

# Part I: General principles for creating an affirming and inclusive environment for LGBTQA+ young people

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## Creating an affirming and inclusive environment

*It is important to provide LGBTQA+ young people with a safe place to discuss their concerns, including their personal experiences of suicidal thoughts and/or behaviours. This includes providing young people with the opportunity to disclose their identity in an inclusive and non-judgmental environment.*

### **To create an inclusive environment for LGBTQA+ young people, a service should:**

- Seek to have LGBTQA+ representation among service staff.
- Include pronouns on the name tags or ID badges of service providers.
- Include pronouns in the email signatures of service providers if the service provider feels comfortable for their pronouns to be known.
- Provide pins/stickers to young people to convey their pronouns if they don't feel comfortable conveying them verbally.
- Place LGBTQA+ flags (or posters) in areas that are most visible to young people who present to the service (e.g., in the main lobby or reception).
- Exhibit posters and/or images showing diverse LGBTQA+ people (e.g., ensuring that disabilities, bodily diversity, and racial and ethnic diversity are represented).
- Have LGBTQA+ flags on the main page of the service website.
- Provide access to LGBTQA+ resources (e.g., from LGBTQA+ organisations), in different languages, in main areas that are most visible to young people (e.g., in the main lobby or reception).
- Provide access to LGBTQA+ resources (e.g., from LGBTQA+ organisations) in meeting or consultation rooms.
- Publicly display a non-discrimination statement stating that equal quality of care will be provided to all clients, regardless of sexuality or gender identity/expression.
- Explicitly indicate inclusion of other groups, such as ethnicity, ability, and body types.
- Explicitly indicate inclusion of allies and those who are questioning.
- Acknowledge relevant days of observance in your practice such as IDAHOBIT, Wear it Purple Day, and Transgender Day of Remembrance (*see the Important Dates section at the end of the guidelines for a list of relevant days*).
- Provide information and resources for parents of LGBTQA+ young people, including information on sources of support.
- Include a sign or notice that informs young people that all paperwork is kept private (e.g., on the intake form or website, or in the waiting room).
- Include a sign or notice that informs young people that an envelope is available from reception to keep any of their paperwork private (e.g., on the intake form or website, or in the waiting room).

- Provide optional feedback forms which prompt clients to report on the inclusivity of the service.
- Communicate that young people are welcome to take time to use private spaces to change/get ready/present in preferred clothing.
- Provide access to gender neutral bathrooms.
- Communicate that LGBTQA+ young people are welcome to use whichever bathroom they choose, if there are no gender neutral bathrooms.

**Signs of inclusivity and support for LGBTQA+ young people within a service (e.g., rainbow flags) should be:**

- Easily identifiable.
- Present, but not ‘overdone’.
- Complemented by inclusive and supportive actions on the part of the service providers.

When working with young people the service provider should not assume the sexuality or gender identity of the young person they are working with.

**If some clinical/community staff at a service are not adequately prepared to work with LGBTQA+ young people, the service should:**

- Ensure that staff reflect on their personal capacity to provide appropriate care to LGBTQA+ young people and be honest and open about their level of preparedness.
- Refer LGBTQA+ young people only to staff who do have sufficient competency working with this population wherever possible.
- Indicate which staff are competent to work with LGBTQA+ young people and ensure this information is easily accessible to others (e.g., listed in their website biographies).
- During intake, ask LGBTQA+ young people if they prefer to work with a staff member who is competent working with LGBTQA+ young people.



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## Communication

*All service providers who have contact with young people have an important role in creating an inclusive environment for LGBTQA+ young people, regardless of whether they specialise in working with LGBTQA+ young people or not. The following section provides recommendations for key communication skills for any service provider who has contact with young people. It is important that service providers are mindful of the context in which their service operates. For example, the service provider should not ask for information about someone's body if that information is not relevant to the service they provide.*

### **When working with LGBTQA+ young people, the service provider should avoid the following:**

- Language that assumes heterosexuality (e.g., language that refers to a partner as a 'boyfriend' or 'girlfriend', or statements that refer to a person's 'mum and dad' as opposed to 'parents').
- Language that assumes that someone is a certain sexuality (e.g., assuming that someone is a lesbian based on their appearance and referring to their partner as 'she').
- Language that assumes that someone is cisgender (e.g., assuming that a person who was presumed female at birth identifies as female).
- Language that assumes the young person's gender identity based on appearance, name, the sound of their voice, or any other characteristic.
- Language that assumes the young person's pronouns based on their gender identity or expression, or that their pronouns and identity/expression are equivalent (e.g., assuming that a transfeminine person uses she/her pronouns).
- Language that assumes sexuality and gender are binary (e.g., asking, "Are you a boy or a girl?" or "Are you gay or straight?").
- Language that assumes that pronouns and/or gender identity are fixed and will not change.
- Asking for information about someone's body that is not clinically relevant.

### **Instead, service providers should:**

- Use gender neutral language if unaware what pronouns the young person uses (e.g., use someone's name).
- Use gender neutral language when asking questions about the young person's relationship and/or sexual behaviour with others (e.g., use 'partner' or 'significant other' rather than 'boyfriend/girlfriend').
- Use the same label/language used by the young person when they refer to their sexuality.
- Use the same label/language the young person uses when they refer to their gender.
- Introduce themselves along with their own pronouns if the service provider feels comfortable to do so.
- Empower and encourage young people to alert the service provider to mistakes regarding their pronouns, gender, or sexuality.

### **If a service provider refers to the young person by the wrong name or pronouns, they should:**

- Acknowledge their mistake.
- Briefly apologise to the young person.
- Tell the young person they will do their best not to make the same mistake again.
- If corrected, thank the young person for the correction and use their chosen name or pronouns on the next appropriate occasion.

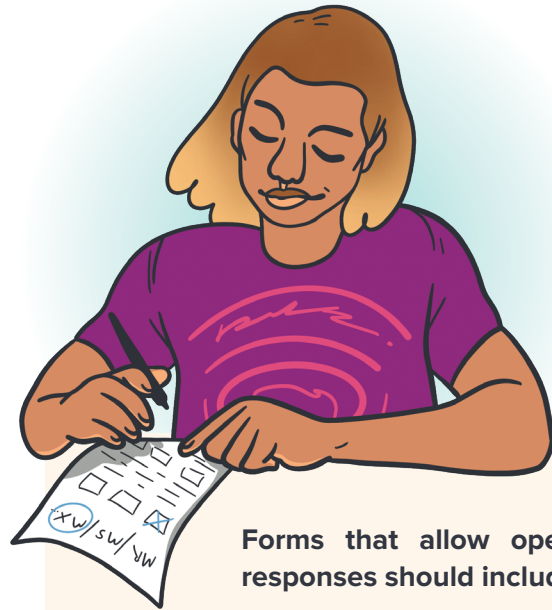
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## Official documentation

*LGBTQA+ young people often encounter written documents in health and community services that do not include them. This can result in young people disengaging from services as early as the intake process. Inclusive documentation signals to LGBTQA+ young people that a service has considered their identities and needs. When completing official documentation, it is important that LGBTQA+ young people do not feel discriminated against by the document's use of wording, or the questions included. The following section concerns the use of inclusive language and non-discriminating questions in official documentation.*

### All registration and intake forms, including online forms, should:

- Include non-discriminatory and gender-neutral language (e.g., Ms, Mr, Mx, or no title).
- Ask the young person to identify the name they prefer to be used in correspondence that may be seen or heard by others (e.g., mail, voice mail, text messages).
- Identify the title (e.g., Ms, Mr, Mx, or no title) the young person prefers to be used in correspondence that may be seen or heard by others.
- Identify the pronouns the young person would prefer to be used in correspondence that may be seen or heard by others.
- Identify the young person's chosen name in addition to their legal name (e.g., the name recorded on their driver's licence, birth certificate, Medicare card).
- Include a statement explaining that the young person can determine for themselves who the term 'family' refers to (e.g., family of origin and/or chosen family) if there are questions referring to family and prompt the young person to advise the service accordingly.
- Include a statement that the young person's names and pronouns can be updated and changed in their files whenever they like.
- Include a statement explaining why information about sex or gender is relevant for the service.
- If asking about sexual health as part of the intake process, this should be done without making assumptions about sexuality or gender diversity.



### Forms that allow open text responses should include:

- An open text section allowing the individual to describe their gender and sexuality in their own words.
- The option to not provide any answer for questions about sexuality.
- The option to not provide any answer for questions about gender.

### Forms that do not allow open text responses should include:

- A 'prefer not to say' option for questions about gender identity.
- A 'prefer not to say' option for questions about sexuality.
- The option to describe their sexuality and/or gender as 'questioning'.
- The option to describe their sexuality and/or gender as 'fluid'.
- The option to select more than one option for gender or sexuality if options are given.

If a service provider notices that intake or registration forms are not currently inclusive of LGBTQA+ people and identities in their workplace, they should initiate the process for making this change.

If the young person's name or gender does not appear to match their insurance or medical records, the service provider should politely ask if the person's record could be filed under different information (e.g., "Could your chart be under a different name?" or "What is the name on your insurance?").

**When using a document that requires the use of a young person's legal name and/or sex marker (e.g., referrals, prescriptions, blood request forms), the service provider should:**

- Inform the young person of the use of their legal name and/or gender/sex marker.
- Explain why these needed to be used in this context.

The service provider should ask all returning clients whether they would like to update their personal details on record.

If a change to the young person's LGBTQA+ identity has been recorded, the treating service provider should be notified by reception or the responsible person before the young person's appointment.

Where possible, filing and administration should be done with the young person's chosen name and gender (as opposed to their legal name and gender presumed for them at birth). This should be done within the context of the service provider's work environment and with consideration of correct client identification processes to prevent harm from misidentification.





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## Collecting information about sexuality and gender identity

*Many LGBTQA+ young people may not feel comfortable sharing information about their sexuality or gender identity due to prior experiences or fears of discrimination. They may also have concerns around the confidentiality or purpose of the information being collected. This section provides best practice recommendations when asking a young person about their sexuality and gender identity.*

**Before asking a young person about their sexuality, service providers should reflect whether they need information about the young person's sexuality. If this information is important, service providers should ask about a young person's sexuality in the following ways:**

- Ask permission to broach the topic of sexuality (e.g., "Is it okay if I ask some questions about your sexuality?", "The next few questions are about 'X'; is it alright if I ask those now, or would you like to come back to them later?").
- Ask "How do you describe your sexuality?"
- Consider the young person's reasons for presenting when making decisions about the depth of information to gather about sexuality.
- Make it clear that there are no right or wrong answers.
- Explain why asking about sexuality is important to the young person's care.
- Convey that it's normal and okay to not have a clear answer to questions about sexuality.

The service provider should make it known to the young person that they do not have to disclose their sexuality if they do not want to.

**Before asking a young person about their gender identity, service providers should reflect whether they need information about the young person's gender identity. If this information is important, the service provider should ask about a young person's gender identity in the following ways:**

- Acknowledge that the young person may not feel safe to share this information right now and encourage them to at any point that they feel safe to do so.
- Ask "Are you comfortable to discuss your gender identity?"
- Ask "How would you describe your gender identity?"
- Ask "Is there any specific label or word you'd like us to use when we talk about your gender?"
- Consider the young person's reasons for presenting when making decisions about the depth of information to gather about gender.
- Make it clear that there are no right or wrong answers.
- Explain why asking about gender is important to the young person's care.
- Convey that it's normal and okay to not have a clear answer to questions about gender.
- Recognise that gender holds different meaning for individuals and attempt to reach an understanding of what someone's gender means to them.

The service provider should make it known to the young person that the young person does not have to disclose their gender identity if they do not want to.

The service provider should always address the young person by their chosen name (i.e., not necessarily their legal name), even when the young person is not present (e.g., during progress reviews or clinical case reviews). This includes during interactions that involve electronic communication (e.g., email or text message).

The service provider should refer to the young person by their chosen pronouns, even when the young person is not present (e.g., during progress reviews or clinical case reviews). This includes communication that refers to the young person in third person, both face-to-face and during interactions that involve electronic communication (e.g., email or text message).

The service provider should directly inquire with the young person about which contexts they do and don't want their chosen name and pronouns to be used, in case there are situations in which using these names/pronouns may cause harm. For example, the service provider should ask what name and pronouns to use when communicating with the young person's family, if they are involved in their care, and avoid the use of a young person's chosen name and pronouns with the young person's family until they have clarified that it is safe to do so.

**Service providers should collect information about a young person's pronouns in the following ways:**

- Ask the young person about their pronouns as part of routine care.
- Ask the young person to identify their pronouns on the registration/intake form.
- Ask for all young people's pronouns, regardless of whether they 'appear' LGBTQA+.
- Let the young person know that if they don't want to share their pronouns now, they can do so at a later point in time, if they feel comfortable to do so.
- Allow young people to leave questions about their pronouns blank.
- Check in with the young person periodically about their pronouns if they are questioning their gender.
- Include an 'unsure' option when asking about pronouns.

The service provider should be aware that sexuality and gender are fluid, that identity and pronouns may shift over time, and accordingly maintain an environment that validates and normalises change, exploration, and uncertainty (e.g., "It's okay not to have your sexuality fully figured out yet. It takes some people more time than others.").

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## Identity disclosure

*Different people may be at different stages of acceptance and disclosure of their LGBTQA+ identity. For some, sharing their identity may be a liberating experience, or it may place them in a more vulnerable position if they are subjected to negative responses. Disclosing a young person's LGBTQA+ identity without their permission could put them at increased risk of experiencing abuse, homelessness, and discrimination. This section includes recommendations related to disclosure.*

**If the young person has disclosed their LGBTQA+ identity to the service provider, the service provider should ask the young person:**

- If they want assistance disclosing their identity to others.
- If they have adequate support to express their LGBTQA+ identity.
- Who they currently receive support from (e.g., family, chosen family, friends, colleagues, teachers, etc.) with regards to their LGBTQA+ identity.
- If they have disclosed their gender to others (if they are not cisgender).
- Whether they expect to receive negative reactions following disclosure of their LGBTQA+ identity (e.g., from their family, friends, colleagues, teachers, etc.).
- If the young person has unsupportive family members, the service provider should ask if the young person wants their help to mediate conversations about this topic between the young person and their family members.

The service provider should tell the young person that the goal of the clinical interaction is not to help a young person define their sexuality or gender identity, unless the young person wants them to.

**LGBTQA+ young people might be concerned about the privacy of their LGBTQA+ identity in their health records. You can make sure your service and providers are sensitive and alert to these concerns by doing the following:**

- Inform LGBTQA+ young people about the processes and procedures for keeping their information confidential and safe.
- Ask LGBTQA+ young people if their next of kin knows their sexuality and gender identity, so that there are no accidental breaches in confidentiality.
- Run an in-service training with service providers on maintaining confidentiality when shared care is appropriate or necessary.

The service provider should be clear that the young person does not have to disclose their LGBTQA+ identity to other people.

The service provider should be clear that non-disclosure is sometimes the only safe and practical choice for LGBTQA+ young people and there is nothing wrong with choosing non-disclosure.

**If the LGBTQA+ young person is unable to disclose their LGBTQA+ identity in any or all circumstances outside of the session with the service provider (e.g., with friends, family, school), the service provider should:**

- Acknowledge and validate the stress and difficulty of concealing their LGBTQA+ identity.
- Assist the young person in developing strategies to cope with concealing their LGBTQA+ identity.
- Avoid encouraging the young person to disclose in situations where this may do more harm than good.



The service provider should inform the young person that they will not disclose the young person's LGBTQA+ identity to others without their permission, except in the context of providing standard clinical care (e.g., during confidential clinical supervision).

**If a young person is concerned about rejection or has experienced rejection in disclosing their LGBTQA+ identity, these are some actions the service provider should take:**

- Ask the young person to identify an emotional support network, while recognising that not all LGBTQA+ young people may have access to one.
- Help the young person identify personal coping strategies.
- If it's not safe to stay at home, help the young person develop a plan for alternative living arrangements.

**If the service provider has contact with unsupportive parents and they are involved in the young person's care, the service provider should:**

- Offer to provide information and resources to the parents on gender and/or sexuality.
- Identify and dispel any misinformation and misconceptions that the parents have about gender and/or sexuality.
- Inform the parents of the association between parental support/affirmation and the young person's wellbeing.

If the service provider and young person are both LGBTQA+, the service provider should (for adult clients) take extra care to maintain the professional relationship and avoid overstepping boundaries, given that LGBTQA+ service providers may be more likely to frequent the same social environments as their clients.

If the service provider and young person are both LGBTQA+ and of similar age, the service provider should acknowledge and reinforce that for these reasons, extra care must be taken by the service provider to maintain both the confidentiality of the young person and of the young person's peers, who they may discuss in the service context.



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## Training and skills needed for services and providers to work with LGBTQA+ young people

*The following section concerns skills and training that may be useful for working with LGBTQA+ young people. This includes skills and training to manage unique difficulties faced by LGBTQA+ young people, and the contexts in which such training should be provided.*

### **Before working with LGBTQA+ young people, the service provider should:**

- Assess their own potential prejudices towards LGBTQA+ young people.
- Assess their competency to assist LGBTQA+ young people.
- Examine how their own sexuality might influence their interaction with the young person.
- Examine how their own gender identity and gender history might influence their interaction with the young person.

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### **All service providers should:**

- Receive training on LGBTQA+ identities and the unique difficulties faced by LGBTQA+ young people.
- Take steps to address potential prejudices they have towards LGBTQA+ young people.
- Take steps to address gaps in their competency for working with LGBTQA+ young people.

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### **Training on LGBTQA+ identities and the unique difficulties faced by LGBTQA+ young people should be provided specifically to the following:**

- Service providers in leadership positions (e.g., supervisors, managers, directors).
- Any service provider who wants training on this topic.
- Any service provider who potentially has contact with young people (includes face to face, email, and over the phone).

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### **Training on LGBTQA+ identities and the unique difficulties faced by LGBTQA+ young people should include discussion of:**

- The full scope of groups within the LGBTQA+ umbrella, and differentiation of their distinct needs and social cultures.
- Potential intersecting identities and membership of other marginalised groups.

### **All services that work with young people should:**

- Have a person or people in their organisation responsible for organising training on LGBTQA+ identities and the unique difficulties faced by LGBTQA+ young people.
- Provide access to training on LGBTQA+ identities and the unique difficulties faced by LGBTQA+ young people.
- Arrange for all new staff members to receive training on LGBTQA+ identities and the unique difficulties faced by LGBTQA+ young people.
- Provide service providers with resources to increase their knowledge of LGBTQA+ identities and the unique difficulties faced by LGBTQA+ young people.
- Provide service providers working with LGBTQA+ young people with training on suicide risk and assessment.
- Require that new service providers educate themselves independently on LGBTQA+ identities and the unique difficulties faced by LGBTQA+ young people.
- Provide non-clinical staff who are client-facing (e.g., receptionists) with education on LGBTQA+ identities and the unique difficulties faced by LGBTQA+ young people.
- Encourage service providers to continue to increase their knowledge of LGBTQA+ identities and the unique difficulties faced by LGBTQA+ young people on an ongoing basis.

When seeking training on LGBTQA+ identities and the unique difficulties faced by LGBTQA+ people, services should seek to engage with training led by LGBTQA+ individuals or LGBTQA+-led organisations.