

## **SUPPLEMENTARY SUBMISSION**

To the Same-Sex Inquiry,  
Human Rights Unit,  
Human Rights and Equal Opportunity Commission,  
GPO Box 5218, Sydney NSW 2001.

From: Kendall Lovett and Mannie De Saxe,  
Lesbian & Gay Solidarity (Melbourne),  
[ details removed ]

Tuesday, 13 June 2006.

*Supplementary to our submission dated Monday, 29 May 2006,  
and emailed on 30 May 2006,*  
to the National Inquiry into  
Discrimination Against People in Same-Sex Relationships

### **Explanation**

As the closing date for submissions has been extended to 16 June 2006, we wish to expand on our original submission with further comments and recommendations. We have tried to show that the problem facing us as same-sex couples is the homophobia played out against us by the three aggressive religions adhered to in Australia – Christian, Jewish and Islamic. The need to counter their unreasoning aggression was made further necessary by the Federal Attorney- General's media statement on Tuesday, 6 June 2006, when he warned the Australian Territory Government that the Federal Government would overturn the ACT's Civil Unions Act by August 1<sup>st</sup> (attach. A).

### **Comments**

Attorney-General Ruddock's media statement and the executive wing of the federal government's decision, without reference to Parliament, to strike down the ACT's Civil Unions Act shows just how intent the government is on getting behind the "faith-based programs" of the religious right, that it is prepared to defy Australia's key constitutional principle of separation of church and state. The ACT's legislation is the closest to equality with heterosexual benefits and responsibilities that same-sex couples have been granted. It still is not equivalent to the marriage licence and therefore is discriminatory and in operation reduces same-sex couples to a second class citizen category. Of course that is not the reason for the Federal Government's action against the ACT Civil Unions Act. Attorney-General Ruddock said quite emphatically that it was because it bears "*a striking resemblance to the Commonwealth's regulation of marriage.*" So, why not issue a Federal Government Certificate with a different title like we have suggested for same-sex couples and others so that there is no confusion with the Marriage Licence regulation for the religious section of the population? Isn't this the reason there are Government Registry Offices throughout the country which conduct "marriage" ceremonies for people who do not wish to have a religious institutional ceremony or would be barred by some religions from participating in their formal marriage ceremonies?

The two most damaging pieces of legislation that affect same-sex couples and same-sex people in or out of current relationships are the Federal Marriage Act and the Federal/ States/Territories anti-discrimination/equal opportunity laws. They promote social stigma and incite homophobia.

**a. The Marriage Act** reduces same-sex love and commitment to less than that of an opposite-sex pair. It reflects adversely in the schoolyard on the children of a same-sex couple (if they have any children and many do) with bullying because they are considered 'different.' In the event that the proposed employment of 'chaplains' gets trialled in the secular education system in Australia to promote values-based religious guidance in government schools, the ostracism will increase. And it will make a mockery of the Australian ideal of separation of church and state.

**b. The Marriage Act** provides no equality for same-sex couples and continues to stigmatise same-sex couples into old age. We refer you to *Discrimination and Older Gays: Surviving Aged Care* by Dr Jo Harrison, published in NSW ADB Equal Time Magazine, August 2004 (see attach. B) who writes about older gays and lesbians who face a discriminatory environment in aged care services that operate within a "heteronormative" framework. We have attached a copy of her article because we consider that it has particular relevance to this Inquiry.

**c. We draw your attention to** a Federal Government advertisement which is currently appearing in our daily newspapers captioned "Do you need help to stay at home?" (See attach. C). Because so many nursing homes and age care establishments are run by religious institutions, many same-sex couples or frail senior lesbians or gays who may have lost a life partner prefer to stay in their own homes. However, home care doesn't guarantee freedom from harassment and homophobia by a volunteer or staff member of community care programmes.

We attended a Council on the Ageing (COTA) seminar in central Melbourne on Tuesday, 24 June 2003. There were five speakers including the Minister for Aged Care Victoria who opened the public seminar. The others were all from government and non-government services. At question time we asked the panel of speakers, identifying ourselves as an obviously senior same-sex couple, what training care workers receive regarding the needs of older lesbians and gays in the community. The COTA executive director replied and was not contradicted by any of the other speakers when she said: none, as far as she knew.

We have, since that time, endeavoured to raise COTA's awareness of the need to recognise the existence of lesbians, gays and transgender people in their policy documents.

In a letter to us as recently as 24 April 2006, COTA's Executive Director informed us that COTA was currently looking at ways to be more responsive to the needs of the GLBTI seniors community and had developed a partnership with the ALSO Foundation, a long-established gay and lesbian community development organisation.

**d. Actually, the COTA response** was to an angry letter from us about the report released in December 2005 of Victoria's Response to Elder Abuse. There had been several public forums throughout Victoria by the Elder Abuse Prevention Project. In September 2005, we attended a GLBT specific forum arranged by Gay & Lesbian Health Victoria, the ALSO Foundation and the Office of Senior Victorians. It was chaired by a member of the Project Advisory Committee and the participants were

also invited to make written submissions which we did. The forum discussed the kinds of abuse lesbian, gay and transgender people experienced. It was pointed out to the committee by all of the same-sex people present that discrimination was an active form of abuse. However, the chair ruled that it wasn't abuse in the project's terms of reference. We considered that it should be and our submission recommended that 'homophobia' should be defined as a specific category in the list of definitions of abuse in the Consultation Paper.

However, we protested to the Project Advisory Committee, the organisers of the various forums and the government bodies involved, about the lack of any mention in the lavishly presented Report, of lesbian and gay involvement in the consultations or the GLBT specific forum in the public forums list or what the submissions from the public revealed about abuse of the elderly. Our submission was never acknowledged in the report or by post or email.

### **Further Recommendations**

We consider that it is now up to the Federal Government which developed a *Code of Ethics for the aged care industry* in 2001 to add to it a category outlawing discrimination on the grounds of sexuality. In fact it should be mandatory to educate staff and volunteers in the forms of homophobic discrimination that will not be tolerated against clients or by clients against other clients in their establishments.

**We also urge the Inquiry to recommend** that the Federal Government and the States and Territories remove the exemption of religious institutions from all their anti-discrimination/equal opportunity legislation as a positive means of reducing the religion-based homophobia in the community which adversely affects same-sex couples, their children, their families, their employment, their finances, and their lives into old age.

For examples of how homophobia can affect sexual minorities in the Australian population, we recommend that the Inquiry refer to The Tolerance Report 1996, a Study by the Crossroads Community Care Centre, funded by the Sutherland Shire Council (NSW), research by Christine Bird and Belinda Coco. Included in this submission is a scanned copy of the Summary of the Report (attach.D).

Signed: Kendall Lovett and Mannie De Saxe,  
Lesbian and Gay Solidarity (Melbourne).

**Late comment!** Federal Attorney-General Ruddock announced that this morning he and the Federal Territories Minister met Governor-General Michael Jeffery in Executive Council to invalidate the ACT's Civil Unions Act. "The Australian Capital Territories' civil relationships ordinance has been disallowed," the Attorney-General said.

***The Civil Unions Act will be invalid from midnight tonight, 13 June 2006.***

This was surely an unprecedented attack and a blatant act of discrimination by an elected government of Australia against a prominent group of its citizens. It is an excess of power bullies use to subdue those they disagree with, in this case the human rights of same-sex couples in Australia.

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(Attach.A: 1-page)

SOURCE:

AAP (via news.com.au)

<http://www.news.com.au/story/print/0,10119,19383535,00.html>

06-06-2006

ACT gay civil union laws face axe

06-06-2006

THE Federal Government would overturn the ACT's laws allowing gay civil unions, Attorney-General Philip Ruddock said today. Mr Ruddock said under the ACT laws civil unions would be treated for all purposes as marriage, which was against the federal Marriage Act.

"The (federal) Marriage Act makes it clear that marriage is a union between a man and a woman to the exclusion of all others," Mr Ruddock said.

"That definition reflects the traditional understanding and was supported bipartisanly in 2004.

"The ACT's Civil Unions Act creates a statutory scheme in recognition of relationships which bear a striking resemblance to the Commonwealth's regulation of marriage."

The laws are expected to be overturned later this year.

Mr Ruddock said the Federal Government had given the ACT Government advice about its concerns, but it was deliberately ignored.

"They didn't pick up those measures and I think that was a deliberate decision on their part," he said.

"This issue could have been dealt with in a way that was not deliberately as confrontational as it was."

He said if the ACT Government wanted to re-draft the laws, it could approach the Federal Government for advice.

Mr Ruddock said the Government was concerned about discrimination and would consider issues raised by Queensland MP Warren Entsch and the Human Rights and Equal Opportunities Commission.

Mr Entsch has proposed a private members' Bill to recognise same-sex interdependent relationships for the purposes of a raft of federal laws. The commission is considering the same general issue.

Mr Ruddock said the ACT laws would be overturned by August 1, with the details worked out in July.

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(Attach. B: 3-pages)

Article of three pages from Equal Time No.61, August 2004,

Author Dr Jo Harrison, University of South Australia,

Published by Anti-Discrimination Board of NSW.

## DISCRIMINATION AND OLDER GAYS: SURVIVING AGED CARE

Older gays and lesbians face a discriminatory environment when it comes to ageing and aged care services, according to gerontology researcher Dr Jo Harrison of the University of South Australia.

Dr Harrison says that the view of ageing as a negative, lonely experience is a serious barrier to overcoming discrimination on the basis of age in the gay and lesbian community. Connection to the gay community can contribute to a positive ageing experience, and many gay and lesbian people fear having to go to a nursing home in old age.

According to Harrison, aged care services operate within a dominant “heteronormative” framework in which heterosexual experience is seen as the central world view and the role of sexuality as a component of identity is not recognised.

Harrison says that heteronormative assumptions underpin many discussions of aged care practice, particularly when referring to relationships, family, household, taxation and superannuation. Terms like “never married”, “spouse carer” and “widowed” reflect the assumption that all elderly people are heterosexual.

This can lead to a situation where an older gay man or lesbian is reluctant to disclose their sexuality and it is therefore unlikely that their needs will be met to the fullest extent possible.

Harrison discusses a case in which a lesbian being admitted to a home felt unable to reveal that the “friend” accompanying her at admission was really her life partner. The partner was therefore not given the same visiting and decision-making rights as the woman’s children.

In fact, only a small percentage of the aged population ever requires nursing home care. But the fear of being “forced back into the closet” makes many gay and lesbian people reluctant to consider this as an option, and may influence their overall thinking about ageing.

A common viewpoint among health professionals is that a person’s sexuality is “private” and not relevant to their treatment. Harrison argues that this is a barrier to a full understanding of a client’s life experiences, and may also be a way of avoiding the need for change.

Harrison says that mass “outing” of elderly gay men and lesbians is not the answer, and they should not be required to overtly discuss their relationships. Gay men and lesbians who grew up prior to the advent of gay liberation may have lived their entire lives without revealing their sexuality and coming out may not be a feasible option for them.

This contrasts with mid-life gays and lesbians, who are more likely to have been through a “coming out” process and made choices about disclosure throughout their lives.

However, Harrison says the crucial thing is for aged care services to “avoid assumptions which limit opportunities for coming out, while respecting diversity around identity, life history and self-understandings”.

This includes understanding the choice not to identify as lesbian, gay, or even different. Overseas research has shown that many older lesbians, for example, do not apply this term to their own same-sex relationships or life arrangements.

There are ways that aged care services can communicate to older gay men and lesbians through language, practices and symbols that can reassure them that an environment is non-discriminatory.

For example, application forms and interviews could refer to “significant people” rather than “husband or wife”. Anecdotal evidence suggests that such subtle signals of openness have encouraged older gay clients to discuss issues and concerns that may otherwise have remained unaddressed.

Overt homophobia and abuse of gay and lesbian clients by nursing home staff are very important issues in the aged care context. Although there are no documented cases in formal complaints to government bodies, anecdotal evidence suggests that the problem certainly exists.

Harrison tells of one elderly man who had come out to the occupational therapist at a day centre after she asked whether he had a partner and what was their name. This enabled him to express some concerns that would otherwise have remained unaddressed.

However the Director of Nursing subsequently asked him to wear latex gloves while at the centre and threatened to refuse service to him if he did not comply. The occupational therapist managed to resolve the issue but it was a struggle and they had limited support from other staff.

Another elderly man was transferred from a retirement village to a psychiatric hospital because the management disapproved of his “younger male visitors”. There are other cases of nurses refusing to bathe a “suspected lesbian” and elderly people being threatened with outing if they complained about how they were being treated.

Transgender and intersex people are also particularly vulnerable to discrimination in aged care settings, to the point where they may avoid seeking assistance altogether. There is anecdotal evidence of denial of services, forcibly preventing cross-dressing and deliberate physical violence when people are revealed to be transgender.

Transgender people may also have medical issues related their original gender that emerge with ageing, such as osteoporosis or prostate cancer. These may not be addressed because they may be too intimidated to seek medical advice of any kind.

Harrison says that aged care workers must develop a better understanding of diversity around sexuality issues in order to provide quality service to future clients who have not led closeted lives and need non-judgemental care and support. There have not yet been significant advances in this area in Australia.

Education of service providers is very important, and overseas evidence suggests that initiatives based on empowerment, involving gay and lesbian professionals from related organisations and organising speakers bureaux of older educators, have been particularly successful.

A Code of Ethics was developed for the Australian aged care industry in 2001, but this did not outlaw discrimination on the grounds of sexuality.

Recent legislative changes have addressed some of these concerns, but do not necessarily cover the special situation of older people who have lived a long life of non-disclosure. Areas such as superannuation, wills, next of kin and power of attorney are still problematic in this regard.

There have been developments in the USA in relation to ageing and sexuality. These include the establishment of a National Association of Lesbian and Gay Gerontology, the American Society on Ageing's Lesbian and Gay Ageing Issues Network, and some tertiary curricula that address gay and lesbian ageing issues. Some activist and support organisations are now also emerging in Australia.

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(Attach.C: 1-page) see email attachments

(Attach.D: Cover and 13-pages) see email attachments

Attachment C.

ADVERTISEMENT



Australian Government

**Do you need help  
to stay at home?**

Commonwealth **Carelink** Centres  
Freecall™ 1800 052 222\*  
[www.commcarelink.health.gov.au](http://www.commcarelink.health.gov.au)

Would you like information about the wide range of community care programs and services available to help you stay at home?

Call Freecall™ 1800 052 222\* or visit one of the Commonwealth Carelink Centres around Australia to get information about services in your local region.

\* Calls from mobile phones are charged at applicable rates

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Authorised by the Australian Government, Capital Hill, Canberra.

This is a Summary of the

**Crossroads  
Tolerance Report**

Needs assessment:

Community Services  
and  
Sexual Minorities  
in the  
Sutherland Shire

by Crossroads Community Care Centre  
funded by Sutherland Shire Council

## Background.

The research was funded by Sutherland Shire Council during the International Year of Tolerance. The funding agreement was for \$1500. The grant was to be expended in one calendar year from April 1995 to April 1996. The research was conducted over a 3 month period and then a further 3 months for the report.

The researchers who conducted this project were Christine Bird and Belinda Coco.

The project (titled "The Tolerance Project" because of the grant proposal) was based in Crossroads Community Care Centre, Miranda. Christine Bird, Crossroads Co-ordinator and project supervisor, applied for funding early in the year. A worker was employed to carry out the research for a total of 112 hours. This worker was Belinda Coco.

We wrote to NCOSS, LSCA and the Office of Social Policy for their support of our project, which they provided (see appendix). These letters were provided to the community service representatives.

### **NOTE;**

**Copies of the questionnaires, flyers and letters are available through Crossroads, phone 525 3790.**

## The Findings and Analysis

### I) Background:

We looked to see if any other councils in the Sydney area had documentation on previous research of this kind. Marrickville Council had done a community profile with gay and lesbian people incorporated in it, but there was not enough data on gay and lesbian people to be able to include in their report.

Sydney City Council had done an anti-violence campaign on the violence experienced by gays and lesbians in their area, but nothing else was documented.

South Sydney Council had a community consultation asking the sexual minority community what they felt generally was needed in the area, and this was incorporated into the social plan with other groups (older people, aborigines, etc.).

This is therefore the first community needs assessment on the sexual minority community in a local government area.

The recent social plans from the Sutherland Shire Council had only one reference (from our organisation, Crossroads Community Care Centre) in regard to the needs of the sexual minority community. Their special needs were totally overlooked.

The following is a total list of social plans for the Sutherland Shire Council:

- Youth
- Aged
- Childrens services
- Disabled
- Aboriginal
- NESB
- Family and Neighbourhood centres

We propose that future local government planning for community and social services include an additional minority group, the sexual minorities community.

#### Community Service Providers.

We went through the local community services guide for the Sutherland Shire and chose 20 services randomly, to be representative. Then we formulated a survey to be used in an interview with the service providers. It was divided into 5 sections. These sections were titled;

Section A - Job Recruitment Hiring/Promotion

Section B - The Organisational Structure for employees

Section C - Professional Development

Section D - Provision of Services

Section E - Information Sharing and Community Relations (see appendix)

### Sexual Minorities Community.

It was an extremely hard task to find clients for our interviews because there are no local services or venues and because being identified as gay etc can bring risks.

We understood that many sexual minority people in the Sutherland area would not or could not access gay newspapers, media and venues, so reaching them would be difficult.

#### Community:

- most weren't "out" about their lives and therefore, they felt, hadn't experienced discrimination as a consequence. Those who had experienced discrimination gave instances that covered a wide range of situations.
  
- Support for local discussions about discrimination and local services taking action on discrimination were suggested.
  
- a surprising number of counselling experiences were unsatisfactory. Some very uninformed comments and decisions were made by counsellors,

indicating little or no training and education. Where poor information resources were a problem for the client, there were no examples of the counsellor attempting to redress the problem. Counselling was one area where clients felt that locally based services, placed within existing services, should be provided. There was a divergence of opinion on this issue between lesbian interviewees and bisexual and gay males, with the latter suggesting training of present counsellors on sexuality issues and lesbians preferring to see a lesbian counsellor. This may reflect the female preference to see female counsellors and to feel discomfort with discussing certain issues with males.

- fear of harassment by neighbours and of discriminatory behaviour by real estate agents created problems for clients. Non-discrimination in the provision of accommodation was more of a problem for youth and frail, aged groups. A particular difficulty for couples was that of gaining 1 bedroom accommodation.

- employment and training were seen as areas of great risk and therefore chosen invisibility. Most clients fear the consequences of being "out" at work. Many also felt that some type of service was needed to provide support and mediation when difficulties arose. Education of training and employment placement workers was also seen as necessary. Many difficulties and failures in employment and training can't be stated without risk.

- ignorance, lack of information and services, incorrect information, being denied access to a partner and fears of homophobia were among the problems clients had with local health services. Lesbians also spoke of the lack of awareness of lesbian health issues and the almost total absence of research available. They also spoke of problems with male doctors, the need for an awareness of parenting and family issues and the lack of family coverage for health funds and services. All groups spoke of a need for health care as like that provided for heterosexuals.

- each group provided experience of abuse and a fear of violence was strongly felt. One client feared revealing to police the basis for the attacks on her in case she experienced more homophobia. Unlike most Shire residents, clients felt greater threat within their local environment than in the city. Each group said there needs to be more public education, particularly locally and in schools, to prevent violence and abuse.

- sexual harassment as a consequence of orientation was, except for 1 male client, a problem experienced by lesbians from heterosexual males. Public education was seen as a possible strategy to address this problem.
- all but 2 clients felt socially isolated. The experience of being isolated included isolation from friends, family and society generally. Clients faced two sets of contradictions. Those who disliked the inner city and its lifestyle, were compelled to regularly go there for social contact, recognition and support. Most also felt that the problem of isolation could be solved by more people being "out" and visible, however they could not do so for fear of the consequences on their safety and employment, etc.
- one local church was said to be "gay friendly". All groups reported a mix of good and bad experiences but primarily their own avoidance of spiritual support out of fear of homophobia.
- most cultural expression reflects heterosexual life. In the Shire, even access to the gay media and appropriate library resources are very limited. Where there are some cultural resources, the diversity of sexual minority experience is not included. Clients "struggle" to find reflections of their lived experience and its richness (e.g. Asian and gay, etc) is ignored by a prevailing stereotype of the middle-class, childless, white male homosexual. Included in the interviews were people who were poor, racially diverse, parents, living in heterosexual marriages and with disabilities.
- the gay and lesbian groups had experiences of relationship counselling where the bisexual group had not. Both confirm that local services have been unsatisfactory through ignorance and discomfort of the issues. Again, either the Shire is by-passed or people choose not to access poor services. All felt that services should be available within already existing agencies, though the group felt the services needed to be run by gays or lesbians.
- all groups felt that local family services were very unsatisfactory for their community. Support services are needed for the parents of sexual minorities, for themselves as parents and for their children, as each generation can experience isolation, stigma and discrimination.
- only 1 client did not feel at risk in the local environment. They felt compelled to "act straight" in order to be safe. They were not able to use the

language and body language of couples, such as endearments or holding hands. Again, clients commented that they wished to be treated in the same way as heterosexuals.

### Agencies:

- \* Agencies have not considered that clients and employees have remained silent and they have not considered that disclosure was a risky decision for people to take. The reasons for this silence constitute the reasons why the agencies should initiate change, rather than expect clients to do it for them. In the present instance, as expressed by the clients themselves, a safe, supportive environment and appropriate services are the key elements for client contact and disclosure.
- \* Youth agencies seem to be more aware than other service types, of the need to target services to sexual minority groups, so as to ensure a non-discriminatory service and one which addresses all local needs and social disadvantages.
- \* With one exception, Government agencies have non-discriminatory policies which cover sexual preferences whereas many non-government agencies do not.
- \* Very few agencies are aware of the ways in which they indirectly discriminate against their sexual minority clients.
- \* Myths about sexual minorities are held throughout all agency types.
- \* The inappropriateness of the ways services are delivered to sexual minorities are not perceived by most agencies.
- \* There is also little awareness that services need proper training, needs assessments and resources in order to provide services to this community.
- \* Religion-based agencies have two approaches to the needs of this community. One is to believe that these people are damaged, need to be cured and, once this is achieved, will become heterosexual. The other is to take no interest in addressing the needs of this community or in making any changes in the agency to facilitate this.

- \* Most agencies were not aware of any benefits in seeking sexual minority employees, in providing an environment inclusive of and welcoming for sexual minority clients or in actively seeking to advocate for needs or appropriate services for this community.
- \* The lack of representation of sexual minorities in the structure and planning of local community services has not been discussed. Where the representation of cultural minorities is commonly considered and their absence acknowledged, that of sexual minorities is not.
- \* The failings of local agencies in this area is less a consequence of deliberate choice than that of the lack of knowledge and awareness. These agencies are operating to discriminate through ignorance, they scarcely know that they are doing so.
- \* The client group felt that community education was a very important service area that was lacking locally. The above agency survey conclusions point to the reasons for this.
- \* There is a great need for improvement. However, any new services should be planned in consultation with this community.

## **RECOMMENDATIONS**

That local community services ensure that their agencies provide an environment that is safe and welcoming for sexual minority clients and staff, through such measures as posters, public statements, visible policy statements, etc.

That local community services who have not already done so, examine their agency policies, intake forms and resources and if these are found to be discriminatory, to change them or develop and access non-discriminatory policies and resources.

That the Department of Community Services ensure that there are local services provided for the sexual minority community, and that local and regional consultations include representation from this special needs group. That they ensure that these local services are non-judgemental and not operating to 'cure' clients.

That Sutherland Councils' Community Services section, Community Services Committee, Sutherland Shires' Community Services Interagency, Youth Services Forum and Community Centres Forum all look at strategies to ensure recognised representation in their agencies and on their committees and forums of representatives of the local sexual minority community.

That the whole range of local community services target services such as gay-friendly service listings, support, counselling and advocacy, etc. to sexual minority members of their local community. That they also prioritise provision of these services by gay and lesbian employees.

That local community services ensure that their staff receive training, (beyond that on anti-discrimination laws) on homophobia and issues relating to lesbians, bisexuals, gay males and transgender people. Such training is available through the Gay and Lesbian Rights Lobby, the Gay and Lesbian Counselling Service and the kit provided by the Gay and Lesbian Child Care Workers' Support Group.

That Sutherland Shire Councils' Community Services, in liaison with the Gay and Lesbian Counselling Service, Cronulla Gay Group and other appropriate gay, lesbian, transgender and bisexual organisations, develop local community information and referral listings for sexual minority clients to add to the community information services presently being developed.

That local health services agencies and networks advocate the targeting of services to this community, including that of appropriate information and referral systems, lesbian health information, the development of a sexual health service at Sutherland Hospital and community education on appropriate and good quality health services to this community.

That Anti-Violence Project posters and leaflets be distributed to local schools, the use of the Homophobia kit to be advocated for local schools and also to be advocated, the introduction of the Department of School Educations' grievance procedures for private schools (who are presently exempt from the Anti- Discrimination Act).

That Council and community services advocate the provision of cultural services such as:

- liaising to bring some inner-city exhibitions to the Shire
- improving library services in consultation with the client group
- funding cultural events

That the Police Department publicise the availability of the local liaison officer in the local media and community information services.

## Point Form Summary of the Tolerance Report Findings.

### Clients

- \* are not getting the level of information they need.
- \* know visibility is needed for reducing homophobia but feel it's too risky for them personally to be visible.
- \* prefer lesbian/gay/bisexual workers, trained and experienced.
- \* experience homophobic comments from service providers.
- \* encounter homophobic counsellors and health workers who have received no training on the needs of these client groups.
- \* want local services to recognise their isolation.
- \* are not offered referrals to appropriate services or the referrals they are offered are inappropriate.
- \* need local support for combating discrimination/harassment.
- \* need appropriate services to be provided **within** existing agencies.
- \* have found that lesbian health information, in particular, is very poor.
- \* want support for how their parents/children are affected.
- \* want gay and lesbian trainers for educating local community services.
- \* don't want to have to travel to the city to get services.
- \* want local AIDS services.
- \* want education in schools to prevent youth suicide and homophobic violence.
- \* need local visibility of police Gay and Lesbian Liaison officers.
- \* need specialised workers e.g. re. work issues.
- \* need gay-friendly services to be advertised locally.

## Services

- \* have no recognition of affirmative action policies.
- \* have little screening of homophobic staff.
- \* as sexual minority citizens are not targeted as a minority or disadvantaged group, they not think of them as needing any specific services based on different needs.
- \* community services assume their staff and clients are heterosexual.
- \* They also assume that if their clients and staff are homosexual, that they would 'know' or be told this.
- \* services fear "out" staff may offend or convert clients.
- \* except in one instance, have not expressed any interest in providing relevant services to this population.
- \* don't know how to provide a safe or welcoming environment for these clients.
- \* their policies are poor regarding these issues, thereby leaving clients/staff to disclose at risk.
- \* few staff are trained on these issues and no management people.
- \* the only sexual minority representation is by chance except where it's a Gay and Lesbian service.
- \* services could provide no gay-friendly service forms or brochures.
- \* referral information is very poor - rarely a choice of sexual minority services.
- \* no services had conducted needs assessments for this population.
- \* there were no instances of networking with sexual minority services.
- \* services feared local conservatism or a backlash if they did address these needs.
- \* there were very limited resource materials and some of these were pathologising and there was no knowledge of or even interest in getting relevant training.

## Government Services

### **The research shows:**

- \* local government does not include sexual minorities in needs analysis.
- \* very few Councils include sexual minorities in their Social Plans.
- \* few planning processes include sexual minorities as a special population group.

### **Government services can:**

- \* allocate funds to services for sexual minorities as well as other priority population groups.
- \* give priority to groups covered by anti-discrimination laws in service delivery and funding.
- \* make sure funded organisations conform to legal requirement for anti-discrimination and affirmative action to assist disadvantaged groups.
- \* encourage funded organisation to develop inclusive policies and practices.
- \* provide resources for pilot and developmental programs which improve the quality and accessibility of mainstream community services.
- \* invite sexual minority organisations and groups to participate in planning and consultation processes.
- \* implement community education campaigns to tackle violence and homophobia.
- \* appoint identified officers to improve government services to people from sexual minorities eg. Lesbian and Gay Liaison Officers.
- \* inform community service providers about initiatives to improve services for people from sexual minorities.
- \* liaise with sexual minority networks and media to develop social plans and consultations.

## **REPORT OUTCOMES**

- 1/ Council's Community Services section met to discuss the report and to suggest ways that local services and the general community could be made more aware of the needs and issues of these citizens.
- 2/ A social and support group for lesbians residing in the Sutherland/St George areas has been established.
- 3/ The Sutherland Shire Community Services Directory, a resource used by agencies throughout the Shire, will now include a section on services for sexual minority residents.
- 4/ A group comprised of representatives from State-wide organisations has been set up to increase liaison and improve services for this target population
- 5/ There has been an improvement in the awareness of local agencies in the needs of this population and improved local advocacy of these issues.
- 6/ Community services outside Sydney have expressed interest in tackling these issues in their areas such as improving their needs assessments, doing a similar report.
- 7/ The agency that produced the report, Crossroads Community Care Centre, was given the Community Service of the Year Award for the Sutherland Shire, partly in recognition of this report.
- 8/ The Anti-Violence Projects kit on anti-homophobia and combatting harassment in schools was widely distributed in the Shire and these kits and their community education posters were on display at a range of local community centers.
- 9/ A cultural community awareness project has been developed for funding by Sutherland Shire Council and has the support of local groups.
- 10/ A follow-up study of the response to these issues by local community service providers is planned.