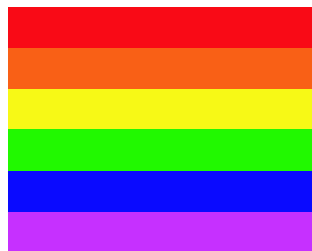


***Submission by Tasmanian Council for Sexual & Gender  
Diverse People Inc***



***Homelessness Charter & Consumer Engagement Strategy***

**“As a minority group the incidence of homelessness alongside health and well being issues including self harm and suicide is at a substantially higher level in the sexually and gender diverse community than in other sections of the Community”**



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## **Introduction**

### **GLBTI Housing Homeless Issues for the Health & Well being Industry**

Being homeless as well as health and wellbeing are important issues for the sexually and gender diverse (GLBTI) Community to determine and improve the quality of care and way the Welfare/Health & Wellbeing Industry treats us. As a minority group the incidence of homelessness alongside health and well being issues including self-harm and suicide prevention is at a substantially higher level in the LGBTI Community than in other sections of the Community.

30 per cent of all homeless young people identify as gay or lesbian  
(*As long as I have my doona<sup>1</sup>*)

The Tasmanian Council for Sexual & Gender Diverse People Inc as the peak advocacy body for the LGBTI Community welcomes the opportunity to contribute to the development and implementation of a Tasmanian Homelessness Charter and Consumer Engagement Strategy on behalf of one of the most vulnerable groups who become homeless. (see attachment A) A representative of the Council (TCS&GDP INC) attended the Hobart information forum and made an oral submission to YDP.

The Council (TCS&GDP INC) has indicated its concern at the exclusion of LGBTI people from the Homelessness Charter & Consumer Engagement Strategy Discussion Paper.

The Council (TCS&GDP INC) are directly identified as an important consultative body of implementing the 'continuous improvement and quality' objective within the Housing Plan in Tasmania, also with the fostering of 'active participation of LGBTI people who are, or who have experienced homelessness, and to assist LGBTI people to contribute their experiences of homelessness, and housing difficulties.

At the State level LGBTI issues and appropriate, efficient and effective strategies are best negotiated with the State Government's LGBTI Reference Group through the Council (TCS&GDP). The four regional Coming Out Proud Community Liaison Committees best negotiate issues at regional level.

The issue of homelessness and discrimination in housing issues is one of the most sensitive and most important priorities for the GLBTI Communities given the rejection/expulsion of LGBTI people from the family home by parents who do not accept the sexual diversity of their children. It is also compounded by discriminatory landlords or rejecting communities (no gays in my backyard syndrome). This rejection and homelessness by parents and family is also a most critical time in relation to the issue of suicide and self harm prevention strategies for a vulnerable GLBTI community sensitive to community rejection, bullying and discrimination. This does not seem to have been recognised by the Department of Health and Human Services Population Health Unit in

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<sup>1</sup> *A report on lesbian and gay youth homelessness* [1995]. 2010 Gay and Lesbian Youth Service and the Australian Centre for Lesbian and Gay Research.)

Tasmania with the provision of any strategies to consider the LGBTI community. The Department has taken two years of concerted advocacy to include the LGBTI Community in the in the composition and direction of the Tasmanian Suicide Prevention Committee which is indicative of the ignorance by government of the poor social indicators in most categories of health and well being. As a minority group the incidence of homelessness alongside health and well being issues including self harm and suicide is at a substantially higher level in the sexually and gender diverse community than in other sections of the Community. The issues are seriously interconnected but not treated at their root cause of discrimination.

Critical is also the situation for funded LGBTI special services, or mainstream health & welfare organisations that have no dedicated or adequate referral or support services for homeless LGBTI people. TasCAHRD does have some accommodation support for it's client group but this is not a self-determined model. WIO is not able to support homeless LGBTI people or even refer them to mainstream initiatives. (see Corey's Story below)

### ***Wellbeing from 'being In Control'- Working Together***

One of the unique issues that the GLBTI Community experiences is the need to work together with the general community as well as across GLBTI Service Organisations to better achieve housing and shelter solutions for the health and well being outcomes in an environment where the GLBTI people are a minority and sometimes marginalised group. The Coming Out Proud Program working as it does at local & regional level, works particularly effectively with general community health services as well as specific GLBTI Services in advocating the special needs of particular groups within the Community e.g homeless sexual & gender diverse people. Separatism within the LGBTI community sometimes leads to

GLBTI emergency housing and shelter issues, including self harm and suicide prevention relate in some part to improved legislation, policy and service provision. This is not achieved without evaluation and audit of what is happening for LGBTI homeless people or not happening, at the local and regional community for the GLBTI Community. It is useless as is the Hobart centric policy and practice of operating outside the essential local/regional knowledge informing state housing shelter policy and practice.

Resolving GLBTI emergency housing and shelter issues, as part of GLBTI health and well being policy and practice relate in large part to ensure policy and practice is sensitive and LGBTI cultural training measures are in place at local and regional level for health and welfare professionals to guarantee the GLBTI Community in State region have access to the following;

- Government and GLBTI Service Organisations that have effective, efficient, appropriate and fully operational emergency shelter and housing welfare policy and referral programs/strategies in place to ensure respect for the GLBTI Community as fully participating members of the general community in the regions.
- The GLBTI Community itself can ensure a collaborative approach from the special and mainstream emergency housing and shelter support that is required for its members e.g. youth, older persons, indigenous,

- ethnic, and etc to participate as fully participating members of the general community.
- The special and particular emergency housing and shelter needs of the GLBTI Community in the regions are recognised by government and community service organisations.

### ***An Environment of Abuse Causes Increased Health Problems***

The 'fear factor' of being disclosed as being gay or lesbian, complicates emergency housing and shelter objectives as it applies to the GLBTI Community. The denigration and homophobia existing in many communities seriously affects the wellbeing and therefore the general health of the whole GLBTI Community. This is especially true in most Tasmanian communities that have sections of 'religious fundamentalist', 'neo Nazi' and homophobic groups encouraging hatred, violence and victimisation of all associated with the GLBTI Community. This factor makes disclosure to authorities of hate and discrimination very difficult for most GLBTI people in the community and can only be resolved by a 'courageous' stand. Most people are not able to take this stand and would be unwise to do so without very good self-protection skills. Only a concerted and planned advocacy based on equity and social justice approach enshrined and guaranteed in a Homeless Charter that includes and represents the interests of GLBTI people, will allow this terrible situation to change. ***A self-determined engagement model is also the only ethical, effective, and appropriate way to involve GLBTI people in program design, evaluation and practice of shelter, and emergency housing policy and practice.***

The 'fear factor' is why many young and older homeless GLBTI people will not approach shelter and accommodation services with any confidence that they will be safe or feel accepted. This is especially true for religious founded or orientated services that reject homosexuality as a basic and respected human condition. Better to be on the street than referred to an Exodus Conversion Program (the heterosexual conversion program); or bullied or lectured at. This is why most statistics do not include the high rates of young and older LGBTI people that find shelter and housing a problem, because there is no data collection that registers their sexuality or their need. This is also a major factor in aged care facilities in housing and caring for the hidden 'out of fear and discrimination' LGBTI aged care population.<sup>2</sup>

Self - determination in respect of the Engagement Strategy will achieve the wellbeing that comes from being in control of the process of change, rather than being controlled. In turn a strong community educational approach needs to be developed in all regions and localities, which has the approval and bi-partisan support of community leaders and all relevant organisations in relation to housing and accommodation need of the vulnerable local/regional GLBTI community. Local Government services and programs have a strong lead role to play in this respect as well as the more centralised State Community and Government/ and specialised GLBTI programs/services. The process of telling people what they want and what they are going to get not only disempowers people but also is dangerous in that it does not anticipate or take into

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<sup>2</sup> Dementia, Lesbians and Gay Men Alzheimer's Australia Paper 15 Oct 2009 Heather Birch

consideration local conditions/environment. Above all it does not count the cost to local GLBTI people of change outside their control.

### **Seriously let Down**

#### **Corey's Story**

Corey grew up in a northwestern Tasmanian rural town. He was always considered to 'be different' in that he was very sensitive, gentle to the extreme in his personality. At the local school other boys and girls considered him different and suspected of being 'gay' and so perpetually bullied him. By the teachers he was considered to be 'angelic' and over sensitive, reflective and spiritual in his bearing. No one knew what to do or did anything about the bullying or his image as a worthwhile young gay men. Corey dealt with it in his own way by joining a group that was smoking and eventually 'got into drugs'. Joining this group protected him from the bullying but led eventually to serious marihuana dependence and later in heavier drug addiction. His parents never dealt with his 'difference' nor his recruitment to the drug culture.

Corey left the State with another young gay friend and went to Sydney after coming to the attention of local police and things being too difficult in the State. Corey left debts also behind him in Tasmania.

Sydney was difficult for Corey and his addiction and growing debts led into more serious crime as well as dealing to feed his now serious habit. After eighteen months Corey returned to Hobart homeless, part of a drug network of friends and seriously addicted.

Corey asked Jo, a volunteer with the Coming Out Proud Program one day for a cigarette in Nth Hobart, which started a supportive relationship. Jo then learnt Corey's story and understood the problems he faced as well as the immediate problem of his homelessness. Jo also suspected that he was addicted. Jo rang a LGBTI support and counselling agency for assistance with Corey, as she did not have the background or resources to deal with Corey's now very serious problems. She asked the Agency to find him shelter as he was living on the street with his partner. Jo was chided by the Agency who told her they were unable to find him accommodation and only resourced to counsel him. An appointment for Corey was made in five days time. A local Church agency offered to take Corey into one of the Church elders homes. Corey stayed on the streets with his boyfriend over the weekend and by Monday the police arrested and put him into custody for unpaid debts and a suspected break in. By the middle of the week Corey was sentenced and placed in Risdon Prison. Jo kept contact with Corey through his boyfriend and was extremely distressed to hear that Corey had been raped nine times in the goal. Corey in all innocence said that he was only raped three times as he gave in after the third rape.

The Coming Out Proud Executive supported Jo in trying to take up the rape with the Justice Department and the associated Prison Visitors, but was very conscious that if it pushed too hard on the complaint Corey's life would be in serious danger. Even visiting Corey was difficult as this relied on an Agency visiting Corey at his request. The Sexual Assault Agency forgot to visit Corey after Jo requested their intervention and besides said that they needed Corey's request rather than Jo's hearsay reports. Corey never pursued the complaint or formally requested a visit. Jo occasionally sees Corey after he got out of goal and has tried to assist him with his drug habit but that is another story of confusion with multiple agencies relating to Corey without affectively supporting him.

(Extracted from a statutory declaration made by Jo Goodman & Julian Punch)

### ***Vulnerability of GLBTI Community Leading to Self Harm & Suicide – A Well Being Profile with Reference to Homeless LGBTI People***

In 2005, here in Australia, a major study found that:

- 80 per cent of respondent gay, lesbian, bisexual, transgender and intersex (GLBTI) people had experienced public insult

- 70 per cent had experienced verbal abuse
- 20 per cent had experienced explicit threats
- 13 per cent had experienced physical assault

(McNair, R., Thomacos, N., *Not Yet Equal: Report of the VGLRL Same Sex Relationships Survey*. 2005. Victorian Gay and Lesbian Rights Lobby.)

Research in Australia also shows the results of this harassment:

- 55 per cent of gay men and lesbians had contemplated self-harm as a direct result of bullying
- 40 per cent had attempted self-harm or suicide on at least one occasion
- 30 per cent had done so more than once.

(Rivers, I., *The Bullying of Sexual Minorities At School: Its Nature and Long Term Correlates*. Educational and Child Psychology. 2001 Vol 18. p39)

- 64 per cent of non-operative transgender people had contemplated suicide on at least one occasion in their lives
- 37 per cent had made at least one attempt

(Singer et al 1997, Xavier 2000, Kenagy & Bostwick 2001, Nemoto et al 2001, Clements-Nolle et al 2001, Risser & Shelton 2002. Cited from www.nctequality.org)

- Same sex attracted young people (SSAYP) are three times more likely to attempt suicide than heterosexual youth

(Howard, J. et al, *Same Sex Attracted Youth in Mental Health Promotion and Young People: Concepts and Practice*. 2002. Eds Rowling, L, Martin, G., Walker, L. McGraw Hill, Australia)

- rural SSAYP are six times more likely to attempt suicide than the population as a whole

(Quinn, K., *Rural Youth and Same Sex Attracted Youth: Issues, Interventions and Implications for Rural Counsellors*. Rural and Remote Health. 2003 Vol 3.)

- 30 per cent of all homeless young people identify as gay or lesbian

(*As long as I have my doona: A report on lesbian and gay youth homelessness* [1995]. 2010 Gay and Lesbian Youth Service and the Australian Centre for Lesbian and Gay Research.)

and yet

- 67 per cent of Australian doctors surveyed knew of instances where GLBTI patients had either been refused care or received substandard care as a result of their sexual orientation or gender identity

(Thomacos, N., *Enhancing and Promoting the Health and Wellbeing of all Gay Men and Lesbians in Victoria*. Lecture: University of Melbourne, Sept 2006)

### ***COPP Developing Policies to Improve GLBTI Rights & Protection at Regional & State Levels***

The intent in establishing the Coming Out Proud Community Liaison Committees has been in part to develop management plans in the local areas & regions of Tasmania in partnership with Local Government to provide for self

determined strategies that will allow GLBTI people in the Region to 'come out with pride' and live in their community with dignity as fully respected and participating members. One of the major objectives of COPP is to 'support the GLBTI Community create a climate where they are accepted and celebrated as full, contributing and proud members of the general community'.

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

The four regional COP Community Liaison Committees aim as follows;

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

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

The Council (TCS&GDP Inc) which has been incorporated with representation from the local, COPP Community Liaison Committees (but not yet by funded support organisations e.g Working It Out & TasCAHRD) is acting in concert with the State GLBTI Reference Group in implementing the State Government's GLBTI Framework in both government and community services.

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

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

The League of Gentlefellows (LOG) [www.logtas.org](http://www.logtas.org) with a base membership of over 1900 members has invested over \$35,000 raised from social functions in the COPP Trust. The COPP Trust is an important funding strategy to encourage the development of human rights, security and well being strategies at local and regional level to achieve cultural change. Moreover LOG is a strong and important consultative base with a 1900 membership base for the consideration and implementation of social justice strategies.

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

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

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

### ***GLBTI Cultural Appreciation in Program & Service delivery***

The concern of the COPP State Steering Committee in regard to the failure to adequately implement policy or practice protocols for the for the sexually and gender diverse community (particular reference to youth and older people) in the state is leading to a failure to consider appropriate specialised and mainstream program design including the health and welfare needs (including shelter & accommodation needs) of the LGBTI Community. These needs in regard to housing and accommodation are complicated by the other poor social indicators associated with homelessness in our community e.g. self-harm and suicide prevention for this marginalised and disadvantaged group. In addition youth/shelter workers, teachers and professionals working with this particular group of young people are not generally trained in the necessary cultural diverse needs and rights of the sexually and gender diverse youth community.

Of particular concern is the lack of respect or understanding of the sexual and gender diverse youth community by religious organisations providing services under funding tendering arrangements to this section of the youth population with some ethical code of practice being applied.



One of the unique issues that the GLBTI Community experiences is the need to work together to achieve protection as a minority and marginalised group within the local Community. GLBTI legal and policing issues relate in some part to improved legislation, policy and service provision. Resolving the issues relate in large part to ensure policing, enforcement and education measures are in place including self-harm and suicide prevention at local and regional level that will guarantee the GLBTI Community in all regions access to the following. This would be most effectively achieved by empowerment of clients to have a say in the development of their services as well as evaluating through a Charter and consumer engagement strategy that ensured they had a strong say in the management and evaluation of the services;

- Government and GLBTI Service Organisations that have effective, efficient, appropriate and fully operational legal programs/strategies in place to ensure respect for the GLBTI Community as fully participating members of the general community concurrent and post law reform.
- The GLBTI Community itself can provide (standing together) the special and particular para-legal support required for its members e.g. youth, older persons, indigenous, ethnic, and parents etc to participate as fully participating members of the general community.
- The special legal protection and special enforcement needs of the GLBTI Community in the State are recognised by government and community organisations.

### ***GLBTI Health & Well Being Industry Issues- Associated with Homelessness***

- Where GLBTI relationships and families are subject to increased tensions, disputes and incidents of abuse, poor health and self-esteem will result including self-harm and suicide prevention. This is evident in increased mental health problems, self-harm, mutilation, drug taking and attempted suicide in sections of the GLBTI Community in direct proportion to the incidence of localised homophobia.
- GLBTI Members have a right to equal access to all health and well being (including housing shelter) policies and programs in an environment that understands and considers their culture and special needs as a minority group that is often under intense pressure.
- The GLBTI Community is often not consulted about their particular health and well (including housing shelter) being needs including self-harm and suicide prevention or about building these into ***appropriate, efficient and effective***<sup>3</sup> program and policy development.
- Special GLBTI health and wellbeing services including housing shelter are often Hobart centric and not designed for delivery at local or regional levels.
- All professional health and well being professionals/staff programs and service delivery (public & private sectors) need to be well trained in the cultural and special issues relating to the GLBTI Community. Anecdotal

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<sup>3</sup> Auditor-General's Special Report No 6 ... develop a "Best Practice Guide" to be used for the administration of all grants 2005.

evidence indicates this is not the case despite the Governments instructions by the Public Service Commissioner<sup>4</sup>.

- A GLBTI safe and friendly service environment is an important issue with special regard to health and well being facilities including housing/ shelter
- Education and Para welfare/health programs including housing/shelter /building on a sense of GLBTI community are usually very effective as for all minority groups
- Defamation, black mail and violence and are often used against GLBTI people to keep them hidden. Health and well being professionals need to anticipate and address this 'denial factor' in including housing shelter
- Single discipline departments and organisations need to work together in a multidisciplinary, complimentary and compatible way to achieve better health and well being issues including housing shelter for the GLBTI Community eg police, health organisations/departments and education working together. This requires care-full facilitation at the local, regional and state level. It is important eg that the Department of Premier & Cabinet Social Inclusion Unit ensure careful coordination at the State level and local government works at local level through programs such as Stronger Communities<sup>5</sup> to avoid the failure of compartmentalisation.

### ***Stakeholders in Developing GLBTI Housing & Shelter Management Plans***

#### **Government**

- Tasmanian Department of Health & Human Services- GLBTI Health Reference Group
  - All health and wellbeing services as they apply to the GLBTI Community
  - Local Regional Health Centres
  - Particular Units eg Sexual Health, Population Health etc
- Tasmanian Police Department at all Police local station level and special reference to the Department's GLBTI Reference group.
- All High Schools and Colleges and special reference to the Education Department's GLBTI Reference Group.
- Department of Premier & Cabinet's Whole of Government Reference Group coordinating Health & Human Services, Police, Education, and Justice

#### **GLBTI Service Delivery**

- Tasmanian Council on AIDS, Hepatitis and Related Diseases Inc
- Working It Out
- Women Centres
- Outright Youth program in all public & private high schools

#### **Community Based**

- Local GP's and Health & Wellbeing Professionals
- Community Health Centres (Public & Private)
- Local Councils through the Stronger Communities Committees

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<sup>4</sup> Tasmanian State Service Commissioner's Direction No 3 Implementing a Workplace Diversity Program.

<sup>5</sup> Stronger Communities NSW, Victorian and Tasmanian State Government initiatives implemented through local Councils.

- Coming Out Proud Program [www.comingoutproud.org](http://www.comingoutproud.org)
- GLBTI local social organisations [www.logtas.org](http://www.logtas.org)

### **Some Suggested Housing/Shelter Strategies for Local/Regional Communities**

- GLBTI Health & Wellbeing including housing shelter Management Planning is detailed by regional Coming Out Proud Program Community Liaison Committees
- Developing GLBTI health & well being issues through the local/regional Stronger Communities Committees/Local Government
- Local planning and developing local/regional responses including housing shelter through 'mainstream' health & wellbeing programs services as applying to the GLBTI community
- Developing and auditing GLBTI cultural awareness training for all health & wellbeing professionals/staff.
- Audit of GLBTI 'friendly signage' in housing shelter centres
- Audit of GLBTI Service Organisations delivery of health and wellbeing services with special reference to housing shelter in local and regional areas
- Encouraging coordination between health, education and police workers as well as GLBTI Service Organisations for including housing shelter on a coordinated approach to local/regional health & wellbeing issues
- Developing local/regional forums/questionnaires on GLBTI including housing shelter issues.
- Developing referral to and awareness of GLBTI Services Organisations.
- Establishing the Outright Youth Program through local effort in all secondary private and public secondary High Schools & Colleges.
- Developing the COP website [www.comingoutproudprogram](http://www.comingoutproudprogram) as a referral tool for GLBTI Health and Wellbeing related services in relation to housing shelter agencies.
- Nominating GLBTI housing shelter community based initiatives for the LOG Annual Rainbow (GLBTI) Awards.

### **Other State Based Housing & Shelter GLBTI Related Issues**

- Little if any consultation with Housing Tasmania about the difficulties of GLBTI people coming out and being homeless in a hostile culture.
- Lack of involvement and consultation between GLBTI related services and local GLBTI community based organisations in policy and practice development.
- Centralised (Hobart Centric) solutions and services for a most regionalised and de centralised Tasmanian population in areas where discrimination is stronger.
- GLBTI Services (funded) are not consultative or in touch with the local regional GLBTI population on this issue.
- Anti-discrimination legislation should prevent and not provide exemption to religious based organisations and educational establishments/organisations to vilify sexually and gender diverse homeless LGBTI people.
- Codes of conduct should apply to all organisations providing services to the GLBTI Community (with particular reference to GLBTI young people. Religious and most 'faith based' organisations have strong

moral and homophobic invocations against sexually and gender diverse people. When these are applied to part of the population they are supposed to serve then this is not only a mayor cause of stress and loss of well being it is part of the intrinsic cause of self-harm and suicide.

### **State Based Recommendations**

The following recommendations are made in relation to the elimination of the high rates of homelessness and self-harm and suicide in the GLBTI Community in Tasmania. The recommendations should be considered as part of mainstream attempts at local, regional levels for communities to be empowered to develop local appropriate, efficient and effective measures to counter homelessness and self-harm and suicide.

- The GLBTI Community should be represented on State Housing Committees (as a priority group) from a local and regional perspective. This would naturally be representation from the Tasmanian Council for Sexual & gender Diverse People Inc.
- The network of GLBTI Community Liaison Committees established with local government support and endorsement should be recognised by the Minister for Community Development as major points of coordination to develop appropriate responses to the prevention of LGBTI homelessness and self-harm and suicide at local & regional level in Tasmania.
- The Department of Health & Human Services (DHHS) GLBTI Reference Group in consultation with the State Government GLBTI Reference Group as part of the GLBTI Framework develops a management plan to eliminate the incidence of homelessness, self-harm and suicide in the GLBTI Community.
- Accurate monitoring and reporting statistics (coronial inquiry) are developed by the Tasmanian Police Department (GLBTI Reference Group) on the GLBTI related motivational factors involved in all instances of suicide. These deidentified statistics are made available to local service providers working in this area for monitoring and evaluation purposes.
- Accurate monitoring and reporting statistics are developed by the DHHS (GLBTI Reference Group) on the GLBTI related motivational factors involved in all instances of homelessness. These deidentified statistics are made available to local service providers working in this area for monitoring and evaluation purposes.
- DHHS regional Health Centres work with local practitioners, service providers (special GLBTI and mainstream educational, welfare and police) and COPP Community Liaison Committees to develop appropriate, efficient and effective measures to counter homelessness
- Local covenants should be developed in communities of high incidence of homelessness by local government or an appropriate convenor (Local Stronger Communities Committees) bringing together all educational, police, health and human service sectors both public and private to discuss local and regional approaches to eliminate the problem. There should be special reference to local minority groups that have a high incidence of homelessness in their community eg GLBTI, indigenous etc.

- Housing shelter prevention measures and targets should be included in Tasmania *Together* that support LGBTI people in need of housing or shelter solutions.
- The Outright Youth Program should be introduced in all State & Private High Schools in Tasmania over the next two years. Regions with high rates of homophobia should be a high priority for introduction of the program.

### **Essential GLBTI Components in a Homeless Charter**

Given the particular problems associated with discrimination and the difficulties of coming out the following points should be included in a Homeless Charter;

- LGBTI homeless people given the difficulties associated with 'coming out' should be guaranteed access to shelter or medium-long-term housing facilities within their local area that can ensure their safety, privacy and self-respect.
- LGBTI homeless people are entitled to respect and consideration regarding their sexuality, cultural social association and partnerships free from discrimination according to the Tasmanian Anti-discrimination Act and Partnership Legislation.
- LGBTI homeless people are entitled to be supported in every instance by professional staff that is GLBTI cultural awareness trained<sup>6</sup>.
- LGBTI homeless people should not be subject to religious/secular inspired indoctrination or conversion strategies (from homosexual to heterosexual)
- LGBTI homeless people are entitled to culturally appropriate information about the social, welfare and support and protection agencies and resources that are available to in the locality/region. (Entry Interview)
- LGBTI homeless people should be entitled to associated welfare, health and well being, education and policing support services in their area that will respect their diverse sexuality.
- Government funding to all housing shelter and agencies should commit through a Code of Conduct build into the funding agreement that ensures GLBTI friendly and trained staff as well as an Agency Code of Conduct that includes the rights of the GLBTI clients.
- The Children's Commissioner/ Tasmanian Anti-Discrimination Commission should assess the Charter for Homeless People for its implementation in housing and shelter programs in regard to LGBTI young homeless people.

### **Essential GLBTI Components in an Engagement Strategy**

- LGBTI homeless people should be consulted in their needs in any formulation of housing, homeless policy and practice by State Agencies and Service delivery organisations, as supported by their peak advocacy organisation<sup>7</sup>.
- LGBTI homeless people, their representative bodies and advocacy organisations should be consulted in the process of evaluation and

<sup>6</sup> Tasmanian Anti Discrimination Commission Training Unit training Anti Discrimination and LGBTI Cultural Awareness Training Module

<sup>7</sup> Tasmanian Council for Sexual & Gender Diverse People Inc COPP regional Community Liaison Committees.

- refunding of all support agencies involved in shelter and Housing projects by a ombudsman body independent of funded organisations.
- LGBTI homeless people are entitled to representation on Boards of Management defining policy and practice (Housing/Shelter) by LGBTI representatives from their right of association.
  - LGBTI homeless people should be entitled to an external complaint process that is independent and impartial of government/private support/welfare agencies.
  - LGBTI homeless people should be entitled to an internal agency policy and complaint process in relation to bullying that ensures the shelter agency facility is free from harassment and discrimination as for section 104 of the TADA<sup>8</sup>.
  - The Children's Commissioner/ Tasmanian Anti-Discrimination Commission should conduct a triennial investigation into the capacity and policy of housing and shelter organisations to provide independent and competent support to LGBTI people. LGBTI homeless people should be entitled to have a client centered advocacy association of LGBTI people who are homeless or in need of accommodation or support. In Tasmania this may well be a sub chapter of a mainstream organisation.
  - LGBTI homeless people should be entitled to have relevant information about their rights given to them in an entry interview through written form. They should also be able to provide comment in an exit interview as their proper treatment while in an emergency establishment or housing program. An independent body should review these with responsibilities back to the funding agency.

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<sup>8</sup> Tasmanian Anti Discrimination Act Section 104 Responsibilities of Organisations

## Attachment A

### ~Percentage of GLBTI people who have experienced assault based on sexual orientation

#### *Tasmanian research*

##### Research period five years or over

- a) **46%** amongst 16-26 year old Tasmanian gay and bisexual men (Menziess Centre for Population and Rural Health, 1998, sample=120)
- b) **46%** amongst 14-18 year old same sex attracted people in three Tasmania High Schools (La Trobe University Centre for Sex, Health and Society Research, 1998, sample=300)
- c) **32%** amongst 15-25 year old southern Tasmanian lesbians (Department of Community and Health Services and Hobart Women's Health Centre, 1998, sample=30)

##### Research period previous twelve months

- d) **12.5%** amongst gay men ("Tasmanian Council on AIDS and Related Diseases, CARD's Men who have sex with men survey", 1998, sample=88)
- e) **15%** amongst Tasmanian gay men (Project MaleCall, Macquarie University Centre for HIV social research, 1996, sample =140)

#### *National or interstate research*

##### Research period five years or over

- f) **33%** of lesbians (NSW gay and lesbian community study, "Off our Backs", 1992, sample=40)
- g) **20%** amongst gay men and **11%** amongst lesbians (NSW Anti-violence Project, "Street Watch Report", 1997, sample=unsure)
- h) **20%** amongst gay men and **11%** amongst lesbians (Victorian gay and lesbian community survey, 1994, sample=1000)

##### Research period previous twelve months

- i) **14%** amongst gay men and **12%** amongst lesbians (NSW Police gay and lesbian community survey, "Out of the Blue", 1995, sample=297)
- j) **11%** amongst Australian gay men (Project MaleCall, Macquarie University Centre for HIV social research, 1996, sample =3039)

**~ Percentage of GLBTI people who have experienced assault and verbal abuse based on sexual orientation**

*Tasmanian research*

*Research period five years or over*

- k) **94%** amongst 16-26 year old Tasmanian gay and bisexual men (Menziess Centre for Population and Rural Health, 1998, sample=120)
- l) **91%** amongst 15-25 year old southern Tasmanian lesbians (Department of Community and Health Services and Hobart Women's Health Centre, 1998, sample=30)

Research period previous twelve months

- m) **47%** amongst Tasmanian gay men (Project MaleCall, Macquarie University Centre for HIV social research, 1996, sample =140)
- n) **42%** amongst gay men ("Tasmanian Council on AIDS and Related Diseases, CARD's Men who have sex with men survey", 1998, sample=88)

*National or interstate research*

*Research period five years or over*

- o) **70%** of gay men and lesbians (Victorian gay and lesbian community survey, 1994, sample=1000)
- p) **79%** of gay men and lesbians (Victorian gay and lesbian community survey, 1999, sample=1000)
- q) **83%** of gay men and lesbians (NSW Police gay and lesbian community survey, "Out of the Blue", 1995, sample=260)
- r) **91%** of lesbians (NSW gay and lesbian community study, "Off our Backs", 1992, sample=40)

Research period previous twelve months

- s) **40%** amongst Australian gay men (Project MaleCall, Macquarie University Centre for HIV social research, 1996, sample =3039)



## **~ Percentage of GLBT people who have experienced discrimination based on sexual orientation**

*Research period five years or over for all studies*

### *Tasmania*

- t) **95.5%** amongst 15-25 year old southern Tasmanian lesbians (Department of Community and Health Services and Hobart Women's Health Centre, 1998, sample=30)

### *National or interstate*

- u) **87%** of gay men and lesbians (Victorian gay and lesbian community survey, 1994, sample=1000)
- v) **84%** of gay men and lesbians (Victorian gay and lesbian community survey, 1999, sample=1000)

### *Discrimination in employment (all interstate)*

- w) **59%** of gay men and lesbians in employment (Sydney University gay and lesbian community study in NSW, Vic and ACT, 2000, sample=1000)
- x) **45%** of gay men and lesbians in employment (Victorian gay and lesbian community survey, 1994, sample=1000)
- y) **40%** of gay men and lesbians in employment (Victorian gay and lesbian community survey, 1999, sample=1000)

## **~ Other relevant statistics**

### *Discrimination and harassment in schools*

According to a study of attitudes to homosexuality amongst 300 students at Hobart's Elizabeth College released in September 1999,

- **8%** of students admitted to being homosexual or bisexual
- **32%** of males and **20%** of females admitted feeling uncomfortable around a homosexual person
- **16%** of students admitted to physically or verbally abusing someone on the basis of their sexuality.

### *The effects on young gay and bisexual people*

According to a study of health compromising and suicidal behaviours among young gay and bisexual men in Tasmania conducted at the Division of Community and Rural health and issued in October 1999,

- the young Tasmanian gay and bisexual men surveyed were two and a half times more likely to seriously consider suicide than their heterosexual peers,

- **62%** of the young Tasmanian gay and bisexual men surveyed had experienced physical assault, and **94%** had suffered verbal abuse because of their sexual orientation,
- the young Tasmanian gay and bisexual men were more likely to experience conflict with parents and peers, lose friends because of coming out, abuse alcohol and have unsafe sex.