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NEEDS ASSESSMENT REPORT

[VOLUME 1]

Training health providers to work with Aboriginal & Torres Strait Islander LGBTQA+ young people

Uink, B., Liddelow-Hunt, S., Wilson, M., Hill, B., Waples-Crowe, P., Davis, K., Clinch-Moore, S., Cameron, D., & Lin, A.

Acknowledgement of Country

We acknowledge that this research has taken place on several Aboriginal and Torres Strait nations and the research team was based on Wadjuk Noongar Boodja (Country). We pay our respects to the Elders past and present. We also acknowledge the Traditional Owners of the many lands from which our participants joined us.

Contents

Suggested reference 5
About the artist 5
Contact 5
Abbreviations 5
Glossary 6
Project team 10
Acknowledgements 12
Ethics and funding 12

Executive Summary 14
Context 15
Method and data collection 16
Data highlights and takeaways 17
Looking forward 17

Methods 18
2.1. Background 19
2.2. Project development 19
2.3. Participants 20
Table 1: Demographics of subject matter expert participants 21
2.4. Data analysis 22

Findings 24
3.1. To what extent are Aboriginal and Torres Strait Islander LGBTQA+ young people being included in our communities? 25
3.1.1. Mixed experiences within communities 25
3.1.2. Geographical differences 26
3.1.3. Generational differences and improvements over time 27
3.1.4. Incorporating sexuality and gender diversity into culture 28
3.2 Enablers of inclusion 28
3.2.1. Relationships with LGBTQA+ family and friends 28
3.2.2. Shared experiences of discrimination 29
3.2.3. Top-down support from organisation 29
3.2.4. Talking about LGBTQA+ inclusion via mental health and sexual health 30

Contents

3.3. Barriers to Inclusion 31
3.3.1. Lack of knowledge/understanding of LGBTQA+ identities 31
3.3.2. Complexities of discussing sexuality and gender diversity from a cultural standpoint 31
3.3.3. Perception that people cannot be both Blak and Queer 32
3.3.4. Religious influences 33

Definitions of Inclusive Practice 34
4.1. How are Aboriginal & Torres Strait Islander LGBTQA+ communities and ACCOs defining inclusive practice? 35
4.1.1. Treating everyone the same (equality) 35
4.1.2. Non-judgemental, non-stigmatising and normalising 36
4.1.3. Ensuring safety 37
4.1.4. Using inclusive language 38
4.1.5. Respect for privacy and patient confidentiality 39
4.1.6. Understanding when young person gender/sexuality is relevant 39
4.1.7 Aboriginal and Torres Strait Islander cultural competency training as a panacea for inclusive practice 40
4.1.8. Making links between colonisation and social exclusion 40

Current Practice 42
5.1. What are ACCOs currently doing to be inclusive of LGBTQA+ young people? 43
5.1.1. Discussions of LGBTQA+ peoples' needs within services 43
5.1.2. Accessing LGBTQA+ training 44
5.1.3 Gaining knowledge through popular and social media 44
5.2. What gaps currently exist? 45
5.2.1. Lack of information that has an Aboriginal and Torres Strait Islander lens 45
5.2.2. Lack of knowledge and skills in providing gender affirming care 46
5.2.3. Not knowing how to mediate family and community expectations 46
5.2.4. Minimal organisational support 47

Summary 48

References 52

Suggested reference

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About the artist

Skye is a queer artist. They are a strong believer in equality and does their best to show this in their art. They are Yamatji and Koorie and wish to learn more about their culture from their mum and the people in their life. They do commissions and are currently studying at university. @skyangelwings

Contact

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Abbreviations

ACCO	Aboriginal and Torres Strait Islander Community Controlled Organisation
ACCHO	Aboriginal and Torres Strait Islander Community Controlled Health Organisation
LGBTQA+	Lesbian, Gay, Bisexual, Transgender, Queer*/Questioning, Asexual and/or other diverse sexualities and genders. Other commonly used versions of this acronym are LGBT, LGBTQ, LGBTIQ, LGBTQI; where 'I' stands for intersex. *Note: queer is a historically derogatory term that has been reclaimed but may be offensive to some and should be used with caution. Unless someone specifically identified their sexuality/gender as queer, it is not appropriate to use in professional settings.
DGC	Data Governance Committee

Glossary

AFAB / PFAB	Assigned female at birth/presumed female at birth (Transhub, 2020).
Agender	A person with no connection to the gender binary and/or no personal alignment to the concept of man or woman. Some people may prefer to use the term 'gender neutral' (Transhub, 2020).
AMAB / PMAB	Assigned male at birth/ presumed male at birth (Transhub, 2020).
Asexual	People who do not experience sexual attraction to others or desire sexual activity. Asexual people may have romantic relationships with other people, or they may also be 'aromantic' and not be interested in romantic relationships (Black Rainbow, 2021).
Bisexual / Bi+	A person who is emotionally, romantically and/or sexually attracted to two or more genders, though not necessarily at the same time, in the same way, or to the same degree (Black Rainbow, 2021). Not all people attracted to multiple genders will use the term 'bisexual' – they may prefer terms such as bi+, 'queer', 'pansexual', 'multi-gender attracted' or 'omnisexual'.
Brotherboy	An Aboriginal or Torres Strait Islander gender diverse person who has a masculine spirit and takes on men's roles within the community. Brotherboys have a strong sense of their cultural identity. Brotherboys may or may not also identify as transgender, and not all Aboriginal and Torres Strait Islander trans men identify as Brotherboys. May also be spelled Brothaboy. How the word Brotherboy is used can differ between locations, countries, and nations. The term Brotherboy may not specifically define who someone is, but instead have an affiliation which is fluid enough to complement their identity. Note: More generally in Aboriginal and Torres Strait Islander communities, the term brotherboy may be used a term of endearment for men, with no reference to gender diversity (Black Rainbow, 2021; Transhub, 2020).
Cisgender	A person whose gender matches the sex they were assigned at birth (Australian Institute of Family Studies [AIFS], 2022; Transhub, 2020).
Co-design	Meaningful engagement of end-users (e.g., health and wellbeing service providers and consumers) in research design. During this process, end-users reflect on experiences with a phenomenon and work together to identify improvement priorities, and devise, and eventually implement, change (Donetto et al., 2015; Slattery et al., 2020).
Competencies	Standards of related knowledge, skills, abilities, attitudes, or behaviours required to successfully perform tasks in the workplace; they may be organisation-wide or role-specific (Campion et al., 2011).
Gay	A person who is emotionally, romantically and/or sexually attracted to people of the same gender. Most often used to describe same-gender attracted men but also commonly used by same-gender attracted women and non-binary people. Not all same- gender attracted people will use the term gay – they may prefer to use other language. Note: may also be used by LGBTQA+ people in casual conversation as synonymous with LGBTQA+ or an umbrella term for sexual diversity. This usage is not appropriate in formal/ professional settings (Black Rainbow, 2021).
Gender / gender identity	A person's sense of whether they are a man, woman, non-binary, agender, genderqueer, genderfluid, or a combination of one or more of these definitions (AIFS, 2022).
Gender-affirming care	Service provision that supports gender-diverse people to be comfortable, safe, healthy, and happy, promoting exploration of gender without expectations of gender identity developmental trajectories (Chen et al., 2016). This approach prioritises flexible, patient-centred, holistic approaches to not only medical and mental health care, but also broader services - such as social or legal support services -that promote wellbeing (Healthline, 2022).
Genderfluid	A person whose gender is a dynamic. A person who is genderfluid may shift between many gender identities (AIFS, 2022).
Heterosexual	A person who is exclusively attracted (sexually and romantically) to people of the opposite gender (AIFS, 2022), also known as 'straight'.

Term	Definition
Inclusive practice	Inclusive practice seeks to provide equitable care, necessitating recognition and knowledge of diversity, to deliver equal outcomes for all service users (Richardson, 2015; Taket et al., 2009).
Intergenerational trauma	A psychological term which asserts that trauma can be transferred between generations. After a first generation of survivors' experiences trauma, they may transfer their trauma to their children and further generations of offspring via complex post-traumatic stress disorder mechanisms (Yehuda & Lehrner, 2018). Also known as 'transgenerational trauma'
Intersex	People born with sex characteristics that do not fit medical or social norms for female or male bodies (Intersex Human Rights Australia, 2021). Intersex traits are natural manifestations of human bodily diversity. There are many different intersex traits. Not all intersex traits are visible in infancy; intersex variations might become apparent prenatally, at birth, at puberty, in adulthood or when trying to conceive (Intersex Human Rights Australia, 2021).
Lesbian	A woman who is emotionally, romantically and/or sexually attracted to other women (Black Rainbow, 2021). May also be used by non-binary people. Not all same-gender attracted women will use the term lesbian – they may prefer to use other language.
Microaggression	Covert, subtle, and 'seemingly harmless' verbal and non-verbal behaviours which position one group of people as inherently inferior to another, dominant group (Ratcliffe & Zbukvic, 2021). This may be expressed in various ways, such as exclusion from social conversation or events, intrusive questioning, tone of voice, jokes and more.
Non-binary	A person who is not exclusively a man or woman. Also used as an umbrella term for any number of gender identities that sit within, outside of, across or between the spectrum of the male and female binary (AIFS, 2022). A non-binary person might identify as genderfluid, trans masculine, trans feminine, agender, bigender, etc. or they may just identify as non-binary (Transhub, 2020).
Pansexual	A person who is (usually romantically and sexually) attracted to people regardless of gender, and/or experiences attraction for all gender identities and expressions (AIFS, 2022).
Queer	Queer may be used as an umbrella term to encompass many people within the LGBTQA+ community, or by an individual to describe their sexuality and/or gender where other terms (e.g., gay, bisexual, transgender) are considered too limited (Australian Institute of Family Studies, 2022; Ratcliffe & Zbukvic, 2021).
Questioning	A person who is questioning or unsure of their sexuality and/or gender (Ratcliffe & Zbukvic, 2021). People who are questioning may or may not choose to identify as part of the LGBTQA+ community.
Sex	A biological concept that relates to a person's physical characteristics including reproductive anatomy, hormones, and chromosomes (AIFS, 2022). These features may align with male or female or a person may have intersex variations. Following a visual inspection at birth, sex markers on a person's birth certificate are determined by a medical professional (AIFS, 2022).
Sexual orientation / sexuality	A person's identity in relation to the gender or genders to which they are sexually attracted to (AIFS, 2022). This can include (but is not limited to) heterosexual, lesbian, gay, bisexual, pansexual, asexual. Sexual orientation may be fluid over time.
Sistergirl / Sistagirl	An Aboriginal or Torres Strait Islander gender diverse person who has a feminine spirit and takes on women's roles within the community. Sistergirls have a strong sense of their cultural identity. Sistergirls may or may not also identify as transgender, and not all Aboriginal and Torres Strait Islander trans women identify as Sistergirls (Black Rainbow, 2021). May also be spelled Sistagirl. How the word Sistergirl is used can differ between locations, countries, and nations. The term Sistergirl may not specifically define who someone is, but instead have an affiliation which is fluid enough to complement their identity. Note: More generally in Aboriginal and Torres Strait Islander communities, the term Sistergirl may be used a term of endearment for women, with no reference to gender diversity (Black Rainbow, 2021).
Stigma	Stigma refers to an attribute or identity that is considered undesirable by mainstream society, who do not fully accept the stigmatised person. This frequently results in discrimination and social inequality (Goffman, 1963).
Trans / Transgender / Gender Diverse	People whose gender differs from the sex they were presumed at birth (Transhub, 2020). Not all gender diverse people use the term trans – they may prefer to use different language. People from societies around the world with more than two traditional genders often use culturally specific language e.g., Sistergirl, Brotherboy, two-spirit, fa'afafine, hijra, bissu (Black Rainbow, 2021).
Trauma-informed care	An approach to health care that acknowledges the importance of holistically understanding a patient's life situation (past and present) to provide effective service oriented towards healing (Centre for Health Care Strategies, 2021).

Project team

Bep Uink (she/her)

Associate Professor Bep Uink (Master of Applied Psychology (Clinical), PhD) is a Noongar woman from Perth, WA. Bep is the Dean of Indigenous Knowledges at Murdoch University. Her research focuses on understanding how socially determined disadvantage impacts the social emotional wellbeing of young people, both Indigenous and non-Indigenous, and how social systems such as higher education can support young peoples' wellbeing. Her work spans investigations into adolescent emotion regulation, the barriers and enablers of Indigenous student success in higher education, gendered barriers to higher education, and Aboriginal and Torres Strait Islander LGBTQA+ youth mental health.

Shakara Liddelow-Hunt (they/she)

Shakara is a queer Wajarri Yamatji who grew up on Noongar country. They are a PhD student and Research Assistant for the Youth Mental Health Team at the Telethon Kids Institute, Perth, focused on the mental health and social and emotional wellbeing of Aboriginal and Torres Strait Islander LGBTQA+ young people. They completed a Bachelor of Philosophy (Honours) majoring in Anthropology and Sociology at the University of Western Australia.

Braden Hill (he/him)

Professor Braden Hill is a gay Nyungar (Wardandi) man from the southwest of Western Australia and the Deputy-Vice-Chancellor (Equity and Indigenous) and Head of Kurongkurl Katitjin, Edith Cowan University's (ECU) Centre for Indigenous Australian Education and Research. He has significant experience in Aboriginal education, as well as leading a range of equity initiatives including Sage Athena SWAN, Respect Now Always, Reconciliation Action Plan and Disabilities and Access Inclusion Plan within the tertiary sector. His current portfolio responsibilities include leading ECU's commitment to Australian Aboriginal and Torres Strait Islander advancement, Equity and Diversity initiatives and working across the University to provide an environment that welcomes, and facilitates the success of, students and staff from a range of diverse backgrounds. Professor Hill's research interests include Indigenous education, identity politics, queer identities in education and transformative learning. He is also chief investigator on a project exploring the lived experiences of Indigenous LGBTQI people to better inform community health organisations in their working with queer-identifying Aboriginal and Torres Strait Islander people.

Ashleigh Lin (she/her)

Professor Ashleigh Lin was born in South Africa and moved to Noongar Country when she was 11. She completed Master of Clinical Neuropsychology and PhD degrees at The University of Melbourne. Ashleigh is currently a NHMRC Investigator Fellow and Program Head of Mental Health and Youth at the Telethon Kids Institute. Ashleigh's research is focused on early detection and intervention for mental health difficulties for in adolescents and young adults. She is particularly interested in the mental health of marginalised groups of young people, including Aboriginal and LGBTQIA+ young people. She is passionate about ensuring a youth voice in research and service provision. Ashleigh is a queer cis woman.

Mirella Wilson (she/her)

Mirella Wilson is a bisexual woman undertaking a PhD at Murdoch University. Mirella's PhD research is exploring the concept of 'intersectional competencies' for healthcare and wellbeing organisations working with LGBTQA+ Indigenous patients. Mirella completed her Masters of Organisational Psychology at Murdoch University in 2018 and has experience in young-adult mental health service provision, and training and organisational development.

Data Governance Committee

This project has been developed in consultation with ACCOs across Australia. The Data Governance Committee (DGC) consists of self-nominated members of the Aboriginal and Torres Strait Islander LGBTQA+ community and nominated ACCO representatives. The DGC's primary roles is to decide on when, how, and to whom data collected at each Phase of the project is made available to community members, and other researchers, as well as to decide if and when any of the raw data collected in the project is deleted or suppressed. In helping inform their decision making, the DCG pull from the protocol developed by the Mayi Kuwayu National Study of Aboriginal and Torres Strait Islander Wellbeing team (Lovett et al., 2020) whom are industry leaders in application of the principles of Indigenous Data Sovereignty. Interested parties can request for specific analyses which will be run by the researchers. If community members or other researchers wish to apply for access to some or all the data collected in the project, they will be asked to provide written responses to the following questions:

i. What is the nature and purpose of the project proposed?
ii. What is the research question(s) that will be answered with this project data?
iii. Who is leading the proposed project? (i.e., ACCO or other community organisation, student researcher, academic researcher, government organisation?).
iv. How will the proposed project meet the principles of Indigenous Data Sovereignty laid out by the Maiam nayri Wingara original and Torres Strait Islander Data Sovereignty Collective (https://www.maiamnayriwingara.org/about-us)
v. Proposed time frame for project completion
vi. Data analysis plan
vii. Findings dissemination plan

Acknowledgements

We would like to start by thanking everyone who attended the Community Forum and Elders forum for the *Walkern Katatdjin: Rainbow Knowledge* (https://www.rainbowknowledge.org) Phase 1 Community Forum in October 2020. The discussion that occurred at these forums was a major part of prompting our team to undertake this project and made it very clear that there is an appetite among services for LGBTQA+ inclusion. Similarly, we would like to thank the many services, advocates and community members we have spoken with throughout the *Walkern Katatdjin* project– those conversations have catalysed and shaped the development of this project.

We thank the Aboriginal Community Controlled Organisations and Aboriginal Community Controlled Health Services (henceforth 'ACCOs') who partnered with us on this project. While we were in the midst of a global pandemic and the myriad of challenges that accompanied it, our ACCO partners still found time to work towards the inclusion of LGBTQA+ young mob, and we are incredibly grateful for that. In particular, we would like to acknowledge and thank the Aboriginal Health Council of Western Australia (AHCWA), Aboriginal and Torres Strait Islander Community Health Service (ATSICHS), Elizabeth Morgan House Aboriginal Women's Service Inc, Thorne Harbour Health, Wuchopperen Health Service Ltd, and Wungening Aboriginal Corporation for their partnership, guidance and support of this project. Their contributions were invaluable to this report.

We would like to extend our gratitude to the project's Data Governance Group for the time they have committed to guiding the project and ensuring that our mob's data is collected and used in ethical and appropriate ways.

Our final mention goes to the participants, without whom this research could not have happened. To our subject matter experts, thank you for sharing your expertise and wisdom, the amount of experience you have had working in this space came through clearly in the interviews. To our Focus Group participants, thank you for our insight and the respectful conversations we were able to have together.

Working in LGBTQA+ research can be daunting, and as a team we have been continually encouraged and strengthened by the amount of support we have had from Aboriginal and Torres Strait Islander communities and the number of people willing to step forward to support LGBTQA+ young mob.

Ethics and funding

This project is funded by a grant from the Department of Health (Public Health and Chronic Disease Program Child and Youth Health Grant) awarded to Dr Bep Uink (Telethon Kids Institute Perth), Prof Ashleigh Lin (Telethon Kids Institute Perth) and Prof. Braden Hill (Edith Cowan University). This phase of the project has ethics approval from the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) Ethics Committee (EO232-20210114) and the Western Australian Aboriginal Health Ethics Committee (WAAHEC) (1049).

1

Executive Summary

Context

Aboriginal and Torres Strait Islander LGBTQA+ scholars and activists have increasingly called for attention to be paid to the mental health and wellbeing of Aboriginal and Torres Strait Islander LGBTQA+ young people (e.g., Hill et al., 2021a; Bonson, 2016). In Australia, Aboriginal and Torres Strait Islander community-controlled health organisations (ACCHOs) and Aboriginal and Torres Strait Islander community-controlled organisations (ACCOs) with a health and wellbeing focus exist to provide all members of Aboriginal and Torres Strait Islander communities culturally safe health care.

Previous research suggests that staff working in ACCHOs and ACCOs do not necessarily feel equipped to provide inclusive care to Aboriginal and Torres Strait Islander LGBTQA+ young people and their families (Hill et al., 2021b; Uink et al., 2022). Some Aboriginal and Torres Strait Islander LGBTQA+ young people report being reluctant to utilise Aboriginal and Torres Strait Islander health services due to perceived lack of confidentiality or believing they are not 'Blak' enough to access these services (Liddelow-Hunt et al., 2021).

National data suggests that Aboriginal and Torres Strait Islander LGBTQA+ young people (14-25 years) are at high risk for suicide behaviours with recent figures indicating that 19% of young people surveyed (n = 619) have attempted suicide within the last 12 months, and 45% report a lifetime history of suicide attempts (Liddelow-Hunt et al., 2023). Although Aboriginal and Torres Strait Islander LGBTQA+ young people report high pride in their Indigenous and LGBTQA+ identity, and a strong connection to family and community, they also report low connection to Country, culture, mind and emotions, and spirit and ancestors (Uink et al., 2022, in prep).

The absence of professional development opportunities translates to a skills gap among ACCO professionals and represents a significant risk of health inequality for Aboriginal and Torres Strait Islander LGBTQA+ youth. This gap can be filled with the development and implementation of culturally sensitive inclusive practice training. The *'Training Health Providers to work with Aboriginal and Torres Strait Islander LGBTQA+ young people'* research project was developed by Aboriginal and Aboriginal LGBTQA+ scholars in response to the above research findings and after conversations between the researchers, community members and ACCOs[1]. The project aims to co-design, implement, and evaluate a culturally sensitive inclusive practice training package which assists in appropriate care for Aboriginal and Torres Strait Islander LGBTQA+ young people and their families.

The project team is led by a Noongar heterosexual cisgender woman (Dr Bep Uink). Other project investigators include a queer Wajarri (Shakara Liddelow-Hunt), two non-Aboriginal queer women (Prof. Ashleigh Lin, Ms Mirella Wilson) and a Nyungar gay man (Prof. Braden Hill). Each research team member plays a vital role in informing project development and implementation. Aboriginal and Torres Strait Islander and Aboriginal and Torres Strait Islander LGBTQA+ perspectives are centred. The use of project data is overseen by an Indigenous Data Governance Committee comprised of five (5) members who are either ACCO representatives or Aboriginal and Torres Strait Islander LGBTQA+ community members.

[1] We use the term ACCO to also include Aboriginal community-controlled health organisations (ACCHOs).

This report comments on the findings from the Needs Assessment phase (i.e., Phase 1) of the project. The report is broken up into two volumes. Volume 1 (this volume) describes the Needs Assessment methodology and participant characteristics, findings about the contexts in which LGBTQA+[2] inclusive practices are currently occurring within Aboriginal and Torres Strait Islander communities and ACCOs - including barriers and enablers of inclusivity, participants' definitions of inclusive practice, and an overview of current practices.

As noted, although the focus of the first phase of the project was on a Needs Assessment, the conversations that occurred between the researchers and participants allowed for initial discussions of *what* a culturally sensitive LGBTQA+ inclusive training package might look like. As such, volume II of this report describes competencies for inclusive practice with Aboriginal and Torres Strait Islander LGBTQA+ young people that were developed alongside participants and findings on what participants identified as the critical components that should be included in a culturally sensitive LGBTQA+ training package.

Method and data collection

The *'Training Health Providers to work with Aboriginal and Torres Strait Islander LGBTQA+ young people'* has three phases. **Phase 1** (Needs Assessment) began in late 2021 and concluded in mid-2022. The needs assessment involved running focus groups with staff from ACCOs in Western Australia to establish their training needs. Although we had originally intended to speak with staff from ACCOs in each state and territory, including regional and remote centres, the COVID-19 pandemic meant that most services that had consented to participate in the assessment were unable to do so because staff resources were dedicated to the COVID-19 response.

During the needs assessment, we also interviewed nine (9) individuals from across Australia who were experts in Aboriginal, LGBTQA+ or Aboriginal and LGBTQA+ health *(i.e., subject matter experts)* about what they saw as primary training needs in this area. This could include having lived experience as someone caring for a young person who was Aboriginal and Torres Strait Islander and LGBTQA+, someone who worked at an ACCO, or who had experience in delivering inclusivity training. Subject matter experts were identified by the project team or recommended by community members and ACCO staff.

We did *not* interview Aboriginal and Torres Strait Islander LGBTQA+ young people as part of the Needs Assessment for two reasons: 1) As part *Walkern Katatdjin: Rainbow Knowledge* (which informed the development of the current project), we had recently spoken with Aboriginal and Torres Strait Islander LGBTQA+ young people in Western Australia regarding their experiences with health services, including ACCOs; and 2) At the time of the Needs Assessment we were in the process of launching a national survey that asked Aboriginal and Torres Strait Islander LGBTQA+ young people about their experiences and desires for culturally appropriate and inclusive health care.

Thus, we were confident that we were already capturing the needs of Aboriginal and Torres Strait Islanders LGBTQA+ young people across Australia and did not want to overburden them with additional research requests.

[2] The project did not include Intersex participants given a preference for Intersex community members to have their own, targeted research.

Data highlights and takeaways

Key data highlights and takeaways were summarised by the research team following consultation with the Data Governance Committee. The Data Governance Committee, following a review of the Needs Assessment reports, indicated that:

1. Report findings provide a comprehensive overview of where various communities stand at regarding LGBTQA+ inclusion
2. Report findings reinforce the knowledge and experiences of service providers who have been working 'on the ground' with Aboriginal & Torres Strait Islander LGBTQA++ youth and their families
3. Findings highlight the complexities of working within Aboriginal & Torres Strait Islander LGBTQA+ health care, and
4. Finally, report findings reinforce that any training should be tailored to the specific service.

Looking forward

The Needs Assessment has provided vital information about the current practices and training needs of ACCOs when it comes to Aboriginal and Torres Strait Islander LGBTQA+ youth inclusion. This information will be used to inform the next two phases of the *'Training Health Providers to work with Aboriginal and Torres Strait Islander LGBTQA+ young people'* project.

- **Phase 2 (2023):** during this phase a freely available, inclusive training package for working with Aboriginal and Torres Strait Islander LGBTQA+ young people will be co-designed. Co-designers will be Aboriginal and Torres Strait Islander LGBTQA+ young people and ACCO staff from various nations across Australia and the research team members.

- **Phase 3 (2023-2024):** During this phase selected ACCO staff will receive train-the-trainer workshops to enable them to deliver the newly developed training package to their organisations. The efficacy of the training on increasing staff competencies will be assessed via a pre-post-follow-up research design. A suite of resources available online will be developed to support the training program and will be available on a new digital resources hub.

2

Methods

2.1. Background

In the research literature, *inclusive practice* seeks to provide equitable care, necessitating recognition and knowledge of diversity, to deliver equal outcomes for all service users (Richardson, 2015; Taket et al., 2009). This generally involves a continuous process of actively identifying where privilege is present and introducing new practices that specifically address service users that are disadvantage by these systems. Research on LGBTQA+ inclusive healthcare emphasises services being sensitive, informed and providing accessible care that is free from discrimination (Carabez et al. 2015; Grant et al. 2020; Hadland et al. 2016). Likewise, there is a large body of work which points to principles of culturally sensitive care for Aboriginal and Torres Strait Islander youth.

2.2. Project development

The Needs Assessment contained within this report represents the first phase of the *'Training Health Providers to work with Aboriginal and Torres Strait Islander LGBTQA+ young people'* project, which aims to co-develop, implement, and evaluate a culturally sensitive LGBTQA+ inclusive practice training package purpose-built for ACCOs across Australia. At the time of project development (2019), there were no guidelines, and minimal resources and training available for ACCO staff to work effectively with Aboriginal and Torres Strait Islander LGBTQA+ youth and their families. Popular LGBTQA+ specific accreditation programs (e.g., 'Rainbow Tick' and 'Pride In Diversity') lacked (and still do) cultural sensitivity for Aboriginal and Torres Strait Islander peoples which resulted in some ACCOs being hesitant to undergo Rainbow Tick accreditation (Uink et al., 2022). Since 2019, the Aboriginal Health Council of South Australia has received the Rainbow Tick accreditation. Some organisations have begun to adapt Rainbow Tick accreditation to suit Aboriginal and Torres Strait Islander audiences (e.g., the Aboriginal and Torres Strait Islander Project at Thorne Harbour Health, Victoria). There was also one nationally available training on inclusive practice for Aboriginal and Torres Strait Islander LGBTQA+ people ('Inclusive Practices', run by Black Rainbow founder Dameyon Bonson). The 'Inclusive Practices' training still runs today and has been built upon to include 'Safer Spaces' (https://www.saferspaces.lgbt). These training packages provide a necessary and essential 'entry point' for services who wish to learn more about Aboriginal and Torres Strait Islander LGBTQA+ people's health needs. However, there is currently no training program currently that considers youth-specific needs as well as how to support family members of an Aboriginal and Torres Strait Islander LGBTQA+ young person within an ACCO.

Research is yet to explore whether a set of inclusive practices and associated competencies which inform care for young people who are both Aboriginal and Torres Strait Islander and LGBTQA+ can be developed. Importantly, such competencies and the associated training must be developed by those who are going to receive the training (i.e., staff at ACCOs) and the young people who the training is aiming to benefit (i.e., Aboriginal and Torres Strait Islander LGBTQA+ young people). It was considered essential to begin the *'Training Health Providers to work with Aboriginal and Torres Strait Islander LGBTQA+ young*

people' project with a needs assessment to ensure that the training needs of specific ACCOs were understood. The project took a 'national scope, local context' approach to design, acknowledging that while services across Australia could benefit from the training package, the training needs and cultural considerations of specific ACCOs would be informed by their local community context, and would be different to training for non-Aboriginal and Torres Strait Islander organisations. Thus, one of the aims of the needs assessment was to establish what the core training needs were for a national-level training (i.e., whether there were any common training needs across services), as well as identify how a training package could be adapted to fit services' local contexts.

The Needs Assessment took place across 2021-2022 and involved recruiting staff members from ACCOs across Australia to participate in a 3-hour focus group discussing their training needs in relation to supporting Aboriginal and Torres Strait Islander LGBTQA+ young people and their families. Subject matter experts took part in 90-minute, one-on-one interviews with a member of the research team and were prompted to discuss their observations of inclusive practice in the communities and services in which they worked, as well as any training needs they had identified. As the Needs Assessment was part of a national research project, ethics approval was sought and received from the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) Ethics Committee (EO232-20210114) and the Western Australian Aboriginal Health Ethics Committee (WAAHEC) (HREC1049).

All participants responded to the following question prompts:

1. What is your/your organisation's definition of 'inclusive practice'?
2. What does inclusion of LGBTQA+ young people look like in your community?
3. What are the current practices of ACCO staff/people you work with when working with LGBTQA+ youth and their families?
4. What additional training needs do ACCO staff have when working LGBTQA+ youth and their families?
5. What are the core competencies needed to work effectively with Aboriginal and Torres Strait Islander LGBTQA+ youth and their families?
6. At what level of the organisation should training be targeted? (e.g., individual staff, organisational, human resources, clinical staff)?

2.3. Participants

Participants were staff members from ACCOs across Australia as well as individuals identified as subject matter experts in Aboriginal and Torres Strait Islander, LGBTQA+, or Aboriginal and Torres Strait Islander LGBTQA+ health. All participants had to be 18+ years of age and provide written consent to take part in the Needs Assessment. Participants were recruited via adverting the study on popular Indigenous health network digital newsletters (e.g., Lowitja Institute, Indigenous HealthInfoNet, Indigenous Researcher Capacity Network, National Indigenous Research and Knowledges Network), as well as from within investigators professional networks via email invitation. Participants were also asked to recommend subject matter experts that should be invited to complete an interview. ACCO staff could be anyone employed, volunteering, or on the Board of the organisation, and could be employed across all levels of the organisation (e.g., frontline workers and clinical staff, administrative support, management, training and development, executive staff, and board members). ACCOs were financially reimbursed for their staffs' time and expertise. Subject matter experts were individually reimbursed for their time and expertise.

We aimed to recruit two ACCOs (1 metro, 1 regional/remote) from each state and territory in Australia. Eight ACCOs from across metropolitan and regional Australia (WA, VIC, QLD) initially agreed to participate, however, only two ended up completing a Needs Assessment, both of which were based in Wadjuk Noongar Country. The two ACCO focus groups consisted of N = 9 and N = 6 participants respectively. Participants had diverse ages, genders, and sexualities, and represented multiple areas of the organisation including workforce and policy development, disability support, sexual health, drug and alcohol outreach, and administration.

The primary reason for non-completion among the other ACCOs was the services being preoccupied with COVID-19 responses across 2021 and early 2022. Across this period, many of the ACCOs dedicated staff from wellbeing and training areas to the COVID-19 response including the vaccine roll-out and covering staff who were sick with COVID-19. One of the ACCOs that had originally agreed to participate in the Needs Assessment later decided it was best for their service join the project during the co-design of the training phase (i.e., Phase 2 of the project).

A total of nine (9) subject matter experts took part in the one-on-one interviews. N=6 of the subject matter experts were Aboriginal and Torres Strait Islander people with expertise in the Aboriginal Community Controlled sector and/or inclusivity training, of which five were also LGBTQA+. The remaining three participants were non-Indigenous LGBTQA+ people and non-Indigenous cisgender heterosexual, with expertise in LGBTQA+ inclusivity training. Experts were based in: WA (3), NT (2), VIC (2), QLD (1) and regional NSW (1). All interviews took place between June and November 2021. The locality and job roles of subject matter expert participants are listed in Table 1 (below). Interviews took place virtually via Microsoft Teams when participants were based outside of the Perth metro. Interviews and focus groups were facilitated by Bep Uink, Shakara Liddelow-Hunt, and Mirella Wilson.

Table 1: Demographics of subject matter expert participants

STATE	METRO/ REGIONAL	ROLE	ABORIGINAL & LGBTQA+
NSW	Outer regional	Caregiver of Aboriginal & Torres Strait Islander LGBTQA+ young person	No
QLD	Major city	ACCO, Program Manager	Yes
WA	Major city	Consultant	Yes
WA	Major city	ACCO, Outreach	Yes
NT	Outer regional	LGBTQA+ Organisation, Trainer	No
VIC	Major city	Researcher	No
NT	Outer regional	Clinician	No
WA	Major city	ACCO & LGBTQA+ Organisation, Trainer	Yes
VIC	Major city	LGBTQA+ Organisation, Trainer	Yes

After data collection, the project team hosted two community of practice meetings (virtually) in early 2022 between the ACCOs that originally signed up to participate. Here, the purpose was to introduce ACCOs interested in LGBTQA+ inclusivity to each other and build an ongoing community of practice in this area.

The breadth and depth of our consultation constitutes a good cross-section of people who work with Aboriginal and Torres Strait Islander LGBTQA+ youth, allowing us to build a detailed picture of the ACCO landscape, staff members' training needs, and the contextual factors that will facilitate or challenge successful implementation of LGBTQA+ inclusive care.

2.4. Data analysis

All focus groups and interviews were recorded and then transcribed by an external transcription service. Transcripts were then sent to participants for the purpose of checking accuracy and to allow for any changes to be made by participants. During data analysis, the researchers looked for common themes across the transcripts to identify key training needs of ACCOs.

Multiple rounds of analysis occurred, with the research team meeting each round to discuss and refine the themes. Analysis was completed against a framework developed by the research team to capture context, staff training needs, current practice, and training preferences. The framework was developed after researchers had familiarised themselves with the transcripts and adjusted after each round of analysis – as such, the analysis was an iterative process.

This report was then reviewed and approved by the project's Data Governance Group.

3

Findings

3.1. To what extent are Aboriginal and Torres Strait Islander LGBTQA+ young people being included in our communities?

The first question in our Needs Assessment related to the contexts in which inclusive practice for Aboriginal and Torres Strait Islander LGBTQA+ young people was occurring within Aboriginal and Torres Strait Islander communities. Participants reported mixed experiences of inclusion of LGBTQA+ young people that ranged from acknowledgement of LGBTQA+ identities, to seeing discrimination and acts of violence.

3.1.1. Mixed experiences within communities

Several participants spoke about momentum and an existing appetite for LGBTQA+ inclusion in specific communities, or about behaviours which they had witnessed which they believed symbolised inclusion of LGBTQA+ identities.

> *I mean I think the amazing thing now in [remote community] is like [remote town] has their Pride event and [major rural city] Pride is huge now and so those things have really increased the visibility in the region, and there's a lot of Aboriginal mob that go along to those events, I think that would have made a big difference.* — Interview Participant 8

> *A specific example I have is when I met a transgender person in [remote location] who was identified as a female and she hangs out with the girls, and it's obvious that she wasn't but that's what she identified with and no one said anything, that was her business, they just left her to her own devices and I liked that. It just wasn't questioned… They just left it as it is.* — Interview Participant 4

Other participants recounted a level of ambiguity toward acceptance, or outright denial, of LGBTQA+ identities within their community. For example, a participant from the second ACCO Focus Group spoke about how people at their organisation had objected when hearing about a Brotherboy (Aboriginal trans man) participating in men's business.

> *One of the Brotherboys over East went through law and did some traditional cultural stuff around being male but he was born with the female sex. So, then the people, at that time, in that [training] session we were doing, some people were jumping up and saying, "She can't do that." They were saying, "She's not a man, she can't do that, go through law, she can't do that cultural thing."* — Focus Group 2 Participant

Participants also acknowledged that some Aboriginal-English terms suited non-binary people but that there could be 'tension' for non-binary people participating in gender-based cultural practices.

> *Well, I guess what we say like there's non-binary terms like sib, and cuz, and things like that. And then when I've talked to non-binary people here, they're a bit less judge-y on Aboriginal mob, and they might choose to go with the women's group or they might choose to go with the men's group. But it is a tension, isn't it? These are some of the big things that we have to really struggle with as Aboriginal people.* — Interview Participant 9

> *That's why I think it's really important to have these yarns and even bring up the term non-binary to people, just there are people who don't identify as one that – and then we have this like that's men's business, that's women's business, and – yeah, what's non-binary business?* — Interview Participant 9

Unfortunately, there were also recounts of outright discrimination and violence against LGBTQA+ peoples.

> *I heard some really, really horrible things be said and by some Elders as well, that was really quite shocking to me. I didn't realise that people – and a lot of those people that don't work here anymore. I was really shocked that those attitudes were so high up in the community as well…* — Focus Group 1 Participant.

> *He was outed from his family and he wasn't even able to go back to his family and the trauma was that he was there on a date with, I think, another man and they were at a bus stop or something and then they got bashed, you know, and it's just stuff like that that's still happening.* — Interview Participant 3

3.1.2. Geographical differences

Participants spoke about differences in LGBTQA+ inclusion that existed between metropolitan versus regional and remote areas. Generally, there was perception of greater inclusion of LGBTQA+ young people in city versus regional or remote locations, although this was not always the case.

> *I think in some capital cities it's probably a lot easier to notice it or be around different people, but in smaller places it's still quite a struggle.* — Interview Participant 3

> *… the more that remote communities in particular, and there were – well, I don't know how they actually identified because I never spoke to the individuals personally myself but people that were queer or trans that was known by the health service and in the community. I mean, I wouldn't assume that their life was always easy but they were certainly there and it didn't seem that they were, for me outside looking in, point-blank excluded or not embraced or not loved, or didn't have some sense of place in their communities.* — Interview Participant 8

> *We are a small country town, so it was very hard… actually, I know a lot of people, as I said before, that have had to leave this town just to feel comfortable with their own skin.* — Interview Participant 1

Some participants spoke about the difference between *acceptance* versus *celebration* of LGBTQA+ identities. Interview Participant 3 spoke about how they visited a regional community that was accepting of LGBTQA+ identities but this did not necessarily translate into embracing and celebrating gender/sexual diversity.

> *I was in a rural and remote area recently and you know we talked about minorities in minorities and some people got quite comfortable and we were just talking around "Oh, you know that person" and I was like "No". And they're like "Oh, you know that, we all know who the person is, they don't tell us what's going on, but we know that they go the other way". And I was like "Oh, OK". So, you know, and that was, um, so there was some form of community acceptance of knowing, but did they embrace it? Did they celebrate? No.* — Interview Participant 3

> *I honestly find remote Aboriginal people don't really speak about [queer identities] but it's generally accepted and that's a hard balance to find but it's beautiful.* — Interview Participant 4.

The difference between acceptance vs celebration was especially salient to us, given previous research that has highlighted the importance of celebrating diversity; visibility, belonging, and strength-in-difference approaches stem from celebration. For example, the *Walkern Katatdjin Phase 1 Community Report* highlighted that Aboriginal and Torres Strait Islander LGBTQA+ young people felt less alone and less fearful of rejection when seeking care when their identities were celebrated by community and services (Liddelow-Hunt et al., 2021). Similarly, findings from the *Breaking the Silence* report emphasise celebration of diverse identities to better service provision, breaking away from a deficit "problem to be addressed" (Hill et al., 2021b, p. 48) approach currently undertaken by many healthcare organisations.

3.1.3. Generational differences and improvements over time

Across participants there was a sense that Aboriginal and Torres Strait Islander peoples' understanding of LGBTQA+ identities were improving over time, with younger generations generally better equipped to embrace inclusive practice. This contrasted with older generations, including Elders, who some participants had witnessed show a lack of understanding toward LGBTQA+ identities.

> *I'm gonna be blunt, I think Elders, a lot of them are still a part of a generation that don't understand.* — Focus Group 2 participant

> *I mean, it's not perfect and it's never gonna be perfect, and people are going to have their opinions about sexuality, but I think it is improving though.* — Interview Participant 1

> *I think people –Sistergirls and Brotherboys are more visible now and transgender – it's become more a visible thing. It's more in the mainstream consciousness…* — Interview Participant 9

3.1.4. Incorporating sexuality and gender diversity into culture

Another prominent thread regarding current contexts for inclusive practices was that community members were critically re-examining their culture for evidence of ways to incorporate gender and sexual diversity. One way this was occurring was through looking into Aboriginal and Torres Strait Islander languages and noting that some languages used gender-neutral terms.

> *… just even the Kriol language, I feel like there's a lot of gender-neutral terms that people use out there – like they don't say he or she, they say e and then a lot of the words that are around queer spaces don't have – I don't feel they've got negative connotations so much. Some of the language that's used is I think much more inclusive.* — Interview Participant 8

This reflection also included critical considerations of sexuality and gender diversity among Aboriginal and Torres Strait Islander cultures pre-colonisation. As noted by Interview Participant 9:

> *So, it's really important that we do things, cause a lot of people ask what our sexualities was like before colonisation, and I don't know if they ask you those sort of questions, or how did we fit into traditional culture, and I mean, as far as I can see, we were raised under the Christian gaze and under colonisation and our diversity was taken away when heterosexual norms were forced upon us. But we didn't write our history…*

These quotes illustrate that Aboriginal and Torres Strait Islander communities are actively finding ways to promote cohesion between Indigeneity and sexuality and gender diversity.

3.2 Enablers of inclusion

Participants discussed enablers of LGBTQA+ inclusion in reference to broader Aboriginal and Torres Strait Islander communities and in reference to ACCOs. Enablers within community included: a) relationships with LGBTQA+ family and friends, and b) shared experiences of discrimination. Facilitators of inclusion that were specific to ACCO practices were: c) top-down support from organisations; and d) using mental health or sexual health as a 'doorway' into talking about LGBTQA+ identities.

3.2.1. Relationships with LGBTQA+ family and friends

Sharing stories of knowing a family member or friend who was LGBTQA+ was common across focus groups and interview participants. Some participants identified that staff who knew someone who was LGBTQA+ were generally more supportive of LGBTQA+ young people.

> *The really cool thing about that though – [rural health service], all of those staff came, so they just were really into it. I think it was partly because some of the leadership staff there had young people in their families that identified as gay or queer, so they really supported that and pushed that.* — Interview Participant 8

Aboriginal and Torres Strait Islander communities may be naturally positioned to be inclusive due to the relationality of Aboriginal and Torres Strait Islander cultures. Indigenous scholars highlight that relationality means that the relationships people have with each are more important than the people themselves (Tynan, 2021); irrespective of individual difference, maintaining and supporting relationships takes precedence.

3.2.2. Shared experiences of discrimination

Some participants referred to their own experience of discrimination as a way to empathise with feelings of exclusion among LGBTQA+ peoples. The quotes below illustrate how participant 1 and recalled instances of racial segregation they experienced and not wanting society to repeat this mistake with Aboriginal and Torres Strait Islander LGBTQA+ young people.

> *It wasn't that long ago where I couldn't go to the swimming pool, I couldn't go to the movie theatre, that's not that long ago that that happened. So, it's very similar type of thing.* — Interview Participant 1

3.2.3. Top-down support from organisation

Participants stated that top-down support from organisations would facilitate organisational inclusive practice. Further, that absence of support from leadership, such as the Board, often meant a wider reluctance to embrace an inclusive organisational culture.

> *The CEO, it was just like "Nup, anyone who isn't respectful, who doesn't approach this in the way in which we need to be approaching it, they will hear from me personally and they will lose their job.* — Interview Participant 2

> *I think it starts with the board. I think we're governed by a Board and I think that it's really important that their involvement in this passion to be a more inclusive service… You need the Board on board. But if it's coming from the Board – because that's so hard to shift, but we are a health service, we are about caring for everybody, no matter who you are, what your background is, what your sexuality is, whatever. And if you're somebody in a management position who thinks that you shouldn't be there. They just shouldn't be there because it's going against our values as an Aboriginal medical service.* — Focus Group 2 Participant

Creation and emphasis of organisational values that support Aboriginal and Torres Strait Islander LGBTQA+ people by leadership was highlighted as one way to demonstrate this top-level support. Likewise, participants noted that organisational accountability would help strengthen inclusive practices within services.

> *It would just be so amazing to have these conversations with the Board and with community members. Not necessarily going in and running training, but again, having that space for people to talk about "What do you think about these issues? How does this look in our communities? Do we support young people or not? What are we afraid of? What aren't we afraid of?" Just putting that on the table, which would be interesting.* — Interview Participant 8

There should be, like, if you put advocacy pieces forward, say, to your own organisation, there should be a process where they escalate things, and if you identify something as high priority, then they should provide you a response within a timeframe... There needs to be accountability when it comes to people providing advocacy pieces. — Focus Group 2 Participant

Further, participants suggested that having specific policies in place that supported inclusion of LGBTQA+ young people would also help strengthen inclusive practice. Some participants discussed these policies leading to increased use of organisational visibility symbols (e.g., posters or inclusive flags), and others to ensure all employees receive onboarding training that set the scene for the kinds of language and behaviours expected at their organization.

So it's embedding inclusive practice into your policies through having diversity statements, you might have – we're in the process here now of just introducing, not that we needed, but we're doing it 'cause you don't know what's gonna happen in the future. Uh, embedding a policy for transitioning in the workplace. So it's those types of policies. Embedding some things into a company's risk register on LGBTI cultural safety. How you approach that. That's the types of things that are required when you're looking at structural change. — Interview Participant 5

So, you know, ensuring welcoming and accessible organisations, having visible symbols, appropriate inclusive intake and assessment forms that cater to gender diversity, ensuring that there's organizational commitment to LGBTIQ inclusion stated in policy, strategies, [and the] constitution of the organisation. — Interview Participant 6

Some participants also mentioned the important role of staff supervision in helping staff overcome any biases. Participants felt that supervision offered a safe space for discussion of these biases or knowledge gaps as often staff wanted to further develop their inclusive practice capacity.

That's one way of doing it and identifying if you're struggling during your supervision and come up with a plan with your manager... So I believe, as a starting point, to support the worker it's being able to safely raise your concerns during your supervision and get the support from your supervisor, and that's when they might reach out to [participant] for some type of training... — Focus Group 1 Participant

I usually have a meeting with my manager on a fortnightly basis and that's just not for work-related stuff, just anything general. So that covers a whole heap of areas that you might be facing, so it's individually-tailored, basically. — Focus Group 2 Participant

3.2.4. Talking about LGBTQA+ inclusion via mental health and sexual health

Several participants suggested that telling people about the mental health impacts of LGBTQA+ and racial discrimination on young people could be a way to facilitate conversations about supporting LGBTQA+ young people. Likewise, many participants advocated for discussion of LGBTQA+ identities through sexual health training.

Community worried about the young people walking about at night and having sex, and having unsafe sex, and the consequences of that. So, communities and Elders groups wanted to talk about this stuff as well in that space. — Interview Participant 8

And going through all the impacts, you know, of our societal discrimination that may impact on mental health and things like that. — Interview Participant 5

However, relying too heavily on the negative experiences of Aboriginal and Torres Strait Islander LGBTQA+ peoples could sometimes risk bringing people together only for the purpose of discussing risk, rather than celebrating Aboriginal and Torres Strait Islander LGBTQA+ identities, as illustrated by the quote below from interview participant 9.

I think we need to time as an LGBTI mob to get together to see how we want our community taught, but we never get the chance to do that, do we?... We were brought together under HIV funding and that was a long time ago… But I think I got a bit annoyed why always looking at it as a risk group of disease. But what came out of that was a lot more funding and the ability to have these national gatherings and I think a lot of healing gets done when that happens.

3.3. Barriers to Inclusion

As part of the discussion around current contexts for inclusion of LGBTQA+ young people in Aboriginal and Torres Strait Islander communities, we asked participants whether there were any specific barriers to such inclusion. Barriers included: a) lack of knowledge and understanding of LGBTQA+ identities; b) complexities in discussing sexuality and gender diversity from a cultural standpoint; c) the perception that people cannot be both 'Blak' and queer; and d) religious influences.

3.3.1. Lack of knowledge/understanding of LGBTQA+ identities

All participants indicated that many community members were unaware of the full spectrum of LGBTQA+ identities. Additionally, some participants spoke about how this lack of understanding can result in inadvertent offence.

I think to be aware how you can offend people without even realising. We can still be accepting and trying and thinking in our hearts we're doing the right thing but for some people it's not. — Focus Group 1 Participant

3.3.2. Complexities of discussing sexuality and gender diversity from a cultural standpoint

Complexities included how to speak with Elders or family members about sexuality and gender diversity and navigating presumed gender binaries in cultural practices.

I just think maybe we didn't have the right training or the skills to do that when it came to talking with Elders. I think maybe some of those conversations that, being younger, I didn't really have the confidence to bring up I guess, perhaps. — Interview Participant 8

Sometimes... sometimes I worry about the culture with men's and women's business and being really binary. — Interview Participant 8

... they're sitting there saying, "Well, if my aunties and uncles or my pop says this, and that's what they're saying culture is, and then," and I'm sitting here trying to say "no", but I can't discount everything that their community or their family is saying and that's something that, as workers, we might have to navigate sometimes, so if we could have specific cultural training on that... — Focus Group 1 Participant

Some participants also discussed the tension of trying to preserve and respect Aboriginal and Torres Strait Islander cultures while moving toward greater inclusion.

I find challenging sometimes is that generally in Aboriginal culture and in Noongar culture where we are, there's very specific roles for men and women and there's a lot of cultural considerations that we take, when we work with people, and some people can only work with a man or some people can only work with a woman, and I guess that is part of the gap that is in existing... — Focus Group 1 Participant

I think it's hard because we wanna keep our culture alive and we wanna be able to preserve it the way it was. But at the same time, our world isn't what it was and we have to be able to transition not into Western society, but into a human society where it's inclusive. — Focus Group 2 Participant

Notably, these comments are based on the perception that LGBTQA+ did not exist prior to colonisation which was challenged previously by participants.

3.3.3. Perception that people cannot be both Blak and Queer

Interview and focus group participants commented that there was a belief held by some Aboriginal and Torres Strait Islander people that Aboriginal and Torres Strait Islander and LGBTQA+ identities could not co-exist. Historically, discussions of Aboriginal and Torres Strait Islander people being LGBTQA+ have been tainted with public denials by some Aboriginal Elders (e.g., Uluru Bark Petition). Further, perceptions of binary gendered practices muddy the place of trans and non-binary genders in culture (Uink et al., 2020). Indeed, this belief is illustrated by the quote from participant 1 (below) who recalled the experience of an Aboriginal gay man within their community:

... they did get a lot of crap from the Aboriginal community as well, because "it wasn't cultural", that's what they said. "Being a gay man is not a cultural thing", and things like that. So people are very, very proud of their Aboriginal and Torres Strait Islander heritage but afraid that people would think "they weren't black enough to be -" ... It's like "you're not a real Aboriginal person if you're gay" type of thing... "It goes against culture for you to be a gay person" and things like that. — Interview Participant 1

More recently Aboriginal and Torres Strait Islander LGBTQA+ scholarship and activism has worked to disrupt these beliefs; promoting and celebrating the culture associated with being both 'Blak and Queer' (e.g., Bonson, 2016; Hill et al., 2021a; Liddelow-Hunt et al., 2021). However, this message may be yet to be received youth audiences (Liddelow-Hunt et al., 2021). Findings from the Breaking the Silence survey revealed that over a fifth of Aboriginal and Torres Strait Islander LGBTQA+ participants did not feel accepted by community leaders and Elders (Hill et al., 2021a).

Some participants noted that training and education could help change this perception.

There needs to be more education 'cause I think there's a bit of pushback at the moment. Like "being queer is not a part of culture or it's against culture. — Focus Group 2 Participant

3.3.4. Religious influences

The impact of Christian beliefs and their conflict with LGBTQA+ identities was a commonly noted barrier for LGBTQA+ inclusion within communities. Similar reflection has been echoed in broader LGBTQA+ Aboriginal literature (e.g., Spurway et al., 2022) which highlights that Christian settler states like Australia enacting criminalisation of LGBTQA+ Indigenous peoples is a large reason behind the homophobia, transphobia and cissexism that exists within some Aboriginal communities and is perpetuated by their leaders.

... it comes back to the church thing that I just mentioned, like, "Is this a cultural thing or is this a colonised thing? Did we come to this belief because that's how Aboriginal people think and believe or is it because of we've been taught by white people that this is not okay? — Interview Participant 8

... as far as I can see, we were raised under the Christian gaze and under colonisation and our diversity was taken away when heterosexual norms were forced upon us. — Interview Participant 9

There still is Christianity and a whole heap of other things that are in place that, primarily if we look at a lot of Aboriginal people some have come from Catholic or Christian backgrounds and it can become quite an area of, um, just hardness for [queer mob] to actually be accepted. — Interview Participant 3

4

Definitions of Inclusive Practice

4.1. How are Aboriginal & Torres Strait Islander LGBTQA+ communities and ACCOs defining inclusive practice?

Our second question to participants asked how they defined 'inclusive practice'. This line of questioning was based on the notion that definitions of LGBTQA+ inclusive practice found in the academic literature have overwhelmingly been developed by non-Indigenous practitioners and do not necessarily reflect an Aboriginal or Torres Strait Islander understanding of inclusivity. Aboriginal definitions of inclusivity will necessarily be influenced by the racialized ways in which cis-heteronormativity is enacted (i.e. the unique experiences of people who are both Aboriginal and LGBTQA+), the more general need for culturally inclusive care, and the unique history of the ACCO sector as a response to racism within the health system.

Components of inclusive practice included: a) treating everybody the same; b) being non-judgemental and non-stigmatising; c) ensuring young peoples' safety; d) use of inclusive language; e) protecting young peoples' privacy and confidentiality; and f) understanding when a young person's gender/sexuality is relevant.

When discussing what inclusive practice meant participants offered examples of how such practices could be bolstered within ACCOs. These included a) making links between inclusivity and Aboriginal and Torres Strait Islander cultures b) using Aboriginal and Torres Strait Islander cultural competency training as panacea for inclusive practice.

4.1.1. Treating everyone the same (equality)

Overwhelming, participants from a range of settings iterated the phase 'we treat everyone the same' in discussions of inclusive practice.

> *They [LGBTQA+ young people] just wanna be treated like everyone else*. — Focus Group 2 Participant

> *I work at [ACCHO] and feel they are welcome there and that they will get the same treatment and healthcare as any other person that would go*. — Focus Group 2 Participant

However, the notion of 'treating everybody the same' may have unintended, dangerous consequences when providing service to those who have needs and concerns specific to their identity (such as a sexually or gender diverse Aboriginal and Torres Strait Islander young person). Not taking into account a young person's various identities may mean that the young person's experiences or perceptions of safety are dismissed, resulting in less trust or satisfaction with the service.

Attending services which overlooked their sexuality, gender or Aboriginality results in these services being perceived as not safe or truly inclusive. As a result, young people report feeling the need to suppress parts of themselves, and that they do not know what kind of care they would receive, in comparison to services that actively promoted providing a safe space (Liddelow-Hunt et al., 2021). This was explicitly raised by participants:

> *Often when people say, "Oh, your sexuality, gender is irrelevant," it's often because the default in people's minds is that people are straight or they're not transgender. That's just something that I've noticed when people say that.* — Focus Group 1 participant

In the above example, treating everyone the same is perceived as being treated as "the norm" – that is, being treated as if they were cisgender or heterosexual. While this is not an example of overt homophobia, it contrasts with patient-centred care (Stewart, 2001), and may be perceived as a microaggression by a young LGBTQA+ Aboriginal and Torres Strait Islander person.

4.1.2. Non-judgemental, non-stigmatising and normalising

Non-judgemental behaviour and attitudes were also referenced as a core component of inclusive practice.

> *I would define inclusive practice as that, regardless of somebody's background, or whether it be race, sexuality, whatever, you need to be open-minded and non-judgmental and include them in whatever services you're providing.* — Interview Participant 1

> *I just think we have to be really careful that someone discloses their sexuality, they're not a special needs person and they don't necessarily need anything extra... It's my approach that I don't go, "Oh my God, are you okay?" We wanna normalise that. It can be quite healthy – well, it is very healthy and it's not always attached to trauma, and it's something you need to be really careful about.* — Focus Group 1 Participant

> *I feel whenever someone thinks about queer inclusion, they always go straight to sexual health and usually, that's actually not what queer people come in for health services for. They actually come in for, I don't know, this arthritic pain that you might have. Literally anything else apart from your healthcare. I think a lot of practitioners when they see queer people, they think that they're sexually active, really sexually active and that they need a sexual health test done, and that's stigma in itself.* — Focus Group 2 Participant

> *Well, it's obviously us as adults and putting our personal biases aside and seeing colleagues, clientele as individuals, and that relates back to our respect in the workplace and obviously, the [organisation] values of being non-judgmental...* — Focus Group 1 Participant

> *It means no bias and that the environment that they've actually set up for anyone to access was, you know, not, um – was supportive to any needs.* — Interview Participant 3

4.1.3. Ensuring safety

As well as a non-judgemental approach, participants discussed the need to ensure that ACCOs were seen as safe spaces for LGBTQA+ young people. Creating safe spaces involved interpersonal interactions between ACCO staff and young people, including about whether they felt culturally safe, and safe to explore and express their LGBTQA+ identity.

> *Young people are so perceptive of energy and what happens and there, so clued in, because that's how you survive. Yeah, when you've gone through trauma and you're risk-taking and you're in survival mode, how do you survive? You survive because you're super aware of your surroundings. And your perception in relation to, you know, any risk that might happen or anything that might make you uncomfortable?* — Interview Participant 2

> *To help to make that person feel comfortable in a vulnerable space. And you do that by, you know, using correct names, correct pronouns, good communication. It's not rocket science, this stuff, really. And using, you know, just common courtesies and respects that you would expect. And that comes from a cultural safety perspective, to be able to treat people the way that you expect to be treated.* — Interview Participant 5

> *It's just you look at the person in front of you and think what would be the safe space for them? And then you have to adapt, you're just constantly working towards getting that safe space for, and if you're doing it wrong, you will know that you're doing it wrong and then you're like, "Okay, I need to change my tack."* — Focus Group 2 Participant

Safe spaces for LGBTQA+ young people in ACCOs could also involve showing external symbols of support for sexuality and gender diversity.

> *... at times they [young people] are probably a little bit overwhelmed and seeing a poster might be a little bit more supportive than having someone go through all of that with them at the very beginning... having some visible elements that can actually make them feel that they are supported in that space.* — Interview Participant 3

> *I think also services having the pride flag, either out the front or at the reception. So, it shows queer mob that, you know, they are a safe practice for them to go to. Just seeing themselves represented.* — Focus Group 2 Participant

> *I've never worked in anywhere where I feel so normal and accepted and OK. Come to work and there's, you know, unisex toilets 'cause we changed it all... we need to be a safe place for staff too. So, you need to rip that female sign and that male sign down and it needs to happen ASAP.* — Interview Participant 2

These findings echo what young people say they look for in assessing whether a service will be inclusive (Hill et al., 2021a; Liddelow-Hunt et al., 2021).

However, as one participant warned, external symbols of inclusion could be dangerous if they offered young people a false idea of what the service was actually able to provide.

> *Symbols of queer inclusion, rainbow flags, rainbow lanyards, pronoun badges, and those kinds of visible things are important. They make a difference. I think they need to be there to help signal to people that this is a culturally safe space. If that's all an organization does, which is often all an organization does, that's where we really start to get into trouble, because as soon as they start engaging with the client, that client realizes "You don't really understand me. You don't really understand the needs of my community. You're using language which I find inappropriate or offensive.* — Interview Participant 6

4.1.4. Using inclusive language

Participants identified using inclusive language as an important component of inclusive practice.

Interview Participant 3 was not working at an ACCO but noted that their inclusive practice involved asking young person what label they would like to use for their sexuality and going further to ask the young person what the label meant to them.

> *When I work, I think that I'm led by the young person at all times and I didn't work for a service that was specific to that... And you know, said if you know labels work, "What would they like?" Or if they didn't, you know, "how do they perceive it?" And I just wanted to learn from them and not actually put anything on it from my own perception.* — Interview Participant 3

> *When you're doing sexual health screening, being really open in your questions. "Do you have a sexual partner? What is your – what gender is your sexual partner? Do they have –" and then you can just ask for bodily parts, because if you hedge around these things, you'll never – you won't be giving them the best care because you don't know – you don't understand. But it's really important when you're doing those kinds of questions that the patient understands that you're not being voyeuristic, and there's got to be context to the questions.* — Interview Participant 7

Participants spoke about using young peoples' pronouns as part of inclusive practice.

> *... that whole process of breaking down that inclusive practice to the very core part of how to have those conversations and why it's important to have these conversations appropriately, and using the correct language using the correct, you know, pronouns and "what are the problems when we don't use the correct pronouns? What if our system, our medical system, didn't allow us to change that? What would that mean when you called out Mr. Bond when it's actually Mrs Bond?" So, breaking it right down to be inclusive of everyone that everyone is inclusively aware and trained.* — Interview Participant 2

> *The very beginning is asking the person what gender they would actually like to actually see when they come into the service, so not only cultural identity but also asking what gender and also having pronouns available to them as well and being aware of what that is.* — Interview Participant 3

Participants emphasised that 'inclusive language' does not just include getting pronouns correct, it also encompasses not "othering" and being aware of what language can mean for young people:

> *I think just the right terminology as well. I literally think that I'm pretty good with it and I just said "normal" when referring to non-LGBTQA people. And I'm just like, "That is so stupid." It's not even that I was thinking. So just about getting into people's brains about using the right wording, 'cause one word like that can really put off a young person and be like, "Oh."* — Focus Group 2 Participant

4.1.5. Respect for privacy and patient confidentiality

Another noted component of inclusive practice was maintaining the privacy and confidentiality of LGBTQA+ young people who accessed health and community services.

> *It came down to training in confidentiality and what that means, and confidentiality might be just not for our admin staff. It wasn't just the – it's because we work with mob, you know, like you walk in, and an aunty is there and that's her best friend's daughter that everyone knows everyone.* — Interview Participant 3

Interestingly, previous research with Aboriginal and Torres Strait Islander LGBTQA+ people who were over 18 years suggested that privacy and confidentiality concerns within Aboriginal medical service were not primary reasons for *not* attending the service (Hill et al., 2021a). However, other research with younger (under 25 years) participants indicates that some young people do have concerns regarding services disclosing results of a sexually transmitted infection screen or about clinicians disclosing their LGBTQA+ identity to their parents, although these concerns are not limited to ACCOs (Liddelow-Hunt et al., 2021). Privacy and confidentiality may therefore be an especially salient concern for young people.

4.1.6. Understanding when young person gender/sexuality is relevant

Participants also spoke about how health workers needed to be carefully attuned to when asking about a young person's sexuality or gender is or is not relevant in a conversation.

> *... you're coming with all sorts of issues and we're already, by being inclusive, almost making them feel we're stigmatising because we're automatically going, "Well, I'm gonna help this person because they're queer." But [patient] just wants to come in and get a script for something.* — Focus Group 2 Participant

> *Just asking them what they're here for and not just making presumptions and then prioritising things because they fit a certain category* — Focus Group 2 Participant

These quotes echo previous research that suggests that health practitioners need to be carefully attended to when a patients' gender or sexual identity is salient, versus not (Hill et al., 2022).

4.1.7 Aboriginal and Torres Strait Islander cultural competency training as a panacea for inclusive practice

Some participants referred to the fact that they/their service undertook Aboriginal and Torres Strait Islander cultural competency training an example of how they were achieving inclusive practice. Here, having cultural competency was seen as a panacea for competency with *all* LGBTQA+ young people. Cultural competency provided an existing framework for inclusiveness that was necessarily familiar to all ACCO staff.

> *The only time I hear about inclusivity, it's talking about being inclusive for Aboriginal people as a whole.* — Focus Group 2 Participant

> *I do cultural safety training.* — Interview Participant 1 [in response to being asked about what inclusivity training they have undertaken]

4.1.8. Making links between colonisation and social exclusion

Several participants referenced colonisation and exclusion of Aboriginal and Torres Strait Islander peoples when they were discussing 'inclusive practice'.

> *The history, it goes from generation to generation. So, what's happened previously, they tell the stories and that's how Aboriginal people do is that they tell stories on what happened. So, people still feeling the same way about the past. The intergenerational trauma, as I said, is a real thing, especially here in the north coast.* — Interview Participant 1

> *We can create a generation where it's going to be a lot safer for people but we still have to also pay respects to the history.* — Interview Participant 3

These excerpts illustrate the importance of considering Aboriginal and Torres Strait Islander histories and contemporary contexts, including the impacts of settler-colonialism, in any form of LGBTQA+ inclusive practice training.

5 Current Practice

5.1. What are ACCOs currently doing to be inclusive of LGBTQA+ young people?

Our third set of questions to participants centred on what services were currently doing to support LGBTQA+ young people. Participants responses could be categorised into: a) discussions of LGBTQA+ needs within their services; b) accessing LGBTQA+ training, and c) gaining knowledge through popular and social media.

5.1.1. Discussions of LGBTQA+ peoples' needs within services

Participants spoke about the various discussions and activities that ACCOs and other local Aboriginal and Torres Strait Islander services were engaged in that signalled inclusion of LGBTQA+ people.

> *And it's something that the managers have spoken about, about the inclusiveness and doing more things specific for LGBTI communities because it's something that we haven't – we've been very concentrated on Aboriginal and Torres Strait Islander communities… executives have been speaking about, making sure that their services are LGBTI-inclusive.* — Interview Participant 1

> *So we have an internal intranet called [X] and– the forms comes through to me about [internal Aboriginal and Torres Strait Islander LGBTQA+ program] or inquiries come through to me. I have a lot of people call me up and say "Hey, I'm working with this young person. I'm not really sure where to go with this and I would like some advice".* — Interview Participant 2

There was an acknowledgement that, in some regions, training on LGBTQA+ inclusion, what it looked like, and how to tell if it was happening, was lacking.

> *I think there'd be certain people in member services they would be onto it, but whether as a whole, I don't know.* — Focus Group 1 Participant

> *I perceive that there is a huge range of knowledge across the board, across the different programs and that's my big worry that we have some very competent people that would very safely interact with youth from the LGBTQI community and others that wouldn't.* — Focus Group 2 Participant

These excerpts demonstrate the large variability in inclusive practice toward LGBTQA+ young people within and between services.

5.1.2. Accessing LGBTQA+ training

Some participants mentioned attending specific LGBTQA+ training which was delivered to their organisation. Notably, the majority of LGBTQA+ training that people had accessed had been delivered by an organisation outside of their service, and much of the training was not specific to Aboriginal and Torres Strait Islander peoples.

> *And I know that some of the staff have been doing some of the – there's a company here in New South Wales, that do the LGBTI training... They were really good. They were quite happy to come up and help us and do some training stuff. I've also had a look at the – one from Victoria about the Rainbow Tick as well.* — Interview Participant 1

> *So, I did inclusivity training and they put up a video about somebody who was transitioning to be a male, and they were accepted by their Elders to be able to go through law and do the rights of passage for a male.* — Focus Group 2 Participant

> *Yeah, specifically the [sexual health] service. I did some training with them, absolutely brilliant in how they approached LGBTQ problems, and even giving examples of how to engage with LGBT youth I thought were quite helpful. Just the group activities they did to bring everyone in, that was very, very inclusive.* — Interview Participant 4

Participants commented on how inclusive practice was often embedded in the sexual health training.

> *So, I guess the second half of my sexual health career was just more around using the inclusive language. When we did stuff around puberty and talking about sexual attraction, it would just be like 'and then you start becoming sexually attracted to people and they might be the same-sex or of the opposite sex and all of this is normal.* — Interview Participant 8

> *An important part of the module is sexual health and how you would go about looking after someone's sexual health or approaching that subject, how to screen, what sort of screening is required. There's a very important module on prescribing hormones. I think that's the area most GPs feel the most at sea if they haven't done any training in the area.* — Interview Participant 7

5.1.3 Gaining knowledge through popular and social media

Participants also reflected on the utility of popular media and social media for learning about and promoting LGBTQA+ inclusion.

> *I think with things like Miss First Nation, RuPaul's Drag Race, these things are coming more out... So I think even though it's the TV show, you're hearing people's real stories, and these are the things that are happening. So that's educating people on "you do this to these people, and these are the effects that it has on them, you've got to be mindful of the words that are coming out of your mouth, and how you treat people".* — Interview Participant 1

> *So, there's a Facebook group called – there's one for GP – there's a GP group on Facebook called GPs Down Under, and they have rural offshoots and there's one offshoot called GPs Down Under for Gender Affirming Care, and it's become really popular... it's a really great place to ask questions about how to do stuff.* — Interview Participant 7

Some participants also spoke about how shame and fear around LGBTQA+ identities in ACCOs was reducing with each new generation.

> *I think that's changing. I think it was very much very secretive previously, and not so much anymore. I think everybody knows and it is what it is. I think with the generation coming through now, and leading these health services, or working in these health services, are a lot more open than what would have been in the past. So, it is changing. It's not gonna change overnight but it is getting there.* — Interview Participant 1

> *And I think people are more understanding when they actually have the facts or real information for them to kind of go by instead of thinking it's something scary or something to fear.* — Interview Participant 3

5.2. What gaps currently exist?

Participants observed that not many ACCOs were actively doing LGBTQA+ inclusive practice and identified key gaps in knowledge and practice for inclusive practice for LGBTQA+ young people. Knowledge and skills gaps were: a) lack of information that has an Aboriginal and Torres Strait Islander lens; b) not having skills or knowledge in providing gender affirming care; c) not knowing how to mediate family and community expectations; and d) lack of infrastructure support.

5.2.1. Lack of information that has an Aboriginal and Torres Strait Islander lens

Many participants spoke about how current information and training available regarding LGBTQA+ identities were not framed by an Aboriginal and Torres Strait Islander perspective.

> *I mean there's not really any specific queer mob training. There's queer patient training... It's always just that one part of your whole queer person training, it's never a separate course or its own detailed content. It's always just a mention which is unfortunate because it should be a thing that it's completely dedicated.* — Focus Group 2 Participant

> *But I find it's still really Western and I'd like it – it'd be great to have pre-colonial stories and more of that content as well, so...* — Interview Participant 9

> *Can't be one without the other. So, you need to have the cultural lens with the other elements, but I think they need to intertwine.* — Interview Participant 3

5.2.2. Lack of knowledge and skills in providing gender affirming care

Gender-affirming care involves service provision that supports gender-diverse people to be comfortable, safe, healthy, and happy, promoting exploration of gender without expectations of gender identity developmental trajectories (Chen et al., 2016). This may include providing services for social, legal and medical 'transition'. This approach prioritises flexible, patient-centred, holistic approaches to not only medical and mental health care, but also broader services - such as social or legal support services -that promote wellbeing. Participants noted gaps in access and options for gender-affirming care for Aboriginal and Torres Strait Islander young people.

> *Well, I think there should just be more – so the thing is like, gender clinic, there shouldn't even be just one gender clinic in a metro area. It should be that it is provided as part of primary healthcare. Gender-affirming services should be something that any general practitioner should be able to deliver or any general practitioner with the assistance of the primary health service or in an Aboriginal community-controlled health service. So, there shouldn't be a need to go to that and that if you do need an endocrinologist or a surgical referral, that it should just be completely streamlined.* — Focus Group 2 Participant

> *Most GPs have not ever treated a trans patient for hormone therapy. A lot of them will see a trans patient without realising it or will have seen them for other reasons. And there's very limited education. So, there's basically nothing in med school, pretty much.* — Interview Participant 7

5.2.3. Not knowing how to mediate family and community expectations

Some participants expressed concern that they would not know how to support an LGBTQA+ young person who was not supported by their family or community and identified a need for training to address this skills gap.

> *... and that's one of my knowledge gaps, for me, is how would I relate to that? If I'm working with an Aboriginal young person who's identifying as transgender but then their family is not supportive of them for different cultural practices and that person is being rejected by their family, how am I supposed to make that person feel safe? It's a really hard thing to navigate.* — Focus Group 1 Participant

> *14-year-old comes in discloses there's this history here, then there's this happening. But the biggest concern at the moment is not going to school. So, mums brought her in, doesn't want to go to school. She hasn't told Mom that she is that way and she wants to be called this person, be called this name... Yeah, it's just too shame. But the reason why she's actually not going to school is because she doesn't want to go to the girls change rooms. So how do we then talk to this 14-year-old? How do we then get that consent to be able to, you know, really listen to her story, his story and listen to support him in his transition phase of his identification.* — Interview Participant 2

5.2.4. Minimal organisational support

At the organisational level, participants noted that oftentimes they would access LGBTQA+ training through an external organisation but that their organisation did not have policies in place to support them to implement what they had learned in training..

> *At the policy level though, we don't have any LGBTIQA+ specific policies. So, I noticed that when I had the induction last weekend... obviously the workplace does reflect inclusion, but it would be good to have that at policy level, so it can be appointed to and I'm sure we'll have it eventually, but that was something I did note.* — Focus Group 1 Participant

A participant from the second ACCO Focus Group also noted that ensuring all organisations undertake training is difficult without government support.

> *It needs to come from government down and altogether so then that way it's more of a lateral space where everyone's actually getting their training, not just to one specific area.* — Focus Group 2 Participant

Summary

The *'Training Health Providers to work with Aboriginal and Torres Strait Islander LGBTQA+ young people'* research project Phase 1 Needs Assessment reports build towards understanding how to strengthen capacity of staff working in ACCOs to practice service provision inclusively. That is, to effectively support young Aboriginal and Torres Strait Islander young people who are sexually and/or gender diverse. These reports presented the findings from a series of focus groups and interviews. Volume 1 (this report), assessed what is currently being done by ACCOs, and the communities they are situated within, towards this goal, and what, in the context of training and organisational development, is needed to better achieve inclusive practice.

The extent to which Aboriginal and Torres Strait Islander LGBTQA+ young people are included by community, as well as the barriers to and enablers of this inclusion, was assessed to give context to understanding what inclusive practice means for communities. Findings revealed that Aboriginal and Torres Strait Islander LGBTQA+ young people (and adults) are being somewhat included within broader community, but that this support is variable; participants reported witnessing acceptance of LGBTQA+ identities and community members, and violent discrimination. This variation was in part attributed to geographical differences (wherein major cities were seen as more inclusive than rural communities, although not exclusively), and generational differences (wherein younger generations were seen as becoming progressively more inclusive). However, participants also highlighted ongoing efforts to re-examine their culture and history for evidence of inclusion, often pre-colonization.

Indeed, colonizer impacts such as Christianisation, were identified as a key barrier to inclusion of Aboriginal and Torres Strait Islander LGBTQA+ young people. However, perceptions of LBGTQA+ identity being a Western concept were also prevalent within some communities, demonstrated by the idea that being queer was not "cultural". Similarly, many participants noted a perception that some cultural elements were more difficult to navigate as an Aboriginal and Torres Strait Islander service (e.g., gendered cultural practices), and there was a lack of knowledge about how to talk to community members about this. General lack of knowledge of Aboriginal and Torres Strait Islander LGBTQA+ identities and experiences were also noted as a barrier to inclusion within services and the wider Aboriginal and Torres Strait Islander community.

As such, and perhaps unsurprisingly, having close relationships with Aboriginal and Torres Strait Islander LGBTQA+ family and friends was identified as a core enabler towards inclusive attitudes and behaviour within community. Similarly, understanding lived experiences and the importance of inclusion for Aboriginal and Torres Strait Islander LGBTQA+ young people was aided by participants' reflecting on their own experiences of discrimination or exclusion. Participants also noted that community members and ACCO staff were more amenable to engaging with Aboriginal and Torres Strait Islander LGBTQA+ youth inclusion content when it was framed from a sexual or mental health perspective, and when it was championed by their organisational leaders.

In contrast to the mixed findings regarding whether Aboriginal and Torres Strait Islander LGBTQA+ young people are included within the broader community, participants had fairly united approaches to what inclusive practice involves for ACCOs. Seven components

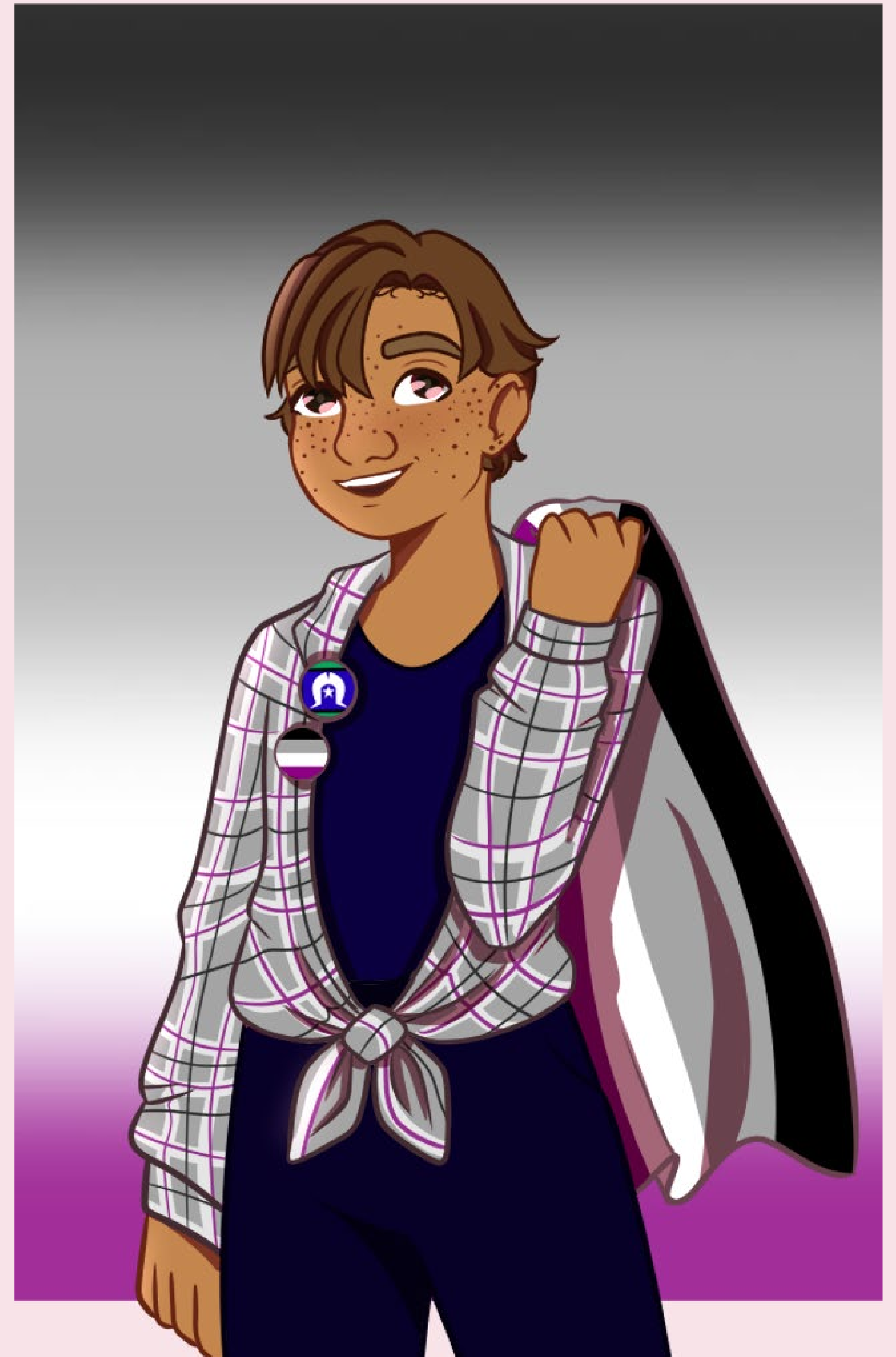
inherent to inclusive practice were discussed: 1) treating all clients the same, 2) normalising identity, and being non-judgemental and non-stigmatising, 3) ensuring safety (perhaps through using cultural competency as a starting point), 4) using inclusive language, 5) respecting privacy and confidentiality, 6) understanding when identity is relevant and 7) making links between colonization and exclusion. Some of these elements reflected previous research – specifically, the need for visible representations of safe spaces (Liddelow-Hunt et al., 2021), respecting privacy and confidentiality to build trust between service provider and clients (Hill et al., 2021b), and understanding when LGBTQA+ identity is salient to patient care (Hill et al., 2022). However, participants' often quoted notion of treating "everyone the same" has been flagged by previous research as potentially damaging to inclusion (Hill et al., 2021b; Liddelow-Hunt et al., 2021), if it lessens efforts to promote safety.

When asked what ACCOs are currently doing to incorporate inclusive practice into their service provision, it was clear that variability exists. Some participants noted seeing frequent discussion of Aboriginal and Torres Strait Islander LGBTQA+ young people's needs and organisational development opportunities to increase support. However, others noted not knowing where to begin, and that some services may rely on individual efforts rather than organisation-wide inclusive practice initiatives.

Some participants noted attending training to better their inclusive practice capability and highlighted that often such training programs were delivered by external organisations. Typically, these programs were delivered in relation to sexual or mental health programs upskilling. Participants also noted accessing inclusive practice resources from social media, and popular media to better understand Aboriginal and Torres Strait Islander LGBTQA+ young people.

Despite the availability of external training programs and social and popular media resources, participants noted that, ultimately, some ACCOs were not actively engaging in inclusive practice. Key reasons cited for this included lack of training and information that utilised an Aboriginal and Torres Strait Islander lens, participants having a lack of knowledge and skills to support gender diverse clients, or clients who were not supported by their community or family. Finally, participants highlighted a lack of top-down, organisational support – often policies or formal processes were lacking in ACCOs to support implementation of learning.

In conclusion, there are examples of inclusive practice happening across Aboriginal and Torres Strait Islander communities and ACCOs in Australia. There is also a strong desire to build ACCO staff capacity in inclusive practice. This development must be grounded in Aboriginal and Torres Strait Islander LGBTQA+ perspectives, drawing on historical and cultural contexts. Such training must develop not only knowledge, but that of skills and behaviours. Volume II of this report series explores what competencies (sets of knowledge, skills, attitudes, and behaviours) participants see as essential to effectively support Aboriginal and Torres Strait Islander LGBTQA+ youth and their families, and what training content should be included to build these. Additionally, possible training structures are discussed and critically reviewed.



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