This toolkit is supported by a grant offered under the Innovative Workforce Fund, administered by National Disability Services (NDS) with funding from the Australian Government Department of Social Services.

The opinions or analysis expressed in this document are those of the author[s] and do not necessarily represent the views of the Department, the Minister for Social Services or NDS, and cannot be taken in any way as expressions of government policy.
Wellways Australia is a leading not-for-profit organisation dedicated to ensuring all Australians lead active and fulfilling lives in their community.

Providing services in Queensland, New South Wales, the Australian Capital Territory, Victoria and Tasmania, Wellways works with individuals, families, and the community to help them imagine and achieve better lives by providing them with a wide range of services and assistance. Wellways works with people affected by mental health issues, disabilities, youth, older Australians, and those requiring community care.

As thought leaders in the area of community inclusion, Wellways innovative approach to mental health, disability, and rehabilitation services bring together evidence from research with an understanding of people’s lived experience—what works for them.

In 2016, Wellways Australia commissioned a publication called *Well Together: a blueprint for community inclusion*, which was authored by Dr Mark Salzer and Richard Baron of Temple University. Wellways Australia wished to build on our existing knowledge base of this important topic, and ensure that the work we do, now and into the future, is firmly grounded in the best and most contemporary evidence available.

The blueprint sets forth fundamental concepts, theoretical frameworks and evidence for community inclusion. It is explicitly intended, in the new National Disability Insurance Scheme (NDIS) environment, to provide practice principles to guide our work with people experiencing a range of disabilities.

Wellways is committed to developing and strengthening a respected, valued and skilled peer workforce across all levels and services of the organisation at the forefront of all we do. We recognise the significant and important role the peer workforce has in achieving our vision for an inclusive community where every person can safely imagine, set goals, create opportunities and reach their own personal potential. At Wellways we have proven that providing peer services is one of the most effective ways of supporting recovery, connecting people, strengthening families, and transforming communities. We recognise that the wisdom and knowledge attained through lived experience is crucial in supporting individuals and their families to recover from the impacts of mental health issues or disability, promote human rights, foster social inclusion, and reduce stigma and discrimination.

Wellways is a registered NDIS provider offering mental health and disability support and services. The Out Together project was piloted under a NDIS operational environment; the project’s model of care and service provision in this pilot can be applied to various funding settings.

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**Project developers**

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**You can download Well Together here**

**Read our information sheet on community inclusion**
The Out Together project aims to meet the needs of NDIS participants who identify as lesbian, gay, bisexual, trans*, intersex and queer (LGBTIQ+) by providing them with access to LGBTIQ+ peer workers.

We know that many people with a disability who identify as LGBTIQ+ experience significant barriers to accessing services and being fully included in the community. This bias and prejudice tend to function at many levels, including personal, interpersonal and institutional. It is often expressed overtly or in subtle ways with phobic language and behaviors from others, stigma or discrimination in all areas of life.

The purpose of this project is to develop, pilot and evaluate a LGBTIQ+ peer workforce model to be applied within the NDIS operational environment. The NDIS aims to help people with a disability add and/or mental health issues achieve their goals, such as greater independence, community involvement, employment and improved wellbeing. Addressing barriers to access and full use of the scheme is essential if the vision of the NDIS is to be realised. This project aims to support full access and utilisation of the scheme by targeting workforce innovation towards meeting the needs of LGBTIQ+ participants and drawing on lived experience expertise.

The Out Together project will improve the capacity of NDIS providers to recruit, train and support workers who identify as LGBTIQ+ and have their own lived experience of disability. The development of this innovative workforce will in turn support NDIS participants who identify as LGBTIQ+ to better access and utilise the NDIS. This pilot project also aims to provide valuable evidence based information to support the broader development of the NDIA’s LGBTIQ+ strategy which is currently in development.
What are the goals of the project?

The Out Together project aims to:

- Increase the participants mental and physical wellbeing in their everyday life and to feel accepted in their identity.
- To increase LGBTIQ+ affirming attitudes and behaviours in workers and in participants.
- To help LGBTIQ+ participants become a part of the community and to access services with confidence.

Project outcomes will include:

- NDIS providers are equipped with the workforce model, information and resources they need to recruit, train and engage a LGBTIQ+ peer workforce
- The NDIS workforce engages people who identify as LGBTIQ+ with the right skills and attributes
- The LGBTIQ+ peer workforce is provided with evidence based training and support to meet the needs of NDIS participants who identify as LGBTIQ+
- NDIS participants who identify as LGBTIQ+ are provided with more choice, including access to peer workers

The project will also include the development of a training tool kit and online resources to support service providers to implement the Out Together model within their services.

This LGBTIQ+ peer support toolkit has been developed through a co-design process with members of our workforce, individuals, family members, representation from LGBTIQ+ peak organisations and NDIS Local Area Coordination.

This project draws on established evidence-based approaches in peer support within the mental health sector, applies these more broadly to people with a disability, and targets them specifically at a marginalised group - NDIS participants who identify as LGBTIQ+. This is a new approach to offering support to this group of participants.

Using a specific recruitment strategy, workers who identify as LGBTIQ+ and have lived experience of disability and/or mental health issues have been engaged by Wellways and trained as peer workers using the co-designed set of resources. These support workers will work with participants who identify as LGBTIQ+ within the project and other participants in Wellways’ broader service provision across the regions of North East Melbourne, Grampians and Barwon in Victoria.

NDIS participants entering the scheme who identify as LGBTIQ+ have been invited to take part in the project through communications with them directly, their family/carers, NDIS support coordinators and existing support services as appropriate. The LGBTIQ+ peer workers will provide support to the NDIS participants according to their plan. At this stage services have been started for seven participants within the project.

It’s great being part of something so powerful and life changing, I really hope it gets the results we need.

Out Together support worker

Click to watch Arthur’s story
Creating a welcoming and inclusive organisation

Assess organisational readiness
Ensure policies promote inclusion
Ensure physical environments are welcoming
Train staff in inclusive practice

Building the workforce
Recruit workers with lived experience
Provide training and supervision
Support peer workers to connect with each other

Providing effective peer support
Promote the program to referrers and participants
Enable participants to choose their worker
Get feedback from participants about their experience

I can be myself around him and I don't have to worry about anything, I have not felt like that in a long time.

Arthur

Click to watch Arthur and Chris’ story
Peer work is the combination of giving and receiving support to others, based on the ideology of respect, shared responsibility, and the mutual agreement of what is helpful to the individual’s wellness and recovery. People who have experienced mental health issues, disability and recovery, or have supported and cared for a family member, partner, or friend, have gathered a large body of knowledge and expertise from this experience. This not only includes the feelings, struggles, and breakthroughs that come with the recovery journey but also a wealth of knowledge about service systems and advocacy skills.

A peer worker is a person who is employed based on their personal lived experience of mental ill health, disability, and recovery. This important lived experience expertise is an essential qualification for their job, in addition to other professional skills and experience that is required for the particular role they undertake with the individual. Using lived experience intentionally requires specialist skills and attributes, and peer workers form an integral component as a valuable resource of a person’s support network. Having an integrated practice and holistic approach to care means that peer work is a crucial component of the recovery of a person.

Wellways uses the term ‘peer workforce’ to reflect the multiple ways in which workers draw on their lived experience to bring about change at an individual and systemic level. Both consumer and family workers, including individuals from differing social, cultural and communities form part of Wellways peer workforce.

Because peer work is person centered, peer workers can deliver better outcomes for NDIS service users through their unique ability to engage participants and increase positivity in the approach to the holistic treatment of a person.

Wellways Peer Workforce broadly comprises the following peer designated roles:

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<th>Roles</th>
<th>Areas of work</th>
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<tbody>
<tr>
<td>Managerial and leadership roles</td>
<td>Advocacy, quality &amp; service development, training, coordination, supervision</td>
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<tr>
<td>Peer support workers</td>
<td>Individual peer support, family peer support</td>
</tr>
<tr>
<td>Peer facilitators and educators</td>
<td>Peer education facilitators, peer group facilitators, community educators, speaker’s bureau presenters</td>
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</tbody>
</table>
Benefits of peer work

There is growing evidence peer support is a critical and effective strategy for ongoing health care and promotes and supports behavior change for people with chronic diseases, disability, social anxiety, and other conditions. Its long reaching benefits extend to the community, carers and family of the person accessing peer worker support. In addition, providers of social support report less depression, heightened self-esteem and self-efficacy, and improved quality of life.

This recognition of the effectiveness of peer-designed, developed, and operated services in promoting recovery, have proven to increase community integration, improve quality of life, lowered levels of symptom distress, and reduced unnecessary hospital admissions (Nelson et al, 2007).

Further research by Chinman et al, (2001) found that peer services can lead to a 50% reduction in re-hospitalisation compared with the general outpatient population, and only 15% of the outpatients with peer support were re-hospitalised in its first year of operation. There is also evidence that community education led by people who have experience of mental illness, or of being a family member, partner or friend is more effective than any other approach, in reducing stigmatising community attitudes and increasing knowledge and understanding (Corrigan & Gelb, 2006). For carers, the support and knowledge of a peer who ‘has been there’ offers reduced levels of worry, tension, and distress.

Benefits to the recipients of peer work/support are:

- Decreased morbidity and mortality rates
- Increased life expectancy
- Increased knowledge of a disease
- Improved self-efficacy
- Improved self-reported health status and self-care skills, including medication adherence
- Reduced use of emergency services

Wellways own experience of peer work affirms that peer workers can achieve more time efficient participant outcomes, develop greater levels of connectedness, and provide valuable interventions for staff and participants to move forward from “stuck” places in their recovery journey.

In addition to benefits for service users, families, and mental health services, it has also been found that peer support services directly benefit the peer workers themselves. Benefits to peer workers can include:

- Increased understanding and awareness of one’s own mental health issues
- Enhanced knowledge of self-care and practice of self-care behaviour
- Improved self-image and self-acceptance
- Development of identity as a peer worker
- Feeling respected as a professional
- Empowerment
- Personal growth
- Reduced hospitalisations and need for mental health services
- Improved relationships and social networks

Seeing the person become the person they want to be is nothing but wonderful

*Out Together peer worker*
Developing a diverse workforce is not only important to meet the needs of individuals and families, it has increasingly become a business imperative under the NDIS.

The NDIS aims to provide participants with greater choice and control over their disability service and supports. For NDIS service providers this means developing a service offer which meet the needs of individual participants with an NDIS plan and their families and carers. If choice and control is to be fully realised under the Scheme, service providers will need to develop workforce models which are innovative and responsive to this new ‘market’. NDIS participants and their families will now have a greater choice of providers and their choices will be influenced by a number of factors including quality of service, suitability of services/programs, reliability, reputation, trust, values and cost. In this context, engaging a diverse workforce and offering greater choice to participants will become essential for the majority of NDIS service providers.

It is in the best interest of NDIS service providers to recognise the specific needs and choices of LGBTIQ+ NDIS participants and their families. In an environment in which the relationship between worker and participant has become even more important, ensuring participants have the choice to access a peer they connect and identify with is likely to become a fundamental part of a providers’ NDIS service model.

NDIS service providers will not only be marketing their services to participants, they will now be marketing themselves as employers of choice to an emerging workforce. Full national rollout of the NDIS within relatively short timeframes for such a significant reform will lead to challenges for NDIS providers in engaging and recruiting a workforce fast enough to meet demand, particularly in rural and remote areas of Australia. Service providers will not only be working towards meeting this demand, they will also need to develop their capacity to engage and support an incredibly diverse disability workforce. Service providers will need to understand how to engage LGBTIQ+ staff and staff with a lived experience and provide them with an inclusive and respectful work environment.

This tool kit and associated resources aims to support organisations interested in establishing an LGBTIQ+ peer workforce within their NDIS services. It may also benefit emerging service providers, interested in establishing a specialist peer or LGBTIQ+ service within the NDIS.

Why develop an LGBTIQ+ workforce within NDIS

Peer work within the NDIS

The NDIS provides opportunities for service providers to be innovative but innovation and best practice can be restricted by multiple factors including financial pressures due to NDIS pricing of supports, inconsistency in approaches to planning and gaps in funding of particular supports/services within the NDIS itself and the broader disability, mental health and health sectors.

Currently peer work is considered an integral part of the mental health workforce. There has been significant research undertaken on best practice in regards to the development of the peer workforce and investment by government and organisations to support its continued growth. Many NDIS providers who are committed to the peer workforce have been...
exploring ways peer work can continue to be offered within the NDIS. As a result, a number of models of peer work within the NDIS are currently being tested.

Here are some examples of peer work applied under the NDIS.

- Establishment of peer-led NDIS service providers – a number of peer owned and led NDIS providers have emerged. All NDIS services offered are delivered by peers.

- Peer roles embedded within NDIS workforce – some providers have developed specific peer roles. For example, a peer may be supporting transition or entry into the NDIS which may be funded through other funding streams or funded within their NDIS business model. Other roles could include peer support workers delivering core supports such as assistance to access community, social and recreational activities or assistance with self care activities. This involves peer workers delivering core supports according to the plan but utilising their lived experience intentionally in their daily interactions with the participant.

- Peers as support coordinators – in November 2017 the Guide to Suitability was updated to reflect that lived experience was not a qualification listed for support coordinators. However, they also removed the minimum qualification requirement, essentially removing other restrictions. Whilst this is a setback in recognising the expertise of peer workers, it does not necessarily mean peers could not fill the role of a support coordinator.

- Peer support as a specialist support or service under an NDIS plan – currently peer support is only referenced specifically under the NDIS price guide in one capacity building line item. Under the category Increased Social and Community Participation there is a line item known as Life Transition Planning Including Mentoring, Peer-Support and Individual Skill Development. It is described in the following way ‘establishing volunteer assistance within the participant’s home or community to develop skills. For instance, assistance in attending appointments, shopping, bill paying, taking part in social activities and maintaining contact with others.’ Although this line item references peer support, the description does not reference peer support as a professional support, rather it describes the type of peer support a person connects with voluntarily in their community. This ambiguity has caused some confusion amongst providers on the use of this line item specifically for peer support. Whilst there are no other line items that specifically reference ‘peers’ there are a number of capacity building supports within the NDIS price guide which could be delivered most effectively by a peer. These include:

  > Individual Skills Development and Training – Individual life skills development and training including public transport training and support, developing skills for community, social and recreational participation.

  > Improved Relationships – Individual Social Skills Development - Social skills development with an individual, for participation in community and social activities.

  > Community Engagement Assistance – Program to empower participants and improve interactions between participants and their social networks. Assistance to engage effectively in the community through a group approach to help achieve goals, gain insight into their lives and make informed decisions.

These capacity building supports could be delivered in a specialised way by peers, recognising the unique expertise and skill peers bring to supporting others to re-engage and connect with themselves and others. In recognition of the skills and knowledge required by workers to support capacity building, these line items have also been priced at a slightly higher rate than core supports. This higher level of funding may allow some providers the capacity to pay staff at a higher rate for their level of expertise and provide some level of professional development or training.

As each individual plan is based on participant’s needs and what is deemed reasonable and necessary, there is likely to be ongoing advocacy around the funding and utilization of these capacity building supports in particular peer support. This requires planners to have an understanding of the needs of participants with psychosocial disability and of particular marginalized groups such as LGBTIQ+ participants who can experience significant isolation and exclusion from the community.
Developing the LGBTIQ+ peer workforce

The need for specific workers who understand, and have been trained in LGBTIQ+ cultural training has become evident after working with participants who have faced prejudice and stigmatising behaviors and have withdrawn from services and society in some way as a result. Unconscious or conscious discrimination can impact people’s lives significantly. The stigma or prejudice that some LGBTIQ+ people face can result in adverse life changing outcomes, affecting people’s quality of life and ability to feel they are a contributing member of the community.

When people are shamed for their sexuality and gender identity, their behavior changes and they can become withdrawn and depressed.

This can often mean that people feel they cannot access the appropriate services for their needs, and cannot be authentic in asking for their needs to be met in their life. This can cover all aspects of their life, including physical health, mental health, financial health and emotional health.

According to the Australian Human Rights Commission a large number of LGBTIQ+ people hide their sexuality or gender identity when accessing services (34 percent), at social and community events (42 percent) and at work (39 percent).

Gay, lesbian, bisexual and trans* people are three times more likely to experience depression compared to the broader population.

Knowing this, all mainstream organisations can offer a LGBTIQ+ program with peer-workers, helping everyone become active, positive and well again. In recognising the needs of LGBTIQ+ people with a disability, NDIS service providers should consider how their service models, quality systems and workforce structures are supporting LGBTIQ+ individuals and families to access and fully utilise their NDIS services. The following organisations have produced a number of helpful tools and resources for this purpose: GLHV www.glhv.org.au and Q Life www.qlife.org.au

In the mental health field, peers are people who have a shared experience of mental illness, or of being a carer of someone in recovery. They must have a strong sense of empathy and be passionate about using what they’ve learned throughout their journey – to assist others. The Wellways Out Together project has focussed on the development and engagement of an LGBTIQ+ peer workforce within the NDIS. It has applied peer workforce models, established within the mental health sector, to the evolving NDIS service system. This has included recruiting, training and supporting LGBTIQ+ peers as NDIS support workers and matching them with NDIS participants who identify as LGBTIQ+ who choose to engage with a peer. It is anticipated the resources developed by this project will improve the capacity of Wellways (and other NDIS providers) to recruit, train and support workers who identify as LGBTIQ+ and have their own lived experience of disability. The development of this new workforce will in turn support NDIS participants who identify as LGBTIQ+ to better access and utilise the NDIS.

There is also an expectation that inclusivity will be enhanced more broadly within the organisation because the resources can be used in induction for all workers, and discussions around the project have raised general awareness of inclusivity for LGBTIQ+ clients and staff.

Importantly, the experiences of the project will lead to a better understanding of the possibilities (and constraints) around enabling peer support under the NDIS.

"My psychiatrist informed my parents that my sexual orientation was a symptom of my schizophrenia and that it would pass. My parents felt relieved, I was furious. This negatively impacted on our family dynamics. I felt like I could not stand up for my rights and felt incredibly alone. Over twenty years on, I still feel incredibly angry that this occurred."
How to recruit LGBTIQ+ workers

It is essential that recruitment practices are consistent with organisational policies and compliant with relevant legislation such as discrimination laws. Recruiting managers need to have the skills and knowledge to be able to fulfil recruitment responsibilities competently, ethically and in compliance with all relevant legislation.

In preparation for recruitment, organisations need to be clear why they wish to employ an LGBTIQ+ peer workforce. The organisation needs to ensure the reasons connect with their values, vision and mission. This connection is essential to ensure the organisation is well prepared to drive through the challenges that will incur when implementing this approach.

To find the right peer worker for this program, there must be a desire to provide peer support by connecting, learning and growing together through the relationship with the participant.

There must be empathy and the ability to intentionally share what worked and what didn't work from their own personal journey where it relates to the participants experiences and challenges.

The worker must have a lived experience of mental illness, disability or ill health, and be able to hold the hope for a person when they can't hold it for themselves and help that person reconnect with their hope.

When considering developing a peer workforce it is important to understand that the needs of consumers and carers are different and therefore the roles of consumer peer workers and carer peer workers are distinct.

The peer worker also needs to be aware of their own past trauma and seek appropriate supports. In these instances it may be appropriate for the peer worker not to work with individuals who have experienced similar traumas to them. This is something, which should be negotiated with their employer.

The position description should be written before the recruitment process and preferably done in collaboration with supervisors, lived experience practitioners and people who access the service. The language in the position description needs to be consistent with recovery orientation, peer work values, principles and guidelines and should outline competencies appropriate to the specific peer work role.

The position description must:

1: Define the responsibilities and tasks of the position and the primary functions to be completed within the scope of the role
2: Articulate the range of skills, knowledge, experience and training required to perform the role
3: Advise on remuneration and pay points of the position, taking into account roles and responsibilities and relevant education qualifications
4: Allocate hours per week to fulfil all aspects of the role
5: Outline management and direct reports
6: Inform of any budgetary responsibilities

Click to view Peer workforce development

Click here to view Recruitment

Click to download the flyer
Supporting LGBTIQ+ peer workers

This training supported me to connect with my values in an authentic way and I am walking away feeling empowered and knowledgeable about intentionally sharing my experiences with others.

Out loud and proud

Inclusive organisations

Developing an organisational checklist could help service providers assess their current readiness in meeting the needs of a diverse community.

Please see below a checklist that is focused on creating a welcoming and inclusive workplace for people who identify as part of the LGBTIQ+ community.

Please refer to Out Together training resources for more information on how to provide training for an LGBTIQ+ peer workforce.
Welcoming and inclusive services checklist for your organisation

**Safe, welcoming and inclusive environment**

- We have a designated LGBTIQ+ champion with lived experience or specialist expertise, to support employees and implement changes that improve workplace inclusiveness?
- We provide regular training and education to employees, which is dedicated to promoting the use if inclusive language and ensuring employees are respectful and celebrate the values and cultures of LGBTIQ+ people?
- We encourage and support our employees to provide LGBTIQ+ specific feedback in supervision or anonymously?
- Our recruitment and employment materials use LGBTIQ+ inclusive language and provide opportunity for employees to indicate sexual orientation, gender identity, preferred pronouns and family affiliations?
- We provide a safe space for LGBTIQ+ employees and allies to gather regularly to network, reflect and support each other?

**Promoting diversity and networking**

- Our professional relationships include links to LGBTIQ+ communities and organisations who provide targeted services to LGBTIQ+ communities?
- The language and imagery we use on our organisational resources such as the website, printed material and other media inclusive and representative of LGBTIQ+ people?
- Our organisation acknowledges and celebrates local and national significant events and dates in the lives and cultures of LGBTIQ+ communities?
- LGBTIQ+ people clearly identify that they are welcome at our organisation through the use of symbols, signs, posters or pamphlets in reception and entry areas and gender neutral facilities?
- We have a screening process to check our partnerships, sponsors guests and all other affiliates are welcoming and inclusive of LGBTIQ+ people?
- Our organisation promotes itself directly to LGBTIQ+ communities?

**Inclusive organisational policy and procedure**

- We have a clear “zero tolerance” policy prohibiting discrimination, bullying and harassment of any kind toward all employees/volunteers and specifically those of diverse sexual orientations and gender identities?
- Our organisation has robust confidentiality and privacy measures in place which ensures the personal information of our employees/volunteers is protected and remains private?
- Our organisation has a visible inclusion, access and equity policy that specifically references our LGBTIQ+ diverse employees, and copies are easily accessible and readily available to all employees?
- There is a documented procedure in place that ensures prompt action is taken to manage threats to the safety and inclusion of LGBTIQ+ employees/volunteer’s?

**Equal opportunities**

- Our recruitment, employment materials and workplace documents use LGBTIQ+ inclusive language and provide opportunity for potential employees to indicate sexual orientation, gender identity, preferred pronouns and family affiliations?
- We are inclusive of domestic partnerships and families by providing equal access to employee benefits for LGBTIQ+ employees?
- Our workplace openly recognises and includes significant others, partners and spouses of LGBTIQ+ employees on all official records as well as for all events where heterosexual partners are welcome?
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<th>Priority actions</th>
<th>By whom</th>
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This glossary has been written by the Australian Institute of Family Studies and is organised around the following categories:

- **Sexual orientations**
- **Bodies, gender and gender identities**
- **Societal attitudes /issues**

### Sexual orientations

**Sexual orientation** refers to an individual’s sexual and romantic attraction to another person. There are an infinite number of ways in which someone might define their sexuality. Further, people can identify with a sexuality or sexual orientation regardless of their sexual or romantic experiences. Some people may identify as sexually fluid; that is, their sexuality is not fixed to any one identity. Sexual orientations include:

- **Lesbian:** an individual who identifies as a woman and is sexually and/or romantically attracted to other people who identify as women.
- **Gay:** an individual who identifies as a man and is sexually and/or romantically attracted to other people who identify as men. The term gay can also be used in relation to women who are sexually and romantically attracted to other women.
- **Bisexual:** an individual who is sexually and/or romantically attracted to both men and women.
- **Pansexual:** an individual whose sexual and/or romantic attraction to others is not restricted by gender. A pansexual may be sexually and/or romantically attracted to any person, regardless of their gender identity.
- **Asexual:** a sexual orientation that reflects little to no sexual attraction, either within or outside of relationships. People who identify as asexual can still experience romantic attraction.
- **Heterosexual:** an individual who is sexually and/or romantically attracted to the opposite gender.
- **Queer:** a term used to describe a range of sexual orientations and gender identities. Although once used as a derogatory term, the term queer is now often associated with pride in identity and is often used as an umbrella term to describe the full range of LGBTIQ+ identities.

### Bodies, gender and gender identities

**Sex:** a person’s sex is made up of anatomical, chromosomal and hormonal characteristics. Sex is classified as either male or female at birth based on a person’s external anatomical features.

**Intersex:** an umbrella term that refers to individuals who have anatomical, chromosomal and hormonal characteristics that differ from medical and conventional understandings of male and female bodies. Intersex people may be “neither wholly female nor wholly male; a combination of female and male; or neither female nor male.” Intersex people may identify as either men, women or non-binary (see below).

**Gender:** Gender refers to the socially constructed and hierarchical categories assigned to us on the basis of our apparent sex at birth.

**Gender identity:** refers to an inner sense of oneself as man, woman, masculine, feminine, neither, both, or moving around freely between or outside of the gender binary.

**Gender binary:** the classification of gender into the two categories of either man or woman based on biological sex, as described above.
Glossary

Transgender/trans/gender diverse: umbrella terms to refer to people whose assigned sex at birth does not match their internal gender identity, regardless of whether their gender is outside the gender binary or within it. Transgender/trans or gender diverse people may identify as non-binary, that is: they may not identify exclusively as either gender; they may identify as both genders, they may identify as neither gender; they may move around freely in between the gender binary (gender fluid); or may reject the idea of gender altogether.

Transgender/trans or gender diverse people may choose to live their lives with or without modifying their body, dress or legal status, and with or without medical treatment and surgery. Transgender/trans or gender diverse people may use a variety of terms to describe themselves including but not limited to: man, woman, transwoman, transman, transguy, trans masculine, trans feminine, tranz, gender-diverse, gender-queer, gender-non-conforming, non-binary, poly gendered, pan gendered and many more.

Transgender/trans or gender diverse people have the same range of sexual orientations as the rest of the population. Transgender/trans or gender diverse people’s sexuality is referred to in reference to their gender identity, rather than their sex. For example, a person may identify as lesbian regardless of whether they were assigned female at birth or male.

Transgender/trans or gender diverse people may also use a variety of different pronouns including he, she, they, ze, hir. Using the incorrect pronouns to refer to or describe trans people is disrespectful and can be harmful.

Cisgender/cis: term used to describe people whose gender corresponds to the sex they were assigned at birth.

Gender questioning: not necessarily an identity but sometimes used in reference to a person who is unsure which gender, if any, they identify with.

Sistergirl/Brotherboy: terms used for transgender people within some Aboriginal or Torres Strait Islander communities. Sistergirls and Brotherboys have distinct cultural identities and roles. Sistergirls are Indigenous women who were classified male at birth but live their lives as women, including taking on traditional cultural female practices. Brotherboys are Indigenous transgender people, whose bodies were considered female at birth but “choose to live their lives as male, regardless of which stage/path medically they choose.”

Societal attitudes /issues

Homophobia and biphobia refer to negative beliefs, prejudices and stereotypes about people who are not heterosexual.

Transphobia refers to negative beliefs, prejudices and stereotypes that exist about transgender and gender diverse people.

The National LGBTI Health Alliance is the national peak health organisation in Australia for organisations and individuals that provide health-related programs, services and research focused on lesbian, gay, bisexual, transgender, and intersex people (LGBTI) and other sexuality, gender, and bodily diverse people and communities.

The alliance use “LGBTI” as an easy to identify acronym to refer to a group of identities that includes lesbian, gay, bisexual, trans/ transgender, and intersex people. This also includes other sexuality and gender diverse people, regardless of their term of self-identification as they all share experiences around sexual and/or gender identity and sexual and/or gender expression that are outside the dominant paradigms of Australian society.