to the needs of older HIV+ people.

PLHIV, a large proportion of whom are now 50 and older, are increasingly being treated for diseases commonly associated with ageing. Evidence suggests that the prevalence of comorbidities and other age-related conditions is higher amongst PLHIV than in their uninfected peers, and that earlier and more pronounced ageing both have an impact. Geriatric syndromes of particular concern are frailty, arising from the cumulative effects of age-related health deficits; and chronic inflammation, upon which both HIV and ageing have an effect.

The LGBTIQ+ Community Advisory Group is concerned about PLHIV under the age of 65 who fall through the gaps of our health system. This is because this cohort does not qualify for aged care support, despite some conditions associated with HIV speeding up the ageing process. Additionally, HIV is not considered a disability, so this cohort is unable to access NDIS support.

¹¹ South Australian Rainbow Advocacy Alliance, ‘Suicide prevention plan consultation’, 11 April 2021. Available at <https://www.saraa.org.au/advocacy/suicide-prevention/>.

¹² Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia*. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University. P. 120. Available at <https://www.latrobe.edu.au/arcschs/publications/private-lives/private-lives-3>.

It's important that the South Australian Government acknowledges this and finds a way to provide more secondary and tertiary health care options for this cohort.

Members were particularly concerned about the closure of Cheltenham Place, which provided respite and accommodation services for PLHIV, particularly to those living in rural and remote South Australia. Cheltenham was a positive place that this cohort could come to when in Adelaide to visit specialists and attend health and wellbeing appointments that also connected them to other members of the HIV community. The closure of Cheltenham Place has added extra financial burden on this cohort, with some noting during the services closure that they would not be able to attend appointments in Adelaide due to the financial burden of travel and accommodation. Members consider it important for the South Australian Government to consider this gap and how it may be better filled.

Members noted that peer support continues to play a central role in helping PLHIV to achieve positive health and wellbeing outcomes. This includes peers supporting peers with strategies around decision making, wellbeing, engaging in activities and having strong connections to networks, friends and support groups and services/organisations.¹³ While there are a number of opportunities for HIV Positive people to connect on a social level and receive some health and well-being supports through SAMESH and services run by Relationships Australia SA (PEACE & Mosaic), there has been no peak body for HIV prevention and HIV+ community support since the closure of the AIDS Council of SA and Positive Life SA.

Members call on the South Australian Government to consult with and implement recommendations from LGBTIQ+ community, especially HIV positive people, workers and professionals in the sector, in relation to the long-term health and wellbeing needs and models of support services for PLHIV and which would best suit this cohort.

Gender-affirming healthcare for transgender, non-binary and gender diverse

The LGBTIQ+ Community Advisory Group are disturbed by the shortage of gender-affirming healthcare for transgender, non-binary and gender diverse South Australians and the difficulty accessing what services exist.

The group discussed that barriers to vital gender affirming health care are consistently experienced by trans and gender diverse South Australians and their families. Many trans and gender diverse people struggle to find a GP with an understanding of gender diversity and what treatment options are available. This often results in the burden being placed on transgender and gender diverse people themselves to educate their medical professionals.

When we find an appropriate healthcare professional, we often wait between 12 and 18 months to see a specialist who can diagnose gender dysphoria. For trans and gender diverse young people especially, for whom puberty blockers are often the first step of treatment, time is of the essence and these huge waiting times create unnecessary and preventable distress, and can have devastating consequences.

¹³ Woods, R. 'HIV and Ageing in Australia – The New Frontier', National Association of People with HIV Australia, 2019. Available at <https://napwha.org.au/resource/hiv-and-ageing-in-australia-the-new-frontier/>.

These issues have been echoed time and time again by both families and health professionals that support transgender and gender diverse people. We're especially thankful for the hard work of the passionate clinicians at the Women's and Children's Hospital Gender Diversity team.

After repeated advocacy by community organisations including SARAA, Transcend and TransMasc SA,¹⁴ we were pleased to welcome an increase in staffing for the Women's and Children's Hospital Gender Diversity team. This has seen young people in our community start to receive the urgent treatment they need. This funding and resourcing must be maintained to ensure the service continues to work through the large numbers of transgender and gender diverse young people needing support and treatment, as well as provides ongoing and continuous treatment to existing clients.

We also welcome the State Government's commitment to a new state-wide model of care for gender diversity, with SA Health commencing sector consultation on the model earlier this year. Many transgender and gender diverse LGBTIQ+ Community Advisory Group members attended the consultations and will continue to engage as the model developed. Members seek both transparency and accountability from SA Health during the development of the model. This looks like providing regular updates to the LGBTIQ+ community, ensuring ongoing opportunities for community consultation and engagement, and ensuring that community feedback is implemented in the model.

To improve the health and wellbeing of LGBTIQ+ South Australians, the LGBTIQ+ Community Advisory Group recommends advancing the following priorities:

- **Increase funding for LGBTIQ+ specific counselling, psychological support and mental health services, who provide a safe and inclusive space, with experts who provide best practice LGBTIQ+ health services.**
- **Provide mainstream mental health services with training and opportunities to be formally accredited as LGBTIQ+ inclusive.**
- **Reinstate and improve health and support services for people living with HIV, in consultation and partnership with people living with HIV. This must take into consideration the needs of older PLHIV, gaps between the aged care system and NDIS, PLHIV living in regional and remote areas, and social support needs.**
- **Maintain recently increased funding and resourcing of the Women's and Children's Hospital Gender Diversity team to ensure continuity of care for existing clients, and continued reduction in waiting times for new clients. This should continue until the state-wide model of care for gender diversity is developed and implemented.**
- **SA Health develop and implement a state-wide model of care for gender diversity in a transparent and accountable manner by providing regular updates to the LGBTIQ+ community, ensuring ongoing opportunities for community consultation and engagement, and ensuring community feedback is implemented.**

¹⁴ South Australian Rainbow Advocacy Alliance, 'Trans and gender diverse healthcare'. Available at <https://www.saraa.org.au/advocacy/trans-healthcare/>.

Ageing

LGBTIQA+ Community Advisory Group members, including both older members and those who have experience working in the aged care sector, were deeply concerned about the wellbeing of older LGBTIQA+ South Australians. Older LGBTIQA+ South Australians have long fought for and made possible much of the freedom and acceptance we experience as LGBTIQA+ communities today, yet continue to face abuse and discrimination in their later years.

Many older LGBTIQA+ people experience discrimination in accessing health, community and aged care services, with many going “back into the closet” to stay safe, or not accessing essential services to support their wellbeing. Service providers, especially aged care providers, are sometimes reluctant to support the identity of their LGBTIQA+ clients because the subject is unfamiliar or because this may conflict with the stated values and expectations of their employer. At other times, workers may hold personal views that conflict with supporting clients. Workers may also assume that older people lose their sexuality and identity as they age, and therefore not think about how they can support them in this respect.

Members were also deeply concerned about the findings of the recent Royal Commission into Aged Care Quality and Safety.¹⁵ We know that the issues raised in the Royal Commission are exacerbated for LGBTIQA+ people. Indeed, some members reported knowing of community members who “would rather take their own life than go into an aged care centre”. Thus, implementing the recommendations of the Royal Commission are recommended as a priority for Australian governments.

Social isolation of older LGBTIQA+ South Australians is also of concern. Work of COTA SA's Rainbow Hub has been essential in this area, including regular social events for LGBTIQA+ older people, the visitors program and information on navigating aged care. Celebration and community-run events on days of significance, for example IDAHOBIT, are also important in addressing social isolation in older LGBTIQA+ South Australians (see the ‘Invisibility and recognition section of this report).

Members, particularly trans and gender diverse members, also discussed fears about their identities being respected in death. This included fears about not having their chosen name and gender identity respected in funerals and burial sites.

To begin addressing these issues, members unanimously agreed that LGBTIQA+ awareness and inclusivity training for aged care sector workers is essential. Members also believe that older people must be encouraged and supported to practice good health. This includes HIV awareness, sexual health, and physical health.

We also note that the passing of the draft *Equal Opportunity (Religious Bodies) Amendment Bill 2020* would go some way to addressing discrimination against LGBTIQA+ people in aged care settings. The Bill proposes to make it clear that some essential service providers, including aged care services, cannot rely on exceptions to discrimination for bodies ‘established for religious purposes’ under the *Equal Opportunity Act 1984 (SA)* (see the ‘Law’ section of this report).

¹⁵ Royal Commission into Aged Care Quality and Safety, 2021. Available at <https://agedcare.royalcommission.gov.au/publications/final-report>.

To support healthy ageing for LGBTIQ+ communities, the LGBTIQ+ Community Advisory Group recommends advancing the following priorities:

- Implement mandatory LGBTIQ+ inclusivity training for aged care workers and those studying to be aged care workers.
- Work with older persons' and sexual health organisations such as SHINE SA and COTA SA to identify how best it can support and promote positive sexual health in ageing, and the validity and celebration of LGBTIQ+ identities in later life.

Disabled LGBTIQ+ people

LGBTIQ+ people with disability need to have access to health services that understand their gender and/ or sexual orientation.

Members of the LGBTIQ+ Community Advisory Group expressed particular concern that LGBTIQ+ people with disability are not mentioned in the 2019 Roundtable Report, especially given that a significant number of LGBTIQ+ people have some form of disability. There are high rates of neurodiversity in the LGBTIQ+ community, with recent research suggesting that trans and gender diverse people are up to 6 times more likely to be autistic or exhibit autistic traits than cisgender people.¹⁶

Additionally, the latest edition of the *Writing Themselves In* report indicates that of 639 respondents, the following rates of disability are experienced in the South Australian LGBTIQ+ youth community:

- 31.6% (n = 202) people experienced mental illness
- 13.6% (n = 87) people experienced neurodiversity/ autism
- 7.5% (n = 48) people experienced physical disability
- 7% (n = 45) people experienced sensory disability
- 5% (n = 32) people experienced intellectual disability
- 2.6% (n = 17) people experienced another type of disability.¹⁷

People with disability are inherently more at risk of lower health outcomes, and this is compounded for people with a disability who identify as LGBTIQ+. Despite a large number of LGBTIQ+ people identifying as having a disability, the intersection of disability and queerness remains largely unrecognised and misunderstood. A study of LGBTIQ+ Victorians with a disability found that:

While some participants felt able to present their 'whole self' in different settings, or found comfort with selective or partial disclosure, many people expressed discomfort,

¹⁶ Warrier, V., Greenberg, D.M., Weir, E. et al. (2019). 'Elevated rates of autism, other neurodevelopmental and psychiatric diagnoses, and autistic traits in transgender and gender-diverse individuals'. *Nature Communications*.

¹⁷ Note: the relatively high proportion of people reporting a disability in this study is likely to arise due to inclusion of mental illness: less than one-quarter (22.5%; n = 144) of the total South Australian sample reported disability or long-term health condition other than a mental illness. This is on par with the rate of disability in non-LGBTIQ+ people, which is estimated to be between 15-18%.

frustration, and despair at having to 'wear a heterosexual, cisgender mask' in disability services, and of feeling excluded from LGBTIQ+ spaces that they could not access or that did not recognise their experience of disability. We might have expected difficulty with disclosure of LGBTIQ+ identities in disability services, yet we also found difficulty with expressing disability identities within LGBTIQ+ communities and services. If people are not able to confidently and safely access healthcare, and community services, then their right to receive appropriate healthcare and support is denied.¹⁸

It is clear that people with a disability can experience significant challenges in identifying their sexuality and gender and then coming out and articulating this to friends, family, healthcare and support providers, and having their identity accepted, celebrated, and enabled by those around them. CAG members wish to see LGBTIQ+ people with disabilities receive the support they need to live the lives of their choosing, including educational programs and materials that are accessible to them and take into account their learning styles. Such education and materials were previously provided by SHINE SA, particularly by the Coordinator Disability Worker Education, although this role ceased in 2015 due to funding loss, despite the fact that such education support has been shown to be highly effective. Members note that funding to support this cohort is essential for any appropriate disability service and is an area vastly lacking not only visibility but also inclusive practices.

One effective program is Sexual Lives and Respectful Relationships (SL&RR) Program for LGBTIQ+ people with intellectual disability run by Inclusion Melbourne. An evaluation of the program describes its purpose as the following:

The SL&RR program is a long-established educational program that is designed to enable people with intellectual disability (ID) to acquire the knowledge and skills to pursue healthy, safe and respectful relationships through sexual lives of their choosing, and to have good reproductive and sexual health outcomes. It is an educational program grounded in research and has been presented on multiple occasions over the past fifteen years or more. Led by Associate Professor Patsie Frawley of Deakin University, in its current form it is regularly delivered across seven sites in Australia. This evaluation found the program was well received by participants and very successful in achieving its aims.

To support the health and wellbeing of LGBTIQ+ South Australians with disability, the LGBTIQ+ Community Advisory Group recommends advancing the following priorities:

- **In consultation with LGBTIQ+ South Australians with disability, investigate potential models for support and education programs for LGBTIQ+ people with disabilities, such as SL&RR.**
- **Provide funding for an appropriate disability service or services supporting LGBTIQ+ people with disabilities to develop LGBTIQ+ focussed education and support resources. This program should be implemented in collaboration with**

¹⁸ O'Shea, A. et. al. (2020) 'Experiences of LGBTIQ+ People with Disability in Healthcare and Community Services: Towards Embracing Multiple Identities', International Journal of Environmental Research and Public Health, 17(21): 8080, p.11.

LGBTIQA+ South Australians with disability, develop resources in language and formats that are relevant, meaningful, and accessible to people with a variety of disabilities and be led by an employee who is a LGBTIQA+ person with disability.

- **Provide opportunities for disability support workers to access LGBTIQA+ inclusion training.**

Intersex people

According to Intersex Human Rights Australia (IHRA):

Intersex people form a diverse population with many different kinds of bodies, sex characteristics, sex assignments, genders, identities, life experiences, and terminology and word preferences. What we share in common is an experience of having innate sex characteristics (such as chromosomes, gonads or hormones) that differ from medical norms for female or male bodies. They risk violence, stigmatisation and harmful practices because their bodies are seen as different.¹⁹

Intersex is a matter of bodily diversity. Underlying intersex traits can become evident prenatally, at birth, during puberty or at other times. Intersex is not about sexual orientation; people with intersex variations have as diverse a range of sexual orientations as non-intersex (“endosex”) people. Intersex is not about an experience of transition or gender identity; intersex people have as diverse a range of gender identities as non-intersex people.

While there is representation of the intersex community on the current CAG, it was assisted in developing this section by SARAA Board Member and intersex rights advocate of some 15 years’ experience, Carolyn (CJ) Hannaford.

Approximately 1.7% of all people are born with an intersex variation. However, as some of these people do not find out about their intersex status until later in life, it can be extremely difficult to find a sense of community as well as information. This, combined with the lack of understanding in the general public of what it means to have an intersex variation, can lead to isolation and other barriers to a healthy life.

The rights of intersex people, and actions government can take to advance and protect those rights, are outlined in [The Darlington Statement](#).²⁰ This is a joint consensus statement by Australian and Aotearoa/New Zealand intersex organisations and independent advocates, developed in March 2017. It sets out the priorities and calls by the intersex human rights movement in our countries, under six headings. Any changes in policy, legislation, or society concerning the lives of intersex people must be based on The Darlington Statement.

Parents and caregivers are often encouraged to have their child undergo surgery to alter their bodies and remove physical indicators of their intersex variation. This is done with good intent, believing that the child will have an easier life if their genitals ‘match’ the gender they may be

¹⁹ Intersex Human Rights Australia (IHRA), ‘What is intersex?’. Available at <https://ihra.org.au/18106/what-is-intersex/>.

²⁰ Darlington Statement: Joint consensus statement from the intersex community retreat in Darlington, March 2017. Available at <https://darlington.org.au/statement/>.

read as by the wider world. In reality, however, it can have long-term, life altering and potentially damaging consequences.

While some surgeries performed on intersex people will be medically necessary to improve and maintain bodily function, LGBTIQ+ Community Advisory Group members maintain that cosmetic, non-consensual surgeries on intersex people must be outlawed until the person reaches an age where they can give informed consent to such procedures.

Such a policy is not unprecedented. The Victorian Government has made a commitment to protect intersex children from non-consensual and intrusive surgeries and make healthcare more accessible for intersex people.²¹ The ACT Government is also consulting on how to implement policy to protect intersex people against [defferable medical interventions on intersex people](#).²²

The LGBTIQ+ Community Advisory Group recommends that the SA Government work closely with intersex individuals and organisations to prohibit as a criminal act deferrable medical interventions that alter the sex characteristics of infants and children without personal consent, in line with the Darlington Statement.

LGBTIQ+ people in regional and remote areas

LGBTIQ+ people in regional and remote areas face significant barriers to embracing and living in accordance with their identity. Research has repeatedly shown that LGBTIQ+ people in regional and remote areas face difficulty accessing inclusive and affirming health and support services, and higher levels of stigma and discrimination when accessing healthcare than those in urban areas.²³ Additionally, research shows that LGBTIQ+ young people residing in rural areas face particularly high levels of homophobic remarks and victimisation due to sexual orientation or gender expression, experience higher rates of isolation and social discrimination, and feel less safe at school than their peers in urban areas.²⁴

Members of the LGBTIQ+ Community Advisory Group with experience living in regional and remote South Australia certainly found this to be true. Members stated that all the issues faced by metro LGBTIQ+ people are 'magnified' in their regional and remote areas.

Members note a lack of LGBTIQ+ specific health and community support services in regional and remote areas. The effects of this shortage are amplified by the difficulties regional and

²¹ State Government of Victoria, Department of Health & Human Services '(i) Am Equal: Future directions for Victoria's Intersex community.' Available at https://www2.health.vic.gov.au/about/publications/factsheets/i-am-equal?fbclid=IwAR2R1bhiuuFdcJYXWgPppsQ6oXSFqIW5J-Kb9wrM1bHZr_A3UIzcfy9Xpdk.

²² ACT Government,

²³ Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). Private Lives 3: The health and wellbeing of LGBTIQ people in Australia. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University. Available at <https://www.latrobe.edu.au/arcshs/publications/private-lives/private-lives-3>.

²⁴ Hill AO, Lyons A, Jones J, McGowan I, Carman M, Parsons M, Power J, Franklin JD, Bourne A (2021) Writing Themselves In 4: the health and wellbeing of LGBTQ+ young people in Australia. South Australia summary report, ARCSHS Monograph series number 128. Australian Research Centre in Sex, Health and Society, La Trobe University: Melbourne. Available at <https://www.latrobe.edu.au/arcshs/publications/writing-themselves-in-publications/writing-themselves-in-4>.

remote LGBTIQ+ people face in getting to Adelaide to receive services. The costs of travel, accommodation, time off from work, time away from family all prevent people from accessing existing services.

This is having a dangerous impact on very vulnerable people in the community. Some LGBTIQ+ Community Advisory Group members with close connections to HIV-positive people living regionally stated that they know many HIV positive people who will not visit metropolitan South Australia for treatment due to lack of affordable accommodation, following the closure of Cheltenham Place.

Some of these gaps could be bridged by providing greater access to remote communication services such as Telehealth. Members note with concern the effect that the Federal Government ending the rebate for Telehealth appointments will have on geographically isolated people. Members understand that some GPs could have concerns about internet connectivity in their area, and suggest they could partner with Local Health Networks (LHNs) to use their internet services. While some GPs offer over-the-phone appointments, regional members of the LGBTIQ+ Community Advisory Group expressed a strong preference for Telehealth as they know from experience that being able to see who they are speaking to helps build a connection and makes patients feel safer.

Evidently not all LGBTIQ+ support and services can be delivered remotely. Members emphasised the importance of LGBTIQ+ people in regional and remote areas having assistance to travel to and from metropolitan areas for support that requires in-person attendance such as medical gender transition supports, HIV treatment, and attending peer support groups given the high rates of isolation experienced. Members suggested this assistance could be provided by extending the Patient Assistance Transport Scheme (PATS), However, it should be noted that as PATS currently restricts the type of specialist a person can visit using the Scheme, Members understand it will not pay for you to travel if there is a specialist attending a person's local area. This means they cannot choose to access a specialist with LGBTIQ+ understanding or training, and could be forced to use the services that are provided closest to them. This could in turn mean accessing health support from non-supportive or understanding specialists. Therefore this restriction would need to be lifted to provide the best possible result.

A number of CAG members whose experience in the education system ranges from being a student in a regional or remote school to teaching in one raised the concern that the education system lacks training and support for teachers and school staff in regional areas to help them know how to support young people. This is discussed further in the Education section of the report, however it is worth noting that members believe this training is especially important in regional areas.

To address the disparities experienced by LGBTIQ+ South Australians in remote and regional areas, the LGBTIQ+ Community Advisory Group recommends advancing the following priorities:

- **Lobby the Federal Government to reinstate the rebate on Telehealth appointments for regional and remote patients.**

- Investigate options for providing travel & accommodation support to LGBTIQ+ people living regionally to attend health and social supports such as a clinic or peer group, not just specialist appointments. This could include expanding the Patient Assistance Transport Scheme (PATS) to LGBTIQ+ people.

Law

The LGBTIQ+ Community Advisory Group welcomed several positive LGBTIQ+ law reforms in 2020.

First, the long-overdue abolition of the outdated and cruel homosexual provocation ('gay panic') defense by State Parliament in December 2020 was welcomed by LGBTIQ+ communities. Used in South Australia as recently as in 2015, the defence allowed convictions for the murder of gay men to be reduced to manslaughter, simply if a heterosexual male killer says he was provoked by a gay man making a "pass" at him. South Australia became the last Australian jurisdiction to abolish the gay panic defence after years of advocacy by SARAA and LGBTIQ+ advocates.

Secondly, we welcomed the introduction of a **spent convictions** scheme to expunge outdated offences related to same sex attraction which passed Parliament in December 2020. The LGBTIQ+ Community Advisory Group was pleased to be consulted on a fact sheet developed specifically for the LGBTIQ+ community on spending historical homosexual conviction.²⁵ We encourage the South Australian Government to continue working with LGBTIQ+ community organisations to promote the scheme.

Equal opportunity laws

We also welcomed consultation on reforms to strengthen anti-discrimination laws to better protect LGBTIQ+ people, including by removing religious exemptions. In November 2020, the State Government initiated consultation on a draft *Equal Opportunity (Religious Bodies) Amendment Bill 2020* proposing to make it clear that some essential service providers cannot rely on exceptions for bodies 'established for religious purposes' under the *Equal Opportunity Act 1984 (SA)*. This would make it is unlawful for these providers to engage in prohibited discrimination because of their organisation's religious beliefs or values when providing these services. SARAA made a submission broadly supporting the Bill, and looks forward to the reforms progressing to Parliament.²⁶

Conversion practices

Members are very concerned about the continued legal status of conversion practices in South Australia and call for legislation to ban the practice, echoing calls from Australian survivors of the Sexual Orientation & Gender Identity Change Efforts, and the LGBTQA+ Conversion

²⁵ Government of South Australia, Attorney-General's Department, 'Removing historical homosexual convictions', https://www.agd.sa.gov.au/sites/default/files/removing_homosexual_convictions_-_factsheet.pdf?v=1627272469.

²⁶ South Australian Rainbow Advocacy Alliance, 26 November 2020, 'Feedback on draft Equal Opportunity (Religious Bodies) Amendment Bill 2020', available at <https://www.saraa.org.au/wp-content/uploads/2021/03/SARAA-Equal-Opportunity-Religious-Bodies-Amendment-Bill-2020-submission.pdf>.

movement.²⁷ Contrary to the common portrayal of conversion practices as a thing of the past or isolated to ultra-conservative American evangelical churches, our community has reported that conversion practices such as ‘praying the gay away’ still occur in South Australia today. This is despite being repeatedly shown to be extremely damaging to the long-term health and happiness of LGBTIQ+ people. Legislative reform on this issue has occurred in Victoria,²⁸ the ACT,²⁹ and Queensland.³⁰ In NSW, a cross-party group of MPs have announced they’ll work together to outlaw the practice,³¹ in WA the Premier made a 2021 election commitment to banning conversion practices,³² and in New Zealand a Bill was tabled in August to prohibit conversion practices.³³ South Australia must follow suit and introduce laws to ensure LGBTIQ+ people in South Australia are protected against conversion practices - attempts to change or suppress a person’s sexuality or gender identity.

Gender identity laws

While legislative changes in 2016 made it easier for transgender South Australians to legally change their name and sex, members report many challenges remain in having ones name and sex or gender identity legally changed, and having these changed reflected in other forms of government identification. The process for getting one’s name and gender changed via Consumer and Business Services under the *Births, Deaths and Marriages Registration Act 1996* (SA) is complex, with two separate 16 page hard copy forms and a range of supporting documents for each required.³⁴ The Application to record a change of sex or gender identity requires a statement from an Australian registered medical practitioner or registered psychologist, including that the person ‘has undertaken a sufficient amount of appropriate clinical treatment in relation to their sex or gender identity’, however trans and gender diverse people have reported that these guidelines are not well understood by medical practitioners or administrative CBS staff processing applications. One member’s GP used the application form provided by the Government, and yet this was considered insufficient information by CBS who required a letter from their endocrinologist, despite no information about the supporting evidence required being provided on the form or SA.GOV.AU website. Members call for a streamlined and simplified application process to change one’s name and sex or gender, and for clarification of what supporting evidence is required to be made publicly available for medical practitioners, trans and gender diverse people, and the administrative staff process applications.

²⁷ The SOGICE Survivor Statement. Available at <http://socesurvivors.com.au/>.

²⁸ *Change or Suppression (Conversion) Practices Prohibition Act 2021 (VIC)*.

²⁹ *Sexuality and Gender Identity Conversion Practices Act 2020 (ACT)*.

³⁰ *Public Health Act 2005 (Qld)*.

³¹ Hore, A. 7 February 2021, ‘NSW PARLIAMENTARIANS VOW TO OUTLAW “CONVERSION THERAPY”’, *Pink News*. Available at <https://www.starobserver.com.au/news/national-news/new-south-wales-news/nsw-parliamentarians-vow-to-outlaw-conversion-therapy/200589>.

³² Hastie, H. 12 March 2021. ‘McGowan commits to gay conversion therapy ban’. *WA Today*. Available at <https://www.watoday.com.au/politics/western-australia/mcgowan-commits-to-gay-conversion-therapy-ban-20210312-p57aak.html>.

³³ *Conversion Practices Prohibition Legislation Bill 2020 (NZ)*

³⁴ SA.GOV.AU ‘Corrections to certificates: Change of sex or gender identity’. Available at <https://www.sa.gov.au/topics/family-and-community/births-deaths-and-marriages/certificates/corrections-to-certificates>. SA.GOV.AU, ‘Register a change of name’. Available at <https://www.sa.gov.au/topics/family-and-community/births-deaths-and-marriages/changing-your-name>.

Members also report significant difficulties having their name and sex or gender identity reflected in other government identification or services, even when it's been legally changed. For example, members and their peers reported South Australian TAFE, SACE and Universities refusing or being unable to update their educational certificates with their chosen name, even once legally changed via CBS (see Youth and education section). Members also note that some agencies have outdated customer information systems which only allow staff to record people as binary genders of male or female, or that provide an 'other' box but no option for non-binary people to identify. It's recommended that DHS work with other South Australian government agencies to implement its Data Collection and Gender Guideline³⁵ across government.

To advance LGBTIQ+ equality under the law, the LGBTIQ+ Community Advisory Group recommends advancing the following priorities:

- **Progress the draft *Equal Opportunity (Religious Bodies) Amendment Bill 2020* to SA Parliament in 2022 in order to strengthen anti-discrimination laws to better protect LGBTIQ+ people, including by removing religious exemptions.**
- **Introduce laws to end conversion practices, that is attempts to change or suppress a person's sexuality or gender identity.**
- **Continue to promote the spent convictions scheme to LGBTIQ+ communities, in partnership with LGBTIQ+ community organisations.**
- **Streamline and simplify application process to change one's name and sex or gender, including clarifying what supporting evidence is required for example from medical practitioners.**
- **Implement administrative processes across government to allow people to reflect legal changes to their legal name and sex or gender identity when accessing government services.**

Policing

The LGBTIQ+ Community Advisory Group also hold concerns about the availability of support for LGBTIQ+ communities when engaging with the law and police, particularly in relation to the South Australian Police's Gay and Lesbian Liason Officer (GLLO) Program.³⁶

Despite the good intentions of the program, feedback from LGBTIQ+ Community Advisory Group members suggests that it is not well promoted. Several members reported either never having heard of the GLLO Program, or having reported to a police station and asking to speak with a GLLO, however the officer on staff was unaware of the program themselves and did not know how to assist. This lack of awareness seems to be experienced by the wider LGBTIQ+

³⁵ Department of Human Services, 'Data Collection and Gender Guideline: Data collection and working with the LGBTIQ+ community - July 2021', <https://dhs.sa.gov.au/about-us/key-strategies-and-plans/data-collection-and-gender-guideline>.

³⁶ South Australia Police, 'Gay and Lesbian Officers'. Available at <https://www.police.sa.gov.au/services-and-events/community-programs/gay-and-lesbian-liason-officers>.

community in South Australia, as suggested by this anonymised comment posted in a public Facebook LGBTIQ+ support group:

One of my neighbours targeted me and harassed me for my sexuality, it took a long time for me to find a helpful approach. There's such a thing as a Gay and Lesbian Officer. They are so poorly marketed hardly anyone knows about them, even many regular police. But if you ask to speak to one they are much more sensitive to queer matters, and in my case they said that just because someone lives near me doesn't mean their behaviour isn't stalking. They were very helpful and I used their input to push Housing SA to resolve the matter. Housing SA were extremely unwilling to deal with it prior to police involvement.

LGBTIQ+ Community Advisory Group members who have accessed the support of a GLLO successfully stated that they found them very helpful where they were available. However, members found that once those officers moved on to other employment or retired, the GLLO Program was not maintained at that police station.

To support the safety of LGBTIQ+ people when interacting with police and the law, the LGBTIQ+ Community Advisory Group recommends advancing the following priorities:

- **Review the model, implementation and promotion of the SA Police Gay and Lesbian Liaison Program (GLLO).**
- **Require all SA Police Officers with a role that puts them in contact with the public to undertake basic training on how to respect and support LGBTIQ+ people when they report to the police.**

Domestic and Family Violence

Statistics around reported instances of domestic and family violence (DFV) in Australia are, thankfully, widely distributed and known by Australian communities. However, the most widely known statistics are heavily gendered and relate to intimate partner violence where a girl or woman is hurt or killed by a male partner. The rate and experiences of those in DFV settings within the LGBTIQ+ community are lesser known, but remain widely felt, with evidence indicating that over 60% of LGBTQ people have experienced DFV. This has the effect of making many victims and survivors of DVF in LGBTIQ+ relationships feel invisible, like they won't be supported, and that no one will believe them.³⁷

There are multiple reasons why these statistics are not well known. Feeling unsafe to report, lack of understanding of LGBTIQ+ relationships, and real or feared stigma from police and the community alike may prevent someone from reporting DFV.

LGBTIQ+ Community Advisory Group members call for the better collection of data concerning the rates of DFV in LGBTIQ+ community. Members stress the need to use models such as the Multi-Agency Protection Scheme to ensure that data is shared across relevant bodies. This will

³⁷ LGBTQ DV Awareness Foundation (2021) 'Our story'. Available at <https://www.dvafoundation.org/about>.

minimise the likelihood that victims of abuse are retraumatised by having to tell their story time and time again when seeking support or advice from different bodies.

LGBTIQA+ Community Advisory Group members feel that a lot of anti-DFV campaigning is heteronormative and that as a result, non-heterosexual or cisgender people may not recognise what they are experiencing as DFV. Members also feel that it is important to recognise that in the context of LGBTIQA+ victims of DFV, the scope of what constitutes DFV must be widened beyond the portrayal as violence from an intimate partner. Members stressed that factors like being threatened with abuse or violence, or being faced with homelessness after coming out to family constitute DFV. Emphasis was placed on the fact that not all violence is physical in nature, and some members reported psychological abuse and emotional manipulation, such as family members withholding consent for or access to hormone treatment or medication. In these situations 'scaffolding' support must be available to LGBTIQA+ communities, such as emergency interim accommodation for people who cannot - or do not feel safe to - remain in their family home due to their sexuality/romantic orientation and or gender.

Rainbow Health Victoria have developed a range of resources to inform service providers on the inclusion of LGBTIQA+ people in services, programs, policies and campaigns in relation to DFV, including a guide to primary prevention of family violence experienced by LGBTIQ communities,³⁸ and a guide for communications and engagement to support primary prevention of family violence experienced by LGBTIQ communities.³⁹ It's recommended these guides be adopted and implemented within South Australian DFV services.

To help end DFV within LGBTQ communities, the LGBTIQA+ Community Advisory Group recommends advancing the following priorities:

- **Ensure LGBTIQA+ people are included when designing services, programs, policies and campaigns in relation to DFV, for example by following the Pride in Prevention guide.**
- **Create and participate in awareness campaigns that depict and discuss DFV in the LGBTIQA+ community, for example LGBTQ Domestic Violence Awareness Day held by the LGBTQ DV Awareness Foundation, and by following the Pride in Prevention Messaging Guide.**
- **Improve data collection and information sharing about cases of DFV in LGBTIQA+ relationships, including within families.**
- **Provide a range of LGBTIQA+ inclusive 'scaffolding' support options for LGBTIQA+ people experiencing DVF.**

³⁸ Carman, M. et al. (2020) *Pride in prevention: a guide to primary prevention of family violence experienced by LGBTIQ communities*. Available at <https://www.rainbowhealthvic.org.au/media/pages/research-resources/pride-in-prevention-evidence-guide/1698806318-1605661768/pride-in-prevention-evidence-guide.pdf>.

³⁹ Fairchild, J. (2021) *Pride in prevention messaging guide: a guide for communications and engagement to support primary prevention of family violence experienced by LGBTIQ communities*. Available at <https://rainbowhealthvic.org.au/research-resources>.

- **Provide LGBTIQ+ inclusive housing options, for example emergency accommodation, homelessness services, to LGBTIQ+ people living in unsafe conditions. Such accommodation must take into account gender-based needs. For example non-binary people may feel unsafe in men’s shelters and unwelcome in women’s shelters.**

Economic participation and the workforce

Experiences of LGBTIQ+ inclusion in the workforce are varied for the LGBTIQ+ Community Advisory Group. Members shared both positive experiences of inclusion, for example employers using correct pronouns and workplaces encouraging LGBTIQ+ inclusivity training, and negative experiences of discrimination and harassment in the workplace, including experiences of being outed to other employees by their line manager without their consent.

No doubt, discrimination and harassment of LGBTIQ+ people in the workplace still exists, and has a negative impact on the safety and wellbeing those in our communities who experience it. Members’ experience was that homophobia and transphobia significantly limited their ability to participate and feel safe in the workplace. These experiences are common amongst the broader LGBTIQ+ community, with the 2020 Australian Workplace Equality Index showing that 1 in 3 LGBTIQ+ people self-edit in their conversations or hide who they are at work.⁴⁰

Members shared experiences highlighting that often the onus is placed on LGBTIQ+ people to advocate for their own safety in the workplace, and that little guidance is provided to workplaces on how to act inclusively of LGBTIQ+ people. This is especially the case for transgender employees who transition in a work environment.

Members also recognised that discrimination in recruitment processes regularly acts as a barrier to employment for LGBTIQ+ people. Members discussed complexities about when to come out during recruitment processes, balancing not wanting to risk discrimination against wanting to ensure they work for a supportive and inclusive workplace. These concerns are particularly prominent for transgender and gender diverse people.

The LGBTIQ+ Community Advisory Group recognised the role the South Australian Public Sector plays in setting the best practice standard for LGBTIQ+ workplace inclusion as the State’s largest employer, and recognised the progress made in recent years.

In 2019, LGBTIQ+ people were named as a ‘focus diversity stream’ in the [South Australian Public Sector Diversity and Inclusion Strategy 2019-21](#), and the corresponding [South Australian Public Sector Diversity and Inclusion Plan 2020-21](#) contains a number of actions relevant to LGBTIQ+ inclusion, including:

- requiring agencies to develop an agency-specific strategy by October 2020
- establishing an across government Diversity and Inclusion Community of Practice by February 2020
- researching the feasibility of an across sector LGBTIQ+ allies program by May 2020

⁴⁰ Australian Workplace Equality Index, 2020 Annual AWEI Benchmarking Publication. https://www.pid-awei.com.au/content/uploads/2020/09/AWEI_BenchmarkingData2020.pdf

- increasing awareness and understanding of how to create inclusive workplaces, for example through training and an information portal.

SARAA and the LGBTIQ+ Community Advisory Group were pleased to see some agencies such as SA Health⁴¹ and DHS⁴² publicly release strategies with tactics to specifically increase their ability to attract, retain and include LGBTIQ+ employees. We look forward to other agencies publicly publishing their strategies, and are willing support and advise agencies in the implementation of actions relating to LGBTIQ+ people.

The LGBTIQ+ Community Advisory Group also note the existence of a LGBTIQ+ training module created by Department of Premier and Cabinet several years ago, that featured Jenny Scott, transgender LGBTIQ+ rights advocate and LGBTIQ+ Community Advisory Group member. This training could be easily implemented across the public sector for all employees.

The importance of LGBTIQ+ inclusivity in the South Australian Public Sector is reinforced by the recent results of the 2021 Your Voice Survey.⁴³ The survey resulted in an overall improvement in diversity and inclusion indicators compared to the 2018 survey and included some positive results, including that 84% of respondents agreed that 'people in my workgroup behave in an accepting manner towards people from diverse backgrounds'. Nevertheless, there is room for improvement given only:

- 70% agreed that personal background is not a barrier to success in my agency (e.g. cultural background, age, disability, sexual orientation, gender etc.)
- 68% of respondents agreed that their agency is committed to creating a diverse workforce (e.g. gender, age, cultural and linguistic background, disability, Aboriginal and Torres Strait Islander, LGBTIQ+).

We were also deeply concerned to see 10% (n = 3,705) people report personally experiencing workplace discrimination in the last 12 months, with:

- 8% (n = 451) people reporting discrimination on the basis of sex
- 5% (n = 288) people reporting discrimination on the basis of gender identity
- 2% (n = 91) people reporting discrimination on the basis of sexual orientation.

SARAA and the LGBTIQ+ Community Advisory Group believe that everyone deserves to work in safe and inclusive workplaces free from discrimination. We strongly encourage the South Australian Public Sector to take further action to eliminate workplace discrimination.

⁴¹ South Australian Government, Department for Health and Wellbeing, 'Diversity and Inclusion Strategy and Plan 2020-2032'. Available at <https://www.sahealth.sa.gov.au/wps/wcm/connect/a81924f8-7dd1-4c81-9dd0-d3aff5a86a67/DHW+Diversity+and+Inclusion+Plan+2020-2023+%28final%29.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-a81924f8-7dd1-4c81-9dd0-d3aff5a86a67-nwLGAIV>.

⁴² South Australian Government, Department of Human Services, 'Diversity and inclusion strategy 2020-2023'. Available at https://dhs.sa.gov.au/_data/assets/pdf_file/0009/96795/DHS-1359-PSS-Diversity-and-Inclusion-Strategy-2020-2023_FA.pdf.

⁴³ Government of South Australia, (2021) I Work for SA - Your Voice Survey. Available at <https://www.publicsector.sa.gov.au/about/Our-Work/I-Work-For-SA-Your-Voice-Survey>.

The LGBTIQ+ Community Advisory Group recommends the South Australian Public Sector, as the State's largest employer, model best practice LGBTIQ+ workplace inclusion by advancing the following priorities:

- **All public sector agencies to publicly publish a diversity and inclusion plan that includes strategies for promoting inclusion of LGBTIQ+ people, in line with the South Australian Public Sector Diversity and Inclusion Plan 2020-21.**
- **Take action to address discrimination on the basis of sex, sexuality and gender identity reported in the 2021 Your Voice Survey.**
- **Mandate compulsory LGBTIQ+ inclusion training for all public sector employees.**
- **Develop guidance for employers in relation to supporting employees transitioning in the workplace, for example in relation to leave, system changes to reflect a person's name and gender, communicating the change to others.**

Safe community spaces

Members hold concerns about the lack of safe social spaces and formally organised community groups for LGBTIQ+ South Australians, especially spaces that do not centre around the consumption of alcohol and other drugs.

The small number of spaces that do exist often don't cater for the intersectional needs of our communities, for example being accessible to disabled people and cognizant of the needs of LGBTIQ+ people from culturally diverse backgrounds, including international students.

Members note with concern that many safe spaces that are essential to the wellbeing of our community operate on a volunteer basis with little to no funding, resulting in burnout or the collapse of services and support groups.

Since at least 1999, and no doubt before then, South Australian LGBTIQ+ community advocates have called on both State and local governments to fund a specific LGBTIQ+ Community Space that acts as a hub for LGBTIQ+ community groups and organisations to gather, share ideas, and work together. While some progress has been made in the past, this has yet to amount to a viable and sustainable community hub.

Notable progress on this issue has been made in Victoria, with the Victorian Pride Centre recently opened to serve as Australia's first purpose-built centre for LGBTIQ+ people that celebrates Victoria's diverse LGBTIQ+ communities. Made possible by more than \$25 million in funding from the Victorian Government,⁴⁴ the Centre is a safe community hub that is home to a range of Victorian LGBTIQ+ organisations.

The LGBTIQ+ Community Advisory Group recommends working in partnership with LGBTIQ+ community organisations to scope the interest in and feasibility of a South Australian LGBTIQ+ community centre.

⁴⁴ State Government of Victoria, 'Pride Centre', <https://www.vic.gov.au/pride-centre>.

Invisibility and recognition

The LGBTIQ+ Community Advisory Group recognised that LGBTIQ+ people are frequently not counted in government statistics and our identities aren't respected when we access government services. This not only invalidates and perpetuates feelings of invisibility for LGBTIQ+ people, but means we're left behind when policies, laws and services are planned. When data collection excludes us, we lack the evidence base to demonstrate the need for healthcare, housing, aged care and other essential services for our community.

While there have been some recent advances in this space, this challenge remains one felt at both a state and federal level. For example, despite continued community advocacy, the 2021 Census does not include detailed questions about gender identity and sexual orientation.⁴⁵

Members welcomed the recent publication of guidelines in relation to the collection of sex and gender data by both the Australian Bureau of Statistics⁴⁶ and the South Australian Department of Human Services.⁴⁷ SARAA is committed to working with the Department of Human Services to promote the implementation of the guideline across government.

Members also recognised the importance of celebration on days of significance, for example IDAHOBIT, Wear It Purple and Pride. Financial support from the Government for SARAA to host a community run IDAHOBIT event was greatly appreciated and gives the LGBTIQ+ community a space to gather and celebrate our identities.

Leadership from Government Departments and Ministers in recognising LGBTIQ+ days of significance also goes some way to signalling support and inclusion for our communities. This may include public social media posts, emails to all staff and hosting workplace events.

To ensure LGBTIQ+ South Australians are recognised and celebrated, the LGBTIQ+ Community Advisory Group recommends advancing the following priorities:

- **Implement the DHS Data Collection and Gender Guideline across government, including in customer service and internal employee data systems.**
- **Continue support for community run events of LGBTIQ+ days of significance, for example IDAHOBIT.**
- **State authorities and local government bodies publicly celebrate LGBTIQ+ days of significance.**

⁴⁵ Australian Bureau of Statistics, 15 May 2021, 'ABS Statement on sex and gender questions and the 2021 Census', www.abs.gov.au/media-centre/media-statements/abs-statement-sex-and-gender-questions-and-2021-census.

⁴⁶ Australian Bureau of Statistics, 14 January 2021, 'Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables', www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/2020#introduction.

⁴⁷ Department of Human Services, 'Data Collection and Gender Guideline: Data collection and working with the LGBTIQ+ community - July 2021', dhs.sa.gov.au/about-us/key-strategies-and-plans/data-collection-and-gender-guideline.

Recommendations

The LGBTIQA+ Community Advisory Group recommends advancing the following priorities across the following 4 key themes:

Represent and lead for our communities

- Continue to strengthen relationships between the South Australian Government and the LGBTIQA+ Community Advisory Group, and engage further with the group regarding the development and design of strategies, policies and services across Government that impact LGBTIQA+ people.
- Consider establishing a state-led LGBTIQA+ lived experience group to provide advice directly to Government, appointed by members of the LGBTIQA+ community.
- Establish a South Australian LGBTIQA+ Commissioner, to be filled by a person from the South Australian LGBTIQA+ community.
- Mandate state authorities and local government bodies to develop, implement and publish LGBTIQA+ inclusion plans.
- Demonstrate accountability and transparency regarding the South Australian Government's work relating to LGBTIQA+ communities by providing regular updates to the community, and developing a public strategy on the Government's priorities for LGBTIQA+ inclusion, health and wellbeing.
- Provide ongoing and consistent funding for the LGBTIQA+ community sector, on par with that of other community sectors.
- Work in partnership with the LGBTIQA+ community to scope the interest in a feasibility of a South Australian LGBTIQA+ community centre.
- Continue support for community run events of LGBTIQA+ days of significance.
- State authorities and local government bodies publicly celebrate LGBTIQA+ days of significance.

Advance our equality and safety under the law

- Strengthen anti-discrimination laws to better protect LGBTIQA+ people, including by removing religious exemptions.
- Introduce laws to end conversion practices, that is attempts to change or suppress a person's sexuality or gender identity.
- Prohibit, as a criminal act, deferrable medical interventions that alter the sex characteristics of infants and children without personal consent, in line with the Darlington Statement.
- Continue to promote the spent convictions scheme to LGBTIQA+ communities, in partnership with LGBTIQA+ community organisations.
- Review the model, implementation and promotion of the SA Police Gay and Lesbian Liaison Program (GLLO).

- Ensure LGBTIQ+ people are included when designing services, programs, policies and campaigns in relation to DFV, for example by following the Pride in Prevention guide.
- Create and participate in awareness campaigns that depict and discuss DFV in the LGBTIQ+ community.
- Improve data collection and information sharing about cases of DFV in LGBTIQ+ relationships, including within families.
- Provide a range of LGBTIQ+ inclusive 'scaffolding' support options for LGBTIQ+ people experiencing DVF.
- Provide LGBTIQ+ inclusive housing options, for example emergency accommodation, homelessness services, to LGBTIQ+ people living in unsafe conditions.

Include and respect us in service we access

- Provide LGBTIQ+ awareness and inclusion training for key services we access, including all public sector employees, school and tertiary educators, aged care workers, disability support workers and South Australian police.
- Streamline and simplify the application process to change one's name and sex or gender, including clarifying what supporting evidence is required for example from medical practitioners.
- Implement administrative processes across government to allow people to reflect legal changes to their legal name and sex or gender identity when accessing government services.
- Develop processes that allow trans and gender diverse people to change their name and gender on educational certificates, for example from South Australian TAFE, SACE and Universities.
- Implement the DHS Data Collection and Gender Guideline across government customer facing services and internal employee data systems.
- All South Australian Public Sector agencies publicly release a diversity and inclusion plan that includes strategies for promoting inclusion of LGBTIQ+ people, in line with the South Australian Public Sector Diversity and Inclusion Plan 2020-21.
- South Australian Public Sector takes action to address discrimination on the basis of sex, sexuality and gender identity reported in the 2021 Your Voice Survey.
- Develop guidance for employers in relation to supporting employees transitioning in the workplace, for example in relation to leave, system changes to reflect a person's name and gender, communicating the change to others.

Improve our health and wellbeing

- Support the creation of safe, inclusive and supportive education environments that celebrate the diversity of LGBTIQ+ people.
- Implement LGBTIQ+ inclusive relationships and sexual health education, as recommended by the Commissioner for Children and Young People.

- Increase funding for LGBTIQ+ specific counselling, psychological support and mental health services, who provide a safe and inclusive space, with experts who provide best practice LGBTIQ+ health services.
- Provide mainstream mental health services with training and opportunities to be formally accredited as LGBTIQ+ inclusive.
- Reinstate and improve health and support services for people living with HIV, in consultation and partnership with people living with HIV.
- Maintain recently increased funding and resourcing of the Women's and Children's Hospital Gender Diversity team to ensure continuity of care for existing clients, and continued reduction in waiting times for new clients. This should continue until the state-wide model of care for gender diversity is developed and implemented.
- SA Health develop and implement a state-wide model of care for gender diversity in a transparent and accountable manner by providing regular updates to the LGBTIQ+ community, ensuring ongoing opportunities for community consultation and engagement, and ensuring community feedback is implemented.
- Work with older persons' and sexual health organisations such as SHINE SA and COTA SA to identify how best it can support and promote positive sexual health in ageing, and the validity and celebration of LGBTIQ+ identities in later life.
- In consultation with LGBTIQ+ South Australians with disability, investigate potential models for support and education programs for LGBTIQ+ people with disabilities.
- Provide funding for an appropriate disability service or services supporting LGBTIQ+ people with disabilities to develop LGBTIQ+ focussed education and support resources.
- Lobby the Federal Government to reinstate the rebate on Telehealth appointments for regional and remote patients.
- Investigate options for providing travel & accommodation support to LGBTIQ+ people living regionally to attend health and social supports such as a clinic or peer group, not just specialist appointments.

Next Steps

Building on the 2019 LGBTIQ+ Roundtable Report, the first phase of the Community Advisory Group's work focused on confirming and gathering in-depth qualitative feedback from the group about the main priorities for LGBTIQ+ health and rights in South Australia.

The next phase of the LGBTIQ+ Community Advisory Group's work will have an action oriented focus on progressing the recommendations.

SARAA will develop an action plan setting out strategies for progressing each action, along with the stakeholders who should be involved.

SARAA will engage with Ministers, government departments and political leaders to plan tangible action on the group's recommendations, being guided by the LGBTIQ+ Community Advisory Group along the way.

Regular updates on the action plan will be provided to the LGBTIQ+ Community Advisory Group as progress occurs.

SARAA will also consult and engage the broader LGBTIQ+ community upon the Community Advisory Group's recommendations. This will provide a quantitative evidence base that will support work to advance the recommendations.

SARAA will also work to identify the needs of and progress the rights of groups not represented on the first iteration of the LGBTIQ+ Community Advisory Group, and therefore not addressed in this report. This includes, but isn't limited to:

- Asexual people
- First Nations people
- People from culturally and linguistically diverse backgrounds

Lastly, the LGBTIQ+ Community Advisory Group will continue to identify, analyse and produce recommendations for emerging issues that impact LGBTIQ+ health and rights. The Community Advisory Group will do so in consultation with the broader LGBTIQ+ community.

Appendices

Appendix A - SARAA Community Advisory Group (CAG) Terms of Reference

Background and Purpose

The South Australian Rainbow Advocacy Alliance (SARAA), formerly the Gay and Lesbian Health Alliance of SA (GLHA), was formed in 2013 by a group of concerned community members to:

- Talk to the government about changing laws to make things fair
- Get support to help LGBTIQ+ people be happy and healthy
- Make sure LGBTIQ+ people are treated well and get what they need;
- Make sure people and the media talk about LGBTIQ+ people with respect
- Let LGBTIQ+ work with us and tell us their ideas.

In 2019, the Minister for Human Services, The Hon. Michelle Lensink hosted a Roundtable on issues relevant to the LGBTIQ+ community. As a result of that Roundtable, the Department of Human Services (DHS) allocated funds to SARAA to appoint its first Policy and Project Officer. The Officer commenced this role 3 days per week in August 2020 and is tasked with a number of projects to help further, SARAA's development as a peak representative body for LGBTIQ+ people, primarily the establishment and running of a Community Advisory Group. At the time of writing, the contact details for SARAA Policy and Project Officer are: Kelly Vincent (they, them, theirs/she, her, hers) info@saraa.org.au 0434 231 698 (call or text)

The purpose of the CAG is to inform SARAA about issues of importance to the LGBTIQ+ community; to assist SARAA in lobbying with Members of Parliament, peak bodies, and other relevant individuals and organisations to advance the health and wellbeing, social standing and rights of LGBTIQ+ people. As such, it aims to be intersectional, giving a voice to the LGBTIQ+ people who may also have lived experience of, for example:

- Homelessness
- Poverty
- Domestic and intimate partner violence
- Aboriginal and Torres Strait Islander background
- Culturally and linguistically diverse background
- Disability

The CAG will achieve this by:

- Sharing insight and advice regarding issues relevant to the LGBTIQ+ community
- Providing feedback on existing and proposed legislation and policy that may affect the LGBTIQ+ community
- Providing constructive feedback on the work of SARAA
- Identifying opportunities where community groups, agencies, and organisations can have a shared agenda
- Contributing to LGBTIQ+ research and issues

Terms of Appointment

The CAG shall be appointed for an initial term of 10 months. If there is a need for the CAG to continue beyond this time, or if any members step down from the CAG before this time, a reappointment process will take place as outlined later in this document.

Membership and reimbursement

The CAG shall consist of a maximum of twelve (12) members, aiming for up to 2 representatives from each sector of the LGBTIQA+ community (i.e lesbian women, gay men, bi/pansexual, transgender, intersex, asexual, and nonbinary people). Priority will be given to those LGBTIQA+ people of particular intersections/lived experiences as listed above. Special consideration must also be given to ageing LGBTIQA+ people, youth, as well as brotherboys and sistergirls, given their distinct cultural standing.

Membership of the SARAA CAG is voluntary and members of the CAG are not employees of SARAA. However, members will be reimbursed for their time with an honorarium.

Criteria for Membership and Responsibilities

To be eligible for membership of the CAG, a person must:

- Identify as LGBTIQA+
- Have a sound awareness of issues affecting the LGBTIQA+ community and a passion for addressing them
- Be willing to respect and represent a range of views in recognition of community diversity
- Be able to participate positively and respectfully to CAG meetings and lobbying projects, while respecting other members' boundaries and privacy
- Be willing to represent their own interest passionately and respectfully while putting aside personal interests where necessary for the greater good of the LGBTIQA+ community

Selection process

An Expression of Interest form will be disseminated to the wider LGBTIQA+ community through:

- The SARAA website
- The SARAA Facebook page and other social media channels
- Contact with like-minded and supportive LGBTIQA+ organisations to request that they share with their networks (see Project Plan for list)
- Contact with DHS and supportive Members of Parliament to request that they share with their networks
- Possible promotion on local community radio and podcasts (eg Vision Australia Radio, What the Quarantine?! and Pride and Prejudice on Radio Adelaide) as well as online forums such as The Rainbow Directory)

The deadline for submission of expressions of interest will be November 20, 2020.

Once received, the EOIs will be evaluated by the SARAA Chair and Project Officer to find the best possible candidate. Preferred candidates will be invited to interview by Policy and Project Officer and Chair. Successful candidates will be offered a position on the CAG via phone and

follow-up email. Unsuccessful applicants will be notified via email, or letter where no email is provided.

Meetings

All meetings will have an agenda with minutes recording attendees, apologies, decisions and outcomes.

Meetings of the CAG will be held bi-monthly between December 2020 and June 2021, with the potential to continue funding permitting.

The Chairperson will oversee the preparation of the agenda in consultation with Council staff. It is noted that any member can submit agenda items prior to the finalisation and distribution of the agenda. The Policy and Project officer will provide administrative assistance for the creation and distribution of the agenda and meeting minutes.

Chairperson

The initial meeting of the CAG will be chaired by the Policy and Project Officer. At that meeting, Members will have the opportunity to nominate themselves or another Member for the role of Chairperson, and these nominations will be put to a vote. If no nominations are received, the Policy and Project officer may continue as Chairperson.

The appointed Chairperson is responsible for the conduct of meetings, ensuring fair and equitable opportunities for views and opinions to be voiced and discussed by the Advisory Committee.

Quorum and Voting

A meeting quorum will be 50% of advisory group members, plus one. Meetings may progress even if not quorate, however, voting must be deferred to an email vote to be distributed after the meeting.

Decisions made by consensus (i.e. members are satisfied with the decision even though it may not be their first choice). If not possible, the advisory group Chairperson will have the casting vote.

Conflict of interest

Any matter deemed by a member to represent a Conflict of Interest shall be reported to the Chairperson either prior to a meeting or before the specific item is discussed.

Appendix B - CAG EOI Application form

Express your interest to join the South Australian Rainbow Advocacy Alliance Community Advisory Group

We are the South Australian Rainbow Advocacy Alliance. People call us SARAA.

We work with people who are

- Lesbian
- Gay
- Bisexual
- Trans and gender diverse
- Intersex
- Asexual
- And people who do not know their sexuality or gender yet

We want everyone to be happy and free to express themselves.

At SARAA we:

- Talk to the government about changing laws to make things fair
- Get support to help LGBTIQ+ people be happy and healthy
- Make sure LGBTIQ+ people are treated well and get what they need
- Make sure people and the media talk about LGBTIQ+ people with respect
- Let LGBTIQ+ work with us and tell us their ideas

We want to start a group to help us with our work. This is the Community Advisory Group. We will call it the CAG.

The CAG will be a group of LGBTIQ+ people. They will tell us how we can help LGBTIQ+ people.

The CAG will talk to the government about rules that need to change to help LGBTIQ+ people.

We are looking for people to join the CAG.

To be a part of the CAG you need to:

- Be an LGBTIQ+ person
- Know about the problems LGBTIQ+ people have
- Want to help fix the problems
- Listen to lots of different ideas
- Speak and listen in meetings with respect and a positive attitude

Fill out your information below if you want to join the CAG.

SARAA will look at all the applications and ask some people for an interview.

If you do not get chosen there are other ways to be a part of SARAA, like joining our board.

If you have any questions about this form contact Kelly on 0434 231 698 or info@saraa.org.au

1. First name
2. Last name
3. Email address
4. Phone number
5. Postcode
6. Gender
 - Female
 - Male
 - Prefer not to say
 - Non-binary
 - Another gender (please write below)
7. Pronouns (e.g. he, him or she, her, or they, them):
8. Age (write NA if you'd rather not say)
9. Do you identify as LGBTQ+? Please tick any that apply to you
 - Lesbian
 - Gay
 - Bisexual
 - Pansexual
 - Transgender
 - Non-binary
 - Intersex
 - Queer
 - Brotherboy/ Sistergirl
 - Asexual
 - Other
10. Please tick any you identify as or have experience with:
 - Homelessness
 - Being Aboriginal/Torres Strait Islander
 - Cultural and linguistic diversity
 - Disability
 - Poverty
 - Employment issues, including discrimination due to your LGBTQ+ identity
 - Domestic/family/intimate relationship violence
 - Accessing health services (including trans health services and mental health support)
 - Ageing
 - Youth
 - Other
11. What do you think are the 3 most important issues for the LGBTQ+ community in South Australia at the moment?

12. If different from the above, what are some issues affecting your life as an LGBTQ+ person?
13. What skills/knowledge/experience do you think you could contribute to the CAG?
 - Policy
 - Lobbying/talking to Members of Parliament, advocacy groups, etc
 - Report writing
 - Chairing meetings
 - Other
14. Have you been part of a similar advisory group before? Which one(s)?
15. The CAG will meet every 2 months on a day agreed upon by the CAG members. What days of the week and times are you available?
16. The CAG will be guided by the Terms of Reference available at this link. Please tick this box to let us know that you have read the Terms of Reference and agree to abide by them if you are appointed to the CAG. If you are having trouble accessing the file please contact Kelly.

Yes, I have read and agree to the Terms of Reference

17. Is there anything else you would like to tell us about your interest in the CAG and what you feel you can contribute?
18. Please tick this box if you want to get SARAA's email updates
19. If you are not selected for the CAG, would you like us to contact you about other opportunities?

Yes, please send me information about volunteering

Yes, please send me information about joining the SARAA board

No thank you

Thank you for your interest! We will process your application and get back to you as soon as possible.

Submit your application by pressing 'submit'. Or email or post your Expression of Interest form it to:

Kelly Vincent

Policy and Project Officer, SARAA

Via email: info@saraa.org.au

or post: SHINE SA, 64C Woodville Rd Woodville SA 5011