

# GALFA LGBTI Homelessness Research Project

## Stage 1 Report

### LGBTI Homelessness: Preliminary findings on risks, service needs and use

Prepared for the four initial funding bodies:

Lord Mayors Charitable Foundation,  
Assia Altman Fund of the Australian Communities Foundation,  
Launch Housing,  
and  
Gay and Lesbian Foundation of Australia

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## 1) Introduction and background to the research

The pervasiveness of homelessness, both in Australia and abroad, has led to concerted efforts to understand its causes and to develop effective policies and programs that provide short and long-term supportive housing solutions to rebuild lives. Existing research feeding into policy priorities has identified a number of sub-groups that need to be targeted, including Indigenous Australians, young and older homeless Australians, and persons exiting State care, juvenile justice, other correctional facilities or medical or psychiatric facilities (FaHCSIA, 2008). However, to date, sexual orientation, sex and gender identity minorities have not been identified as a key target group for direct policy and practice intervention.

Whilst there is mounting evidence that the risk of and potential consequences of homelessness among lesbian, gay, bisexual, transgender and intersex (LGBTI) people is heightened compared to the general population, there has been limited systematic research in Australia that can inform a more targeted response. Bletsas and Oakley (2013, p. 4) note Australia lags behind similarly advanced democracies in developing research, policy and best practice in the area of LGBTI homelessness. Major gaps in Australia include research on older LGBTI adults' experiences of homelessness, national datasets, longitudinal studies, comparisons between sub-groups, comparisons between rural/regional and urban areas, and the development of best practice guidelines.

This report documents the first stage of a mixed methods research study examining the experience of homelessness among LGBTI people. The overarching aims of this project are to:

- Identify major contributors and pathways into and out of homelessness for LGBTI people;
- Investigate their experiences of current homelessness service provision;
- Look at current practice (including data collection) and best practice for homelessness services to be LGBTI inclusive; and
- Make the project findings available to influence homelessness and mental health policy initiatives, services, and training on specific issues for LGBTI people.

The research approach we adopted is exploratory in nature. It combines descriptive analysis of secondary data sources (i.e. the *Journeys Home* longitudinal survey (Bevitt et al., 2013) and the General Social Survey (GSS) (ABS 2014)), and qualitative interviews with homelessness service providers and LGBTI people with experience of homelessness. *Journeys Home* and the GSS were selected because they provide, in our assessment, the best available measures of sexual identity and homelessness in the one dataset.

For the purposes of this first report, we present primarily cross sectional findings, except where indicated, from the first stage descriptive analysis of the *Journeys Home* survey. We also include an overview of the qualitative data obtained from interviews with service providers. The Swinburne-based research team were responsible for the quantitative analyses. Qualitative interviews and analysis were undertaken by the University of Melbourne based research team.

In a second stage report scheduled for July 2017 we will provide more detailed analysis of longitudinal patterns from *Journeys Home* as well as a profile from the General Social Survey. We will also include analysis from the interviews with LGBTI people.

## 2) Definitions and Key terms

### 2.1 Homelessness

For the purposes of this research, we make use of the existing database definitions of homelessness from the *Journeys Home* survey including the modified definition derived by Melbourne Institute. This extends the Chamberlain and MacKenzie cultural definition of homelessness outlined below. Homelessness as a concept and experience is multifaceted. Researchers, policymakers, and service providers draw on various approaches to measure and further understand its subjective and objective dimensions. A widely accepted approach to defining homelessness in the Australia literature has been the relative cultural definition of *primary*, *secondary* and *tertiary* homelessness developed by Chamberlain & MacKenzie (2003) and which informed the first Australian Bureau of Statistics Census enumerations undertaken from 1996-

2006. Within this framework primary homelessness included sleeping ‘rough’ in public places and squatting; secondary forms include moving between temporary accommodation, such as emergency or transitional accommodation and couch-surfing; and tertiary homelessness includes medium to long-term accommodation that still falls below a culturally defined minimum standard (Chamberlain & MacKenzie, 2003).

More recently, the ABS (2012) have extended the Chamberlain and MacKenzie framework to incorporate other dimensions including the adequacy of the dwelling, security of tenure, and control/accessibility of space for social relations – or a measure of overcrowding (ABS, 2012). Whilst the precise measurement and conceptualisation of homelessness continues to be debated there is a general consensus that homelessness is more than the absence of a ‘house’ to live in and encompasses experiences where both access to and security of tenure is absent or threatened. In this research, particularly in the statistical analysis drawing on *Journeys Home* data, we apply a cultural definition of homelessness that incorporates more insecure forms of tenure<sup>1</sup>. However, we do not specifically examine experiences of overcrowding as has been incorporated into the most recent ABS definition of homelessness.

## **2.2 LGBTI and homelessness – what we know**

Although anecdotal and practitioner accounts suggest that experiences of homelessness among lesbian, gay, bisexual, transgender, and intersex (LGBTI) people in Australia is a pervasive concern we have yet to fully establish the risks and causes, its magnitude and longer-term impact for those affected. To date there has been little systematic analysis of LGBTI homelessness through a rigorous program of research and many mainstream data collections do not record or inadequately record diverse genders, sex characteristics, and sexual orientations (Bletsas & Oakley, 2013). Furthermore, experiences of, or anticipated, discrimination among LGBTI people who access homelessness services can also reinforce major disincentives to disclosure (Bletsas & Oakley, 2013; Maberley & Coffey, 2005; PICYS, 2002).

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<sup>1</sup> The definitions applied in the statistical analysis as further discussed in section 4

Notwithstanding these constraints, there is some indicative national and international evidence that LGBTI people are over-represented among those with current or recent experiences of homelessness (ABS General Social Survey, 2014; Bletsas & Oakley, 2013; Corliss et al, 2011; Durso & Gates, 2012; Gaetz, et al, 2016; Hillier et al, 1997; Jones et al, 2016; Ray, 2006; Rossiter et al, 2003; True Colours Fund & National LGBTQ Taskforce, 2016). In Canada and the US, reports indicate that young LGBTQ2S (LGBT plus queer and 2 spirit) people make up 20-40% of the youth homeless population (Corliss et al, 2011; Durso & Gates, 2012; Gaetz, et al, 2016; Ray, 2006; True Colours Fund & National LGBTQ Taskforce, 2016). The 2014 General Social Survey in Australia recorded that 13.4% heterosexuals had ever been homeless compared with 20.8% bisexual people and 33.7% lesbian/gay people<sup>2</sup> (ABS General Social Survey, 2014). In a recent survey of people with intersex variation in Australia, 6% responded that they were homeless or living precariously (Jones et al, 2016).

LGBTI young people who have experienced homelessness are at higher risk than their cisgendered heterosexual counterparts of bullying at school, poorer mental health, experiences of trauma and childhood abuse, substance abuse issues, survival sex, STIs and HIV, multiple experiences and longer periods of homelessness. Moreover, family conflict and rejection because of their sexual orientation or gender identity has been identified as a major cause of homelessness for this group (Abramovich, 2012, 2013, 2015; Albert Kennedy Trust, 2015; Choi et al, 2015; Corliss et al, 2011; Durso & Gates, 2012; Ferguson-Colvin et al, 2012; Gold, 2005; Irwin et al, 1995; Keuroghlian et al, 2014; National Centre for Social Research and Stonewall Housing, 2001; O'Connor & Molloy, 2001; Ray, 2006; Twenty10, 2007; Ventimiglia, 2012; Whitbeck et al, 2016). They are also more likely to have a first episode of homelessness before the age of 16 (Gaetz et al, 2016). The few studies that have been conducted in Australia to date suggest that discrimination – including experiences within services – has been a major contributing factor and obstacle to safe and appropriate service provision (Bletsas & Oakley, 2013; Maberley & Coffey, 2005; McDonald, 2015; PICYS, 2002; Twenty10, 2007).

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<sup>2</sup> Gender identity was not included.

Research on LGBTI health generally in Australia has revealed higher than average rates of substance abuse and poorer mental health, especially depression, anxiety, and suicidality, with discrimination again being a key factor (Corboz et al, 2008; Leonard et al, 2012; McNair et al, 2005; McNair et al, 2011; McNair et al, 2016; Rosenstreich, 2013). The degree of psychological distress tends to be higher among transgender and bisexual people, and resilience scores appear to be lowest among bisexual women (Leonard et al, 2012). Studies of lesbian, bisexual and queer women have found higher rates of alcohol consumption compared to the heterosexual population (McNair et al, 2016). Moreover, people with intersex variations are often subjected to medical treatments and surgeries with significant risks that can have negative long-term impacts on physical and mental health (Jones et al, 2016).

### 3) Design and methods

#### 3.1 Journeys Home secondary data analysis methods

*Journeys Home* is a national longitudinal survey developed by Melbourne Institute of Applied Economic and Social Research and funded by the Department of Social Services (formerly FaHCSIA). It commenced in 2011 and comprises a sample of those with current or recent past experiences and/or who are at risk of, or vulnerable to homelessness. Participants for the survey were initially recruited via the Centrelink database, with those completing the first wave survey followed up every six months over a total of six waves or three years of data collection (See Bevitt et al 2013 for a more detailed discussion of the sampling strategy for the survey). The *Journeys Home* dataset enables a comparison of risk and experience of homelessness on the basis of selected sexual identities (heterosexual, lesbian, gay, and bisexual), although questions pertaining to gender diversity and intersex variation were not included.

The analysis presented in this report draws on a preliminary descriptive analysis of the demographic and risk profile of homelessness according to sexual identity. We use existing measures of homelessness in the dataset including the Melbourne Institute Classification of Housing Status (HSTATUS2) (Bevitt et al 2013). The population weight rescaled to the sample is applied to the data to correct for the differential

probability of selection and response throughout the analysis. Initial CHI square analysis was undertaken using the first wave of the survey only to identify statistically significant differences between those identifying as heterosexual, lesbian/gay and bisexual. It should be noted that the unweighted sample sizes for people identifying as gay or lesbian (n=53) and bisexual (n=70) in the *Journeys Home* dataset is small and findings should be treated as indicative. The mixed method approach adopted does allow additional robustness checks by triangulating the findings with initial patterns and comparisons from other national surveys including GSS and existing literature, which tend to support the overall disparities between groups identified in *Journeys Home* data.

### **3.2 Interviews with homelessness service providers**

For this part of the project, a case study design was employed, and focused on four homelessness organisations. Potential services were selected by the project advisory group, which aimed to recruit for service diversity. The advisory group based their selections on personal recommendations, word of mouth, publicly accessible documents, and advertisements in sector-wide newsletters.

- Service one was selected as they are the only service in Victoria to have a specific program (including transitional housing and other support) for LGBTI youth (aged 15-25 years) at risk of homelessness. The service requested to be identified in the report –it is the Family Access Network
- Service two – is a faith-based organisation offering homelessness services, based in inner city Melbourne, servicing any age group
- Service three – is a faith-based rural outreach service with a homelessness focus, and a LGBTI-specific youth group
- Service four is an inner city mainstream homelessness service.

Once the executive staff of each service agreed to being involved, their assistance was sought regarding the best method to advertise and recruit staff within their organisation. Advertisements were sent to staff at each service with a request to contact the researchers directly if they were interested to participate in an interview. So, staff were able to participate anonymously (without the knowledge of executives). We aimed to interview at least one manager and two frontline staff from each of the four services,

and this was achieved. We interviewed all staff that contacted us, with the final sample comprising 19 people.

Participants were asked a series of open-ended questions in one of two formats, depending on whether they were frontline service staff or managers/executives. The in-depth semi-structured interviews were conducted with staff at selected agencies in Victoria. The service providers chosen to participate support clients across a range of age groups. The interviews not only examined contributing factors and pathways in relation to homelessness for LGBTI people, including differences between sub-groups where possible, and regional/rural and urban locations, but perceptions of current and best practice.

The 12 main areas of inquiry included:

- 1) Definitions of homelessness
- 2) Data collection processes – current systems and challenges in reporting on LGBTI homelessness
- 3) Prevalence estimates and trends over time
- 4) Major pathways into homelessness and risk factors for LGBTI clients (also similarities/differences compared with cisgendered<sup>3</sup> heterosexual clients)
- 5) Major factors constraining pathways out of homelessness for LGBTI clients (and similarities/differences compared with cisgendered heterosexual clients)
- 6) Impacts of discrimination
- 7) What needs to change in the sector
- 8) Specific needs of LGBTI clients
- 9) Differences in the usage and accessibility of services within and between sub-groups
- 10) Challenges of introducing LGBTI specific responses/programs
- 11) Best practice for LGBTI inclusive care
- 12) Current training needs.

Where appropriate, participants were asked additional questions, or to expand on their responses. The average time commitment for each participant was 60 minutes.

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<sup>3</sup> Cisgendered people are those whose gender identity matches their gender assigned at birth.

Interviews were recorded on digital audiotape, and participants were informed of this in the Plain Language Statement. In total, 19.25 hours of interview data was collected. This was transcribed by the Research Assistant.

To analyse the data, perspectives of service providers from each case study were compared and contrasted – with reference to the 12 main areas of inquiry identified previously – in order to identify repeating ideas, key differences, and significant relationships, within and across contexts. This data was also overlaid with the secondary data analysis from the *Journeys Home* national survey.

#### 4) Results and discussion

We present the integrated findings from the *Journeys Home* study analysis and analysis of the interviews with homelessness service providers, under the major emerging themes. These themes were

- incidence and prevalence of homelessness
- LGBT-specific reasons for homelessness
- sources of support and resilience
- LGBT-specific risks for homelessness
- experiences of and by homelessness services

Where possible, we highlight differences within the LGBTI group, however there are some limitations. First, the *Journeys Home* participants were not asked about their gender identity or intersex variations, so that the dataset cannot represent trans or intersex issues. Second, the participants in the services interviews had no experience of seeing intersex clients, so again, any specific issues for people with intersex variations cannot be identified.

##### 4.1 Incidence and prevalence of homelessness

There were 1659 individuals (weighted) who fully completed wave 1 of the *Journeys Home* study. Of these, 54 identified as gay or lesbian and 74 as bisexual. The pooled weighted sample in *Journeys Home* included a total of 8878 completed surveys across

the 6 waves, of which 8157 were completed by heterosexual participants, 300 (3.4%) by gay or lesbian, and 421 (4.7%) by bisexual participants. This proportion of non-heterosexual people is higher than might be expected from population based samples. For example the Australian Health and Relationships study found that among women 1.2% identified as lesbian, and 2.2% bisexual, and among men 1.9% were gay and 1.3% bisexual. (Richters 2014). This suggests that LGB people are over-represented among this most vulnerable sample compared with the general population.

Almost all participants in the *Journeys Home* Study had a history of homelessness, including 98% of LG and 100% of the bisexuals. In addition to primary, secondary and tertiary homelessness, the Melbourne Institute housing status variable includes a separate category for those living in marginal housing or short-term rental accommodation, which we condense and refer to as insecurely housed. Interestingly, the service providers interviewed used a similar definition of homelessness to that used in the *Journeys Home* study. Services consistently defined homelessness as a lack of access to safe, affordable, secure, long-term housing. So, they included people at risk of homelessness, including those who were housed insecurely. Housing was seen by some as a basic human right.

In summary, statistically significant ( $p < .05$ ) demographic differences between groups at wave 1 of the *Journeys Home* study were identified for:

- Age – bisexual (B) (26.9 years) participants had a younger mean (average) age compared with those who were heterosexual (H) (33.5 years), gay (G) and lesbian (L) (32 years). Relationship status – LG more likely to be partnered than heterosexual
- Study – LG more likely to be studying
- Highest education – LG more likely to have a degree or diploma
- Work – LG more likely to be unemployed
- Centrelink payment – bisexuals more likely to be receiving a payment

Incidence and prevalence estimates within three of the four participating homelessness services were impossible to quantify due to the shortcomings of the official data collection system (SHIP). The DHHS funding is linked to using these

data, however it contains no options to record sexual orientation, intersex status, or diverse gender identity markers. Several service providers interviewed were frustrated by this as they felt it prevented them from recording LGBTI status and therefore from monitoring LGBTI client numbers, identifying service improvements, or serving LGBTI client needs. One of the four services (Service 1 - the Family Access Network-FAN) did collect sexual orientation and gender identity from all clients in a parallel data system. This was part of their whole-of-service commitment to LGBTI inclusive practice.

‘Data tells a story. Data is a platform for advocacy, it’s a platform for identifying gaps, trends, achievements, and opportunity to see what works and to maximize that and to reflect on what doesn’t.’ (Service 1-FAN)

FAN recorded that 25% of their clients were LGBTI. This is clearly a much higher proportion than would be expected from population estimates, possibly due to a specific and dedicated focus to increasing the accessibility for LGBTI people experiencing homelessness. Despite the lack of actual data collection, participants at each of the other three services noted a dramatic increase in the number of trans clients attending their services over the past two years or so, particularly trans women (services 1, 2 and 4) and trans men (service 3). Some wondered about the reasons for this and others suggested it may relate to the increased media attention, allowing trans people to feel more comfortable to access services.

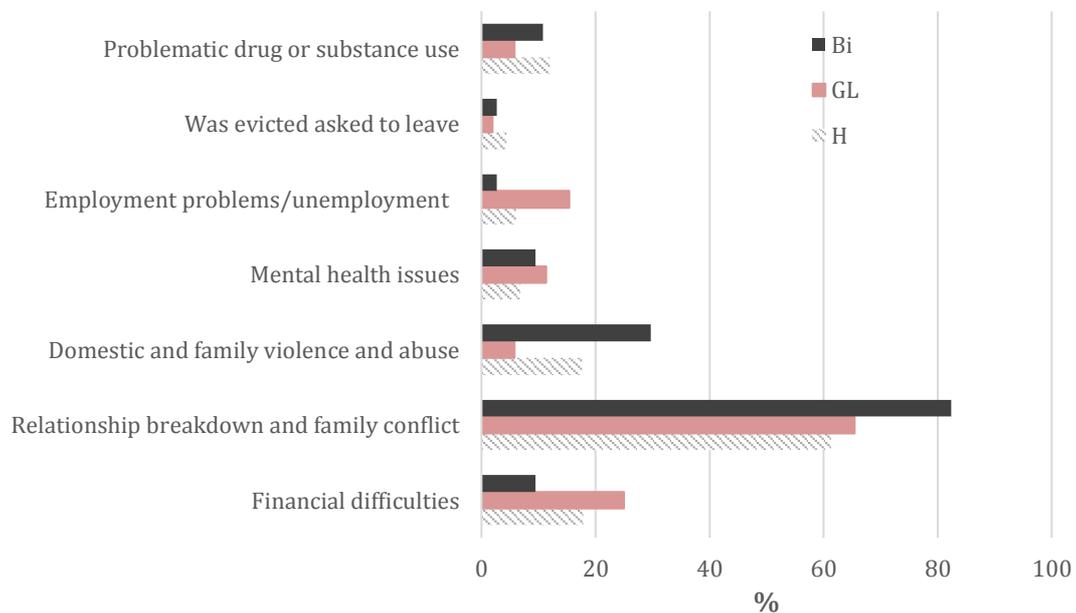
In regard to LGB clients, some believed that lesbian women and gay men were presenting less often than in the past. One participant believed that LGB people were under-represented at their service (service 2) due to a fear of stigma and lack of LGBTI specific programs. There was some recognition that services may not be aware of LGB clients due to a lack of disclosure, and bisexuality was felt to be especially ‘invisible’. A number of participants revealed a reluctance to ask clients about their sexual orientation and gender identity. This was due to a perceived lack of relevance for some, and others felt it was the client’s responsibility to tell. Others felt ‘uncomfortable’ about asking. Therefore, while the JH data reinforce the literature suggestions that LGB people are more likely to be homeless, lack of access to services and/or lack of disclosure within services makes staff much less aware of this client group and whether they might be over-represented.

## 4.2 Reasons for becoming homeless

In *Journeys Home*, bisexual people were found to be significantly younger than the other participants when they first experienced homelessness. Mean age when first homeless for heterosexuals was 21.43, LG was 21.53 and bisexuals 17.62 years old.

Reported reasons for the first homelessness episode by *Journeys Home* participants differed significantly according to sexual orientation. LGB people were more likely to report relationship breakdown and family conflict and/or family violence. Notably, other reasons given were the same across sexual orientation groups including financial problems, mental health issues and problematic drug use.

Figure 1 - Most commonly reported reasons for first ever homelessness episode, *Journeys Home Survey, Wave 1*



The greater impact of family conflict and rejection for LGB people was also evidenced by the housing status prior to homelessness. LGB people were significantly more likely than heterosexuals to have stayed with friends ( $p = .000$ ) rather than with relatives.

Service providers interviewed also identified that family conflict was a reason for homelessness that was much more prevalent among LGBT clients. Family rejection and isolation from community was described as ‘a massive driver’ of LGBT homelessness, resulting in people leaving home at a younger age than their peers. It was felt to be worse for people from certain cultural or religious groups who were seen as even less accepting. Loss of social networks was identified as a specific driver, particularly for rural young people, trans people, and those moving from rural to urban areas away from discrimination. One participant (Service 3) believed that rejection by family based on one’s core identity (sexual orientation or gender identity) was more damaging than other family conflicts and may have a greater impact on their mental health.

### **4.3 Specific risk factors for LGBT people**

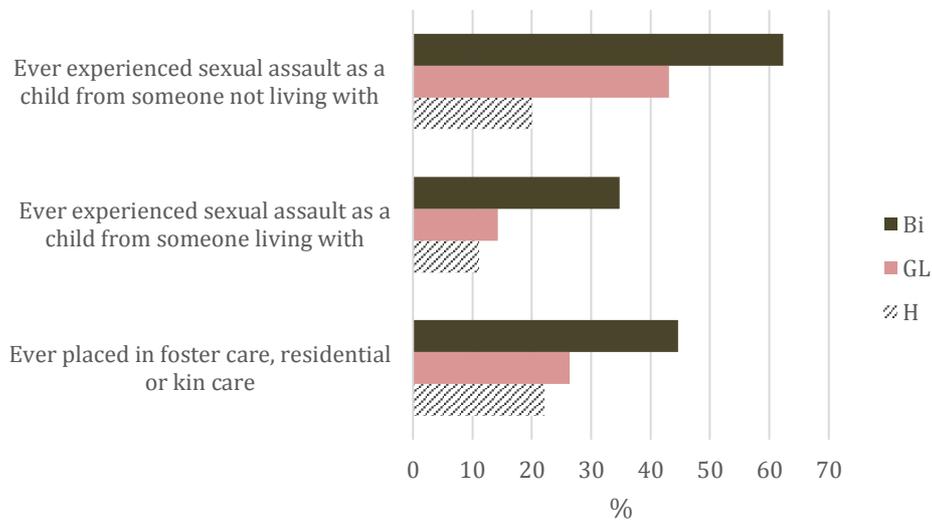
Several risk factors for homelessness were identified in the *Journeys Home* study. The LGB participants were significantly more likely than heterosexuals to have experienced:

- childhood trauma
- bipolar affective disorder
- schizophrenia (only bisexuals higher)
- post-traumatic stress disorder
- anxiety disorder
- substance abuse (only bisexuals higher)
- long term disability (only bisexuals higher)

Several types of childhood trauma were more likely among LGB participants compared with heterosexual as seen in Figure 2. These included

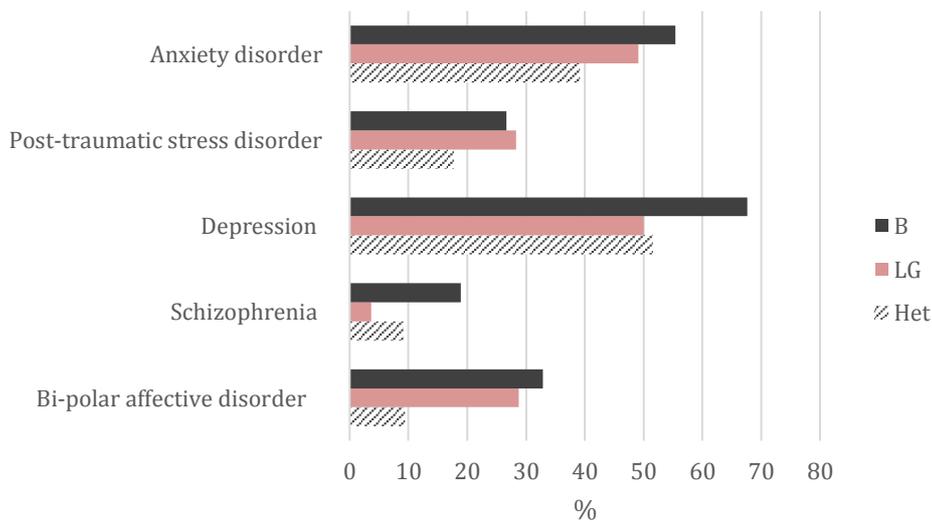
- ever being placed in foster care, particularly for males;
- ever experiencing sexual assault from a cohabitating person, especially females
- ever experiencing sexual assault from a non-cohabitating person (both female and male). Note that the gender and age of the perpetrator were not asked.

Figure 2 History of care and childhood trauma, *Journeys Home Survey, Wave 1*.



Several mental health diagnoses were much higher for LGB people (see Figure 3). Notably however, depression diagnosis was not significantly different according to sexual orientation.

Figure 3: Mental health diagnosis, *Journeys Home Survey, Wave 1*



Several of the services interview participants also noted higher risk factors among LGBT clients, including mental health, substance use and social rejection.

Their insights helped to explain the higher levels of distress, stress, PTSD, anxiety and substance use seen in the *Journeys Home* data through their observation that LGBT specific discrimination was an underlying issue. There was a common feeling that while the pathways to homelessness were very similar amongst all clients, including family violence, mental health issues, substance abuse and financial stress, they were made more complex for LGBTI clients by the impact of discrimination and/or family rejection.

‘I think that the potential for homelessness is a complex interaction of where they sit on that continuum of LGBTI, the environment in which they find themselves - the family environment, the school environment, social environment, and the cultural environment – and I just think that’s going to vary on an individual basis.’ (Service 3)

Several participants gave examples of LGBT clients who had experienced compounded risk, with multiple intersecting factors leading to a cascade of events and ultimately homelessness. For example:

‘A big one for her [female trans client] was her lack of family support. And then general lack of community support as well, which then transpired into substance misuse... ice was the main one, and then she got like HIV and it was just this big sort of isolated situation, and then using ice on top of that she was homeless then. She was couch surfing with people, and then they asked her to leave because she had HIV.’ (Service 4)

There were also examples of LGBT-based discrimination within the housing sector such as by real estate agents, landlords, other residents in shared houses and rooming houses, particularly for trans people. These intersecting drivers were seen to lead to a cycle of recurrent homelessness that was worse for LGBT people.

#### **4.4 Sources of support and resilience**

The *Journeys Home* data showed that while family support was more likely to be lower for LGB participants, support from friends was higher. There was some evidence in that dataset of higher levels of other factors that could improve resilience

among LGB participants including higher education attainment and engagement with study, as well as LG people being more likely to be in a relationship.

The service providers also highlighted education as a key driver out of homelessness. One service ran a school for homeless young people and found that LGBT people were over-represented (Service 2). Further specific pathways out of homelessness mentioned by service providers were safe housing, including careful selection of shared house mates. Service 1 (FAN) had been assisting young LGBT people to build supportive community and ‘a place to belong’. This included some LGBT-specific peer support. While some said that kinship placements were often not an option due to family rejection, another worker identified the need to support LGBT people to remain connected to their faith community if possible (Service 3).

#### **4.5 Experiences of and by homelessness services**

In *Journeys Home*, participants were asked about whether they had used selected services over the past 6 months. Women were generally more likely to have used housing services than men, with lesbian and bisexual women being the highest users. LGB people were about 30% more likely to have seen a mental health professional than heterosexuals.

Participants were also asked the average number of times they had used selected health and welfare services over the previous 6 months. For those that had used housing services, gay men and lesbians had attended more times than heterosexual people. Bisexual males had used housing services much less than other males, but by contrast, had been admitted to hospital more than any other participants.

Lesbian women were about twice as likely as other participants to have experienced difficulty accessing welfare services. While bisexual males used housing services less, they were more than twice as likely to have ever talked with welfare services than any other participants.

The Services participants identified a range of challenges for LGBT clients in accessing homelessness services and most related to a lack of safety. They had

observed clients with fears, or experiences, of negative attitudes from other clients or from staff, and abuse within services particularly accommodation services. Rooming houses were identified as particularly unsafe for LGBT clients. Other related barriers were mis-gendering and heterosexist language by staff, concerns about confidentiality, and a lack of specific knowledge about LGBT issues. Administrative barriers were also identified, particularly clients having to use identity documentation that was in the wrong name or gender.

There was some discussion about whether there was a place for specialist LGBTI homelessness services, however the majority of participants from all four sites believed that it was more appropriate for all services to be LGBTI inclusive.

‘I think it’s something [LGBTI inclusive practice] that should be embedded within the homelessness service. So the use of language for example, training of workers, types of programs. I think they do have specific needs, but it’s something that should also be a culture of the homelessness service as well.’  
(Service 1)

Participants identified two challenges to becoming truly LGBTI inclusive. The first was competing demands and the second a lack of resources and knowledge. Competing demands in the sector resulted in a failure to focus specifically on LGBTI clients as a special-needs group. This included constraints resulting from the increasingly casualised workforce, and limited funds for training. A lack of willingness at management level was identified, as was the sense that tackling the issue was a political risk, particularly in socially conservative areas.

The lack of LGBTI-specific resources was a broad challenge involving

- A lack of guidelines for the sector on LGBTI best practice
- Lack of knowledge amongst staff, compounded by increasing diversity within the LGBTI client group
- Limited training options
- Limited referral networks

The pre-requisite for inclusive practice was seen to be a whole of organisation approach. This was advocated by three of the four services as an ideal, and was practiced by Service 1 (FAN), which they described as instilling a culture of respect

using a social justice model of care. All levels of the service at FAN from the Board to frontline staff were involved. Participants in each service raised a number of areas of inclusive practice that they aspired to:

- Collecting data on LGBTI clients
- Documentation that allows for fluidity of identity
- Using inclusive language
- Recruiting staff with affirming attitudes, and aiming to hire some LGBTI staff
- Training all staff on a regular basis
- Quality improvement based on client feedback
- Providing an advocacy role, such as assisting clients to change their name and gender on identity documents
- Co-design
  - ‘We work on co-design principles, so we figure most of what we run is putting the participant as the expert, and helping them to bring out what they know, and shape it into a framework really’ (Service 2)

All four sites identified a need for training of staff on LGBTI-specific issues. This was driven by the awareness of increased numbers of trans clients in particular. Participants at three of the four sites felt that training should be mandatory, and linked with the funding agreements. A few discussed the power of stories, and the need for LGBTI people who have experienced homelessness to be involved in training. Some of the issues for training:

- Cultural awareness - LGBTI specific drivers and needs
- Language and terminology
- How to be inclusive and sensitive
- Safe housing and other referral options
- Alternatives to kinship placements
- How to work with families to reconcile differences

## BOX – Family Access Network and the Rainbow Tick

We suggest that FAN provides an example of promising LGBT-inclusive practice that could be replicated by any mainstream homelessness service. They started a transitional support pilot project (the ‘alsorts program’) for same-sex attracted, transgender, and intersex young people in 2006 (Desmond, 2008), which continues to be the only transitional housing program specifically for LGBTI youth in Victoria. They have gone on to obtain the ‘rainbow tick’ LGBTI-specific accreditation in 2014, which involves all-of-service LGBTI inclusive practice, LGBTI consumer feedback and a continuous improvement cycle, and advocacy in the wider sector on LGBTI issues. This model warrants further evaluation of the long-term effectiveness for LGBTI clients.

### 5) Conclusions and recommendations

Our findings have supported the literature regarding the likely higher prevalence of LGBTI people who are homeless compared with heterosexual, cisgendered people. However, prevalence is very difficult to measure due to a lack of rigorous data collection in services, limited disclosure, and possible reluctance to access homelessness services among some LGBT people. Further, we were not able to identify any intersex-specific prevalence or risks due to a lack of research, services data collection and experience of this client group.

Family rejection is a specific driver of homelessness for LGBT people, leading to a younger age when first homeless, and a greater reliance on friends rather than family for support. Higher levels of childhood sexual assault and higher foster care experiences for LGB people seem to indicate that family issues arise much earlier than adolescence for some. The complexity of risk factors related to repeated experiences of LGBT discrimination was demonstrated by the higher rates of PTSD, anxiety and substance use, as well as the greater volatility of housing insecurity for LGB people seen in the longitudinal analysis of *Journeys Home*. Services also witnessed this complexity, particularly among trans clients, with a pattern of repeated episodes of homelessness.

We found important within group differences between LG and B people, and based on gender, which warrant further investigation. For example, bisexuals were at greater risk than LG people on a number of levels including greater experience of family violence, had higher substance use and disability. Lesbian women were more likely to have experienced barriers to accessing welfare services. Women were more likely to use the homelessness service system, while men were more likely to use emergency services. Service providers had a much greater awareness of the trans and gender diverse clients than the LGB clients, probably due physical appearance of trans clients. They were correctly aware that bisexual clients in particular are likely to be invisible in the services.

Our findings add to the literature by understanding the homelessness services sector perspective. There is a growing awareness of the LGBT client group, although general ignorance regarding their specific needs. The lack of knowledge on how to provide an inclusive service for these clients was striking. This resulted from a range of factors including lack of policy inclusion and therefore inadequate data collection, poor provider knowledge, increasing LGBT client diversity, competing demands in an under-funded sector, lack of LGBT-specific training, and limited LGBT specific referral networks. However, there was also a deal of goodwill to become more inclusive.

## **5.1 Recommendations**

These interim findings lead us to recommend the need for

- LGBTI inclusive practice guidelines for the housing and homelessness sectors
- Data collection that includes sex, sexual orientation and gender identity, and is linked with the service funding agreements
- Mandatory training on LGBTI for all services – possibly linked with the family violence royal commission and their recommendation for all family violence services to undertake training to achieve rainbow tick accreditation
- Development of a LGBTI safe housing network, including a possible single State-wide LGBTI entry point for homelessness services
- Housing Policy in Victoria to be LGBTI inclusive

## 6) Next steps for the LGBTI housing and homelessness project

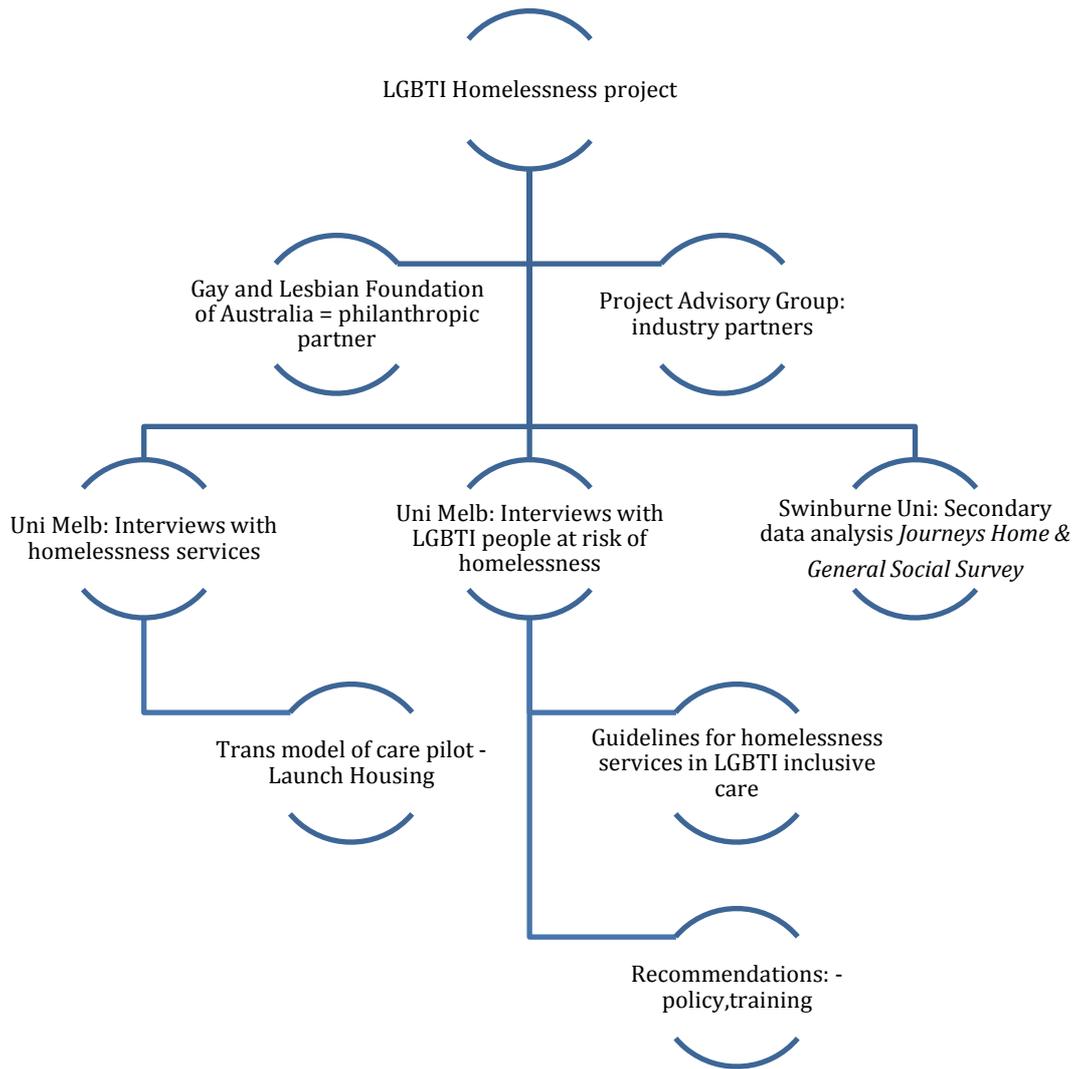
The whole project is depicted in Figure 4. Two further activities are already underway:

- Interviews with a diverse range of LGBTI people who have experienced homelessness. We have interviewed 9, with a target of 20. This has been funded by a grant from the Victorian State Government and will be completed in June 2017.
- A pilot of a model of care for trans and gender diverse clients at one large urban homelessness service. This has been funded by a grant from Community Sector Banking (Bendigo Bank) and will be completed in August 2017.

We anticipate working on Guidelines on LGBTI inclusive care for homelessness services during 2017, pending further funding.

We are also seeking funding to develop a LGBTI safe housing network.

Figure 4 – LGBTI housing and homelessness project overview



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