Government of Western Australia
Department of Health

Multicultural Health Diversity Café 9:

‘Improving health equity for people from culturally and linguistically diverse backgrounds who identify as LGBTI+’

21 November 2018

Cultural Diversity Unit
Chronic Disease Prevention Directorate
Public and Aboriginal Health Division

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Executive Summary

'Improving health equity for people from culturally and linguistically diverse (CaLD) who identify as LGBTI+ (Lesbian, Gay, Bisexual, Transgender, Intersex +)**'** was the theme of the Multicultural Health Diversity Café 9, which was held at the Richmond Wellbeing Centre on 21 November 2018 from 9 am to 12 pm. Diversity Café 9 brought together 60 participants from the WA health system, other government agencies, not-for-profit organisations and a number of consumers.

A person who identifies as LGBTI+ and who also comes from a CaLD background often has to negotiate multiple and interwoven expectations and social codes relating to gender, sexuality, faith and ethnicity in the communities or groups that they belong to. This could lead to isolation and loss of identity. These and other factors such as an inability to speak English, lack of available and appropriate support and knowledge of health care and other services can strongly impact on their health outcomes. All of these need to be considered when developing and implementing health policies, programs and services to ensure their inclusion and improve health equity.

In this Café, a health consumer, a service provider and a clinician shared their perspectives and experiences around improving health equity for people from culturally and linguistically diverse backgrounds who identify as LGBTI+. Challenges and concerns for service providers, staff and consumers were also discussed.

The three presenters were:

- Misty Farquhar, 'LGBTI+ 101: Diversity within diversity'
- Susanah Hammond, 'Providing healthcare to people from CaLD backgrounds who identify as LGBTI+
- Jose Ciciliama, 'Sharing consumers' experiences.'

The speakers' presentations were followed by buzzing sessions in which tables of participants engaged in conversations guided by questions relating to each preceding presentation. The main points from each table's buzzing sessions were recorded using Post-it notes and put up on the Summary Wall.

The Diversity Café series seeks to bring together staff from the WA health system, other government agencies, non-government and community organisations and consumers to share knowledge, connect ideas and ask questions about health matters as they relate to people from CaLD backgrounds.

Diversity Café 9 was organised by the Department of Health's Cultural Diversity Unit (CDU) and Health Networks, Richmond Wellbeing, WA AIDS Council and Fortis Consulting.

The Café was facilitated by Ruth Lopez, Department of Health.

The Multicultural Heath Diversity Café series offers other learning opportunities for service providers on their ongoing journey to cultural competency, specifically around providing equitable access to safe and high quality health programs and services for people from culturally and linguistically diverse (CaLD) backgrounds.

Presentation 1

Misty Farquhar, 'LGBTI+ 101: Diversity within diversity'

Misty's presentation covered the basics of sexuality (attractions), gender (psychological sense of self), and bodies (biology), and how diversity in these areas may intersect with cultural diversity.

Misty began by introducing the concept of "heteronormativity"; the idea that sexuality, gender, and bodies are binary notions that must be experienced in a particular combination (i.e. a man who looks and feels like a man will be attracted to a woman who looks and feels like a woman). Anyone outside of these expectations, experiences less social power and privilege. However, sexuality, gender and bodies, while interconnected, are distinctly different concepts that are not binary.

People who do not fit within societal norms for sexuality, gender and bodies will often use the identity labels that form the acronym 'LGBTI+'; Lesbian, Gay, Bisexual (sexuality), Transgender (gender), and Intersex (bodies). In Australia, there is a growing familiarity with diverse sexuality, but awareness of diverse gender and bodies is lacking.

Transgender is an umbrella term used to describe people whose gender identity does not align with the sex they were assigned at birth (women, men, non-binary). Trans people may transition socially (name change, presentation, etc.), medically (hormones, surgeries, etc), or legally (birth certificates, passports, etc.); they may choose to transition in all or only some of these ways, for various reasons. Intersex people are born with physical sex characteristics (genitalia, hormones, chromosomes) that don't fit medical and social norms for female or male bodies. As a result, many intersex people will have undergone surgeries / treatments at very early age that may negatively impact them later.

Misty further explained that the health of LGBTI+ people is impacted by factors such as historical persecution, stigma and discrimination, and disparate legal protections. As a result, they are more likely to experience health disparities and unhealthy coping mechanisms. The interconnection of social categories such as ethnicity, sexuality, and gender create compounded systems of disadvantage. People who are LGBTI+ and from CaLD backgrounds are less likely to "come out" / receive support from family, may experience internal conflict between their identity and cultural / religious ideas, and are likely to experience social isolation as a result.

Health service providers will not necessarily know when someone is LGBTI+ (or CaLD), so consistent inclusive practice is imperative. This is supported legally by the Federal Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013, and may also be considered from a behavioural perspective:

- Don't assume a person's sexuality or gender based on perceptions of their presentation.
- Avoid generic binary language. Use a person's nominated pronoun and name - if in doubt, ask.
- Don't ask questions or make statements that you would not ask anyone else.
- Celebrate Diversity!

Buzzing session 1:

What do you see as critical gaps in knowledge and understanding of the health needs, and cultural sensitivities, as they relate to people from CaLD backgrounds who identify as LGBTI+?

Critical gaps

- Differences in the perception of LGBTI+ in different cultures and religions.
- Some people from CaLD backgrounds do not acknowledge or consider the presence of people who identify as LGBTI+ in their communities.
- Health care professionals do not engage in appropriate language and conversation with people.
- Needs are not asked during admission.
- Lack policies that recognise/define/advocate for LGBTI+ community.
- Availability of translated resources and information about appropriate translations, cost and identification of correct language or dialect.
- Organisational lack of understanding gender definitions in terms of service delivery.
- Making assumptions about groups and individuals based on appearance, background, etc.
- LGBTI+ folk may not know who they can speak to or where they can go, where they are safe.
- Lack of understanding what LGBTI+ mean to those who identify and those who don't – differences in understanding cultures, religion and education.
- Lack of non-gender specific toilet facilities.
- LGBTI+ folk do not have a voice or a forum.
- There are more important issues than sexuality.
- Non LGBTI+ people worry that they might say the wrong thing and offend.
- Assumptions of heterosexuality.
- Clear definition of 'patient' and partner in documentation.
- CaLD community assumptions may limit acceptance of LGBTI+ folk.
- Small multicultural communities lack anonymity and confidentiality in healthcare or interpreting and translating services.
- Major gap is lack of communication between agencies who work in education, health, NGOs, support groups and families. Meetings like this bring people together.
- Limited medical practitioners/specialists who have enough knowledge and understanding of LGBTI+ communities.

Recommendations

- Develop education session about LGBTI+ for communities, allies and health professionals, especially trans, intersex and bisexual health and include how to engage interpreters.
- Hold systemic and ongoing education from primary school into adulthood.
- Embed education about LGBTI+ across all health professionals (GP, Nursing, Mental Health, Physio, OT, Social Work).
- Ensure that health system policy and practice consider CaLD and LGBTI+ issues.
- Map out health services and safe spaces for LGBTI+ and CaLD communities.
- Conduct peer review for all translations.

- Conduct training for health professionals that are culturally appropriate for CaLD LGBTI+ community.
- Identify how CaLD LGBTI+ folk get information and develop strategies to engage them.
- Advocate nationally – perhaps a role for the Human Rights Commission?
- Consider practical application of trans and intersex health: all services need to be informed and safe.
- Communicate clear and explicit policy in workplaces that address LGBTI+ and CaLD groups distinguishing personal values from professional obligations.
- Promote staff diversity in workplaces (inclusion of LGBTI+ and CaLD staff).
- Include LGBTI+ and people from CaLD backgrounds with lived experiences throughout the process of training, policy making and consultation.
- Identify champions.
- Extend equal support for non-LGBTI+ communities.

Presentation 2:

Susanah Hammond, 'Providing healthcare to people from CaLD backgrounds who identify as LGBTI+'

Susanah acknowledged the expertise that was in the Café that morning and stressed that her presentation was not from an expert position but about YouthLink's work around improving health equity for LGBTI+ and CaLD young people. She used the terms LGBTI+ and DSSG (diversity in sex, sexuality and gender) interchangeably to refer to the broad group of individuals with diversity in sex, sexuality and gender, including those who identify as lesbian, gay, bisexual, same gender attracted, transgender diverse, queer, questioning and intersex. She also acknowledged the immense diversity within the CaLD community where there is a rich variety of cultural understandings and practices, religious faiths, languages and migration experiences.

She stated that the laws of a country do not always reflect what is valued in the community at large and certainly does not reflect the views of all families or individuals. A colleague reported working with a client from Pakistan whose community held hostile views about same sex relationships. The client's family were perfectly accepting, however, coming from a country in which being of DSSG could result in death has a big impact on a family's response to their loved one. Fear and prejudice can result in individuals feeling that they must always hide this aspect of themselves, and engender feelings of shame, confusion and isolation.

She cautioned about assuming that clients know that we offer safe and welcoming places. These needs to be made explicit visually and verbally and by asking relevant questions, using respectful and affirming language, and by providing helpful and validating responses to issues they raise.

Recognising the high risks around mental health and suicide in LGBTI+ young people, especially Aboriginal and Torres Islander and CaLD young people, YouthLink began in the 1990s by forming strong partnerships with other youth services like the Freedom Centre, Perth Inner City Youth Service and Youth Affairs Council of Western Australia (YACWA).

YouthLink implements various strategies to improve equity for this population group some of which are listed below:

- Upon contact from a potential client, the triage officer discusses confidentiality issues and gathers cultural, sexual and gender identity information.
- Staff use forms that do not require a binary male/female response.
- YouthLink's waiting room has a large number of visual cues to communicate to clients that sex, sexuality and gender are all topics that are safe to discuss.
- As a client walks into the consulting room, there are welcoming stickers on doors and posters inside the rooms. By the time a client sits in the consulting room for the first time, they have received a number of visual cues encouraging them that they can be honest about their sexuality and gender in this place.
- Signs direct one to a gender-neutral toilet.
- All staff including those at reception use preferred names and pronouns for clients.
- All existing and new staff must attend trainings on supporting LGBTI+ young people and working with Aboriginal and Torres Strait Islander youth.
- At multidisciplinary team meetings, clinicians are required to mention clients' sexuality and gender, which achieves the dual purpose of obtaining a clear picture of the client group in relation to DSSG, recognise their particular needs and ensure that clinicians address these, where relevant.

- Having champions within the organisation who have a passion for and focus on the needs of diverse groups influences the culture and practice of the entire service.

YouthLink facilitates a Youth Reference Group made up of YouthLink consumers, who provide feedback and ideas to improve the service continuously. A number of young people in this consumer group identify as members of both LGBTI+ and CaLD communities.

CaLD young people with DSSG stress that the strictest confidence must be upheld around information they share. This particularly applies where there are additional people involved in the person's care, particularly, when they are part of the client's cultural community, for example, cultural consultants or interpreters. Information about DSSG may have serious consequences for a person within their community, including rejection, blackmail or even violence.

This principle extends to the development of therapeutic goals.While an ideal situation for psychological health might involve a person with DSSG coming out to family and friends and living an authentic life supported by their community, this may not be a realistic goal for someone who is living within a family and a cultural system where there is hostility towards DSSG. It may be enough for Mum and Dad to know that the person is living with their best friend. It is important to discuss what the risks are and how to keep safe.

Susanah mentioned some resources for improving a practice's cultural competence, such as:

- the Cultural Awareness Tool (CAT), a resource funded by the Australian Transcultural Mental Health Network accessible on www.mhima.org.au.
- La Trobe University's "Rainbow Tick" accreditation tool, which includes a self-audit questionnaire for organisations.
- YouthLink's 'Supporting LGBTI young people' training.

She further recommended the following for consideration:

- Help clients navigate specific cultural, religious, LGBTI+ communities they may belong to and improve health outcomes through conversations. Work to minimise losses associated with isolation. The worst position to be in is being isolated from both the LGBTI+ and CaLD community.
- Even when a person identifies that their family and community is hostile to DSSG, there may be exceptions within that family or community. Developing a genogram of family and community can be a good way of finding exceptions within an otherwise hostile system. This way, the person can stay connected with their culture and community.
- A person's identity is multifaceted. It is not limited to their sexuality and gender, or their culture. It is religion, political persuasion, work role, family roles, values, personal achievements, creativity and more. There are opportunities for connection and a sense of positive identity that can provide some kind of an antidote to marginalisation, while we simultaneously work directly to counter marginalisation and its effects.

Buzzing session 2:

How could or does your service currently support people from CaLD backgrounds who identify as LGBTI+? What might be of interest to other service providers, or could improve your own service?

Identified priorities

- Aim for a culturally diverse workforce.
- Consult, collaborate and provide support for staff to raise cultural awareness and sensitivity.
- Provide direct support to LGBTI+ and individuals and families from CaLD backgrounds.
- Develop truly inclusive practice that is not restricted to particular minorities.
- Conduct training about CaLD and LGBTI+ for staff and consider presentations by people from CaLD backgrounds who identify as LGBTI+ with lived experiences.
- Get the Rainbow Tick accreditation for all WA health system services and non-government organisations.
- Create waiting rooms (and the whole environment within our work areas) that are welcoming to all and provide a feeling of safety, for example, using visual cues like flags, posters.
- Develop a best practice guide for government and health services.
- Offer interpreter training for staff.
- Promote diversity, particularly with intersecting and compounding stigmas, in the staff and leadership.
- Use social media to share this forum's information.
- Confidentiality policy and practice and other signals.
- Acknowledge right to privacy and self-determination.

Programs and services

- Encourage sharing between organisations.
- Apply inclusive/equality practices while acknowledging that there is no one way of working with LGBTI+ clients.
- Include gender identity in Patient Registration Forms.
- Identify and support advocates who can share their expertise and knowledge with colleagues in the workplace.
- Refer to/Utilise international models, practices, policies, for example, what questions are asked in medical forms that include LGBTI+ /DSSG.
- Have a holistic approach.
- Draw up a registry of inclusive services.
- Have clear definitions of 'women' that is inclusive of 'transfolk.'
- Advocate for a more diverse and inclusive workforce.
- Undertake needs assessment/Q culture.
- Collect appropriate and useful data.
- Dedicate staff to liaise with special needs groups.
- Provide culturally sensitive services.

Staff training

- Conduct education for medical practitioners about working with people from CaLD backgrounds who identify as LGBTI+.
- Undertake peer work.
- Build a workforce that is strategic and driven to become inclusive of people from CaLD who identify as LGBTI+.
- Include scenarios about LGBTI+ issues in nurse and medical practice training.
- Employ staff who identify as LGBTI+.

Consumer support

- Empower consumers with resources around their rights and other relevant information.
- Educate consumers to self-advocate with doctors and service providers.
- Provide information about ‘Rights in Mental health’ in various languages.
- Promote peer reviewed translated resources.

Senior management/policies/plans

- Develop clear and explicit policy.
- Senior management support to develop and implement culturally and LGBTI+ inclusive policies.
- Develop peer workforce framework within Strategic Plans.
- Ensure diversity, particularly with people with intersecting/compounding stigmas, in the staff and in leadership roles.

Community engagement

- Identify champions/portfolio holders.
- Change prompts in our ‘Treatment, support and discharge Plans’ to include gender/sexuality.
- Engage with the community.
- Ensure representation of key services.
- Have family-centred services.
- Don’t assume a person’s community.

Presentation 3

Jose Ciciliama, ‘Living the Rainbow: where do we fit?’

Jose started his presentation by showing a world map indicating countries that accepted same-sex relationships. He cited that in June 2016, there were 122 UN member states where there were no legal penalties levied for consensual, private, same-sex sexual activity. Of these:

- 73 were classified as criminalising states. Some of these states either had no law, or had such repressive regimes (like Egypt, Qatar and Iraq) that same-sex sexual relations were functionally severely outlawed.
- 45 of these states (24 in Africa, 13 in Asia, 6 in the Americas and 2 in Oceania) had laws that applied to women as well as men.
- 10 of these states punished homosexuality by death either by stoning, or public execution.

In some states, homosexuality was illegal for men but legal for women and that in no country is it the other way around. In 2015, Chilean law stipulated that a sexual act with someone of the same sex below the age of 18 constituted rape, while sexual activity with someone of a different sex was legal at 14 years of age.

Although the World Health Organisation does not see homosexuality as a mental illness, ‘gay conversion therapies’ are carried out in some countries to cure the sexual inclinations of an individual. Basically, conversion is carried out because being gay, lesbian, bisexual or transgender is seen as a mental illness that needs to be fixed.

There is widespread homophobia in CaLD communities. In many of these communities, same-sex attraction is often labelled as a disease that requires healing and a threat to social order. There is also denial that same-sex attraction exists in migrants and refugee communities. These beliefs often lead to hostility and violence against same-sex attracted people in multicultural communities.

Jose stated that it is vital for migrants and refugees who identify as LGBTI+ and who carry multiple identities to keep close family connections, strong spiritual and religious beliefs and cultural identities to have a sense of self. He also mentioned that:

- Many people from CaLD who identify as LGBTI+ choose not to come out to their families due to fear of violence, discrimination or rejection and may be threatened by their cultural values and religious beliefs.
- Some people of diverse sexuality, sex or gender are rejected by mainstream cultures, their own cultures, as well as LGBTI+ cultures.
- There are many variations between and within different CaLD communities in their attitudes to sexuality, sex and gender.

Jose noted there may be negative meanings in regional languages. In Malayalam, Jose’s first language, the common word used for homosexual man is ‘Kundan’ a colloquialism for someone who has anal sex. It is insulting and offensive, however, his point was that there is a word in his language for that kind of behaviour and that this word is not new. It is as old as the culture itself.

He then outlined a few more issues as follows:

- Identity clash - Rainbow community members from diverse cultural and religious backgrounds do not necessarily identify with LGBTI+ sexuality and gender 'categories.'
- There may be strong homophobia in the CaLD community.
- Social isolation exists. Many feel they do not belong. They are likely to continue to live in a heterosexual family, have heterosexual friends and join religious groups.
- Relationships with parents are often challenging, particularly around the time of disclosure of sexual identity that sometimes could lead to family rejection.
- Community members are significantly more likely to use alcohol and other substances.
- Conducting practices that may create negatively impact in the community, for example, using exorcism against sodomy.
- Family conflict may exist between young people and their parents and grandparents.

Some concerns around health professionals that Jose raised include:

- a lack of awareness of issues facing LGBTI+ community members from CaLD backgrounds that may lead to non-provision of necessary additional supports.
- minimal understanding of how diverse cultures make sense of same-sex relations, that could lead to assumptions that same-sex relations in CaLD communities are a result of Western influence.

On the issue of homophobia, some workers such as interpreters and bi-cultural workers, have negative attitudes towards same-sex relations due to cultural influences. They may be reluctant to provide appropriate support to same-sex attracted clients.

Jose highlighted other issues as follows:

- Language barriers often add to the complexity of providing adequate support for same-sex attracted clients because of the need to engage an interpreter. There are usually no equivalent terms for lesbian, gay, bisexual, transgender and intersex identities in other languages making it difficult to explain gender and sexual diversities.
- Some workers give low priority to the sexuality needs of same-sex attracted clients from CaLD backgrounds because they do not view it within the scope of their practice. For example, those in resettlement services may prioritise housing, employment or language support for their clients.
- Disability, HIV status, age and racism within the LGBTI+ community, and geographical location make it harder for same-sex attracted people from CaLD backgrounds to make decisions about accessing health services.
- Lack of knowledge about referral pathways makes it difficult for some workers to refer same-sex attracted clients from CaLD backgrounds to existing support services. There are only a few specialist services that can offer this support.

Buzzing session 3:

How might staff be supported and trained to provide services that are inclusive of people from CaLD backgrounds who identify as LGBTI+?

- Support staff to attend training for LGBTI+ and CaLD that is endorsed by leadership group and provide rewards for training.
- Incorporate more awareness training into existing conferences/seminars (not related solely to LGBTI+ matters).
- Provide mandatory attitude and values-based training/competency and orientation in organisations.
- Offer opportunities for free professional development/training.
- Develop organisational and service policies that are focused on inclusivity rather than exclusivity. For example, parental leave is not LGBTI+ friendly nor do they apply to diverse relationships like polygamy.
- Build relationships between staff and LGBTI+ leaders and organisations.
- Think about language and tone when speaking to clients.
- Provide visual cues in the workplace through posters, ‘Rainbow Tick’ endorsement.
- Mandatory training from as early as possible, in schools, job training, ongoing in workplaces.
- Going through the “Rainbow Tick’ process and making it public.
- Enable peer support among workers.
- Quick and decisive action to call out discrimination and enact and enforce policies.
- Encourage staff to use neutral language with clients, not labels. For example, ‘Is your partner male, female or other?’ ‘Not are you gay?’
- Put in place multiple strategies to train staff and develop cultural change. Need to anticipate resistance and hostility from staff.
- Advocate for the Office of Multicultural Interests to facilitate the inclusion of the ‘Rainbow Tick’ in how diversity is measured and preferably, include in KPIs.
- Provide support for staff to speak to someone regarding issues they face when dealing with LGBTI+ clients.
- Identify LGBTI+ and CaLD champions.
- Engage CaLD and LGBTI+ trainers who have experience working with LGBTI+ community or are LGBTI+ themselves for credibility.
- Create workplaces that actively challenge the whitewashing + heteronormative world.
- Draw up strategic documents/policies that can be adopted by individual organisations.
- Conduct translation of and /or individualised information to suit the needs of the service.

The Presenters

Misty Farquhar is a passionate researcher, educator, and advocate for inclusion. They are a PhD Researcher at the Curtin University Centre for Human Rights Education, and teach at both Curtin University and the University of Western Australia. Locally and nationally, they are extremely active in community outreach, education, and advocacy efforts. As well as facilitating LGBTI+ inclusion training and other projects to support the community, Misty is the founder of Bisexual+ Community Perth, is a Transfolk of WA board member, and frequently presents on RTR FM's All Things Queer program.

Prior to commencing their PhD, Misty spent over ten years in community and organisational development leadership positions across sectors. Most recently, they worked at a large not-for-profit organisation managing a diverse team of staff and volunteers to challenge stigma, promote connections, and improve long-term outcomes for people traditionally excluded by society such as young people, people living with mental illness and/or disability, and people experiencing homelessness. During this time, Misty was invited by the U.S. Government to participate in an International Visitors Leadership Program focused on LGBTIQ+ Rights.

Susanah Hammond is a Clinical Psychologist and Mental Health Case Manager at YouthLink, a mental health program within the Youth Stream, managed through the North Metropolitan Area Mental Health Service. YouthLink provides specialist mental health counselling, consultation, training and community development. YouthLink's focus is on enhancing the mental health and wellbeing of young people that are marginalised and disadvantaged, particularly those who are experiencing insecure accommodation.

Jose Ciciliamma has been working at Richmond Wellbeing in various capacities for seven years. When it was a criminal offense to be in same-sex relationships in India, Jose worked alongside the LGBTI+ community as a social activist. His work included the rehabilitation of people working as street prostitutes. He was also managing programs related to refugees in man-made disaster areas. Jose came to Australia in 2009 as a student and completed a Masters by Research on International Studies. He has completed a Bachelor's degree in Social Work.

Café 8 Convenors

Ruth Lopez, Senior Policy Officer Cultural Diversity Unit Department of Health	**Jose Ciciliamma,** Network Facilitator Richmond Wellbeing
Kelli Monaghan, Policy Officer Cultural Diversity Unit Department of Health	**+Tyler Morgan,** Health Promotion Officer – HIV and Mobility WA AIDS Council
Maree Deverell, Senior Development Officer Health Networks, Department of Health	**Mary Gurgone,** National Director Fortis Consulting
Kelsey Gill Development Officer Health Networks, Department of Health	

Appendix A: Program

8:30 am	**Registration**	
9:00 am	Introduction to Diversity Café 9 Acknowledgement of country	**Ruth Lopez**, Senior Policy Officer, Cultural Diversity, Public and Aboriginal Health Division, Department of Health (DoH)
9:10 am	Welcome address	**Denise Sullivan**, Director, Chronic Disease Prevention, DoH
9:20 am	**Session 1** Introduction to LGBTI+ **Q & A**	**LGBTI+ 101: Diversity within diversity** **Misty Farquhar**, Curtin University
9:40 am	Buzz session 1: **What do you see as critical gaps in knowledge and understanding of the health needs, and cultural sensitivities, as they relate to people of LGBTI+ people from CaLD backgrounds?** *Discuss/Buzz.*	
10 am	Look at collective input, grab coffee, take a quick break	
10:10 am	**Session 2** Providing healthcare to LGBTI+ people from CaLD backgrounds **Q & A**	**Susan Hammond,** Youth Link
10:30 am	Buzz session 2: **How could or does your service currently support LGBTI+ people from CaLD backgrounds? What might be of interest to other service providers, or could improve your own services?** *Go to your assigned gallery station.* *Buzz/Discuss.*	
10:50 am	Look at collective input, grab coffee, take a quick break	
11:00 am	**Session 3** Sharing consumers' experiences **Q & A**	**Jose Ciciliamma**, Richmond Wellbeing
11:20 am	Buzz session 3: **How might staff be supported and trained to provide services that are inclusive of LGBTI people of CaLD backgrounds?** *Discuss/Buzz.*	
11:40 am	Summary	Key ideas from the conversations
12 noon	Close	Thanks and Close

Appendix B: List of Participants

Below are the Café participants who gave permission for their name and organisation to be listed in the Summary Report.

Name		Agency
Sime	Abdirahman	Richmond Wellbeing
Khamsila	Ahmad	William Langford Community House
Zahra	Alamin	Telethon Kids Institute
Deisy	Amorin-Woods	Insight Counselling and Relationship Centre
Jig	Arapoc	East Metropolitan Health Service
Jane	Armstrong	Department of Health
Emma	Assad	Richmond Wellbeing
Mikala	Atkinson	Cancer Council WA
Matthew	Bacon	WA AIDS Council
Bridget	Blackwell	Department of Health
Sarah	Bright	Department of Health
Stella	Chan	Richmond Wellbeing
Soo-Ming	Chung	Women ad Newborn Health Service
Sian	Churcher	Department of Health
Laura	Clappinson	Department of Health
Katie	Darby	WA AIDS Council
Ljiljana	Djordjevic	South Metropolitan TAFE
Gizella	Dudas	Palmerston
Misty	Farquhar	CURTIN
Kelsey	Gill	Department of Health
Mary	Gurgone	Fortis Consulting
Maria		Fortis Consulting
Susanah	Hammond	Youth Link
Emmanuel	Harmon	Consumer
Charlotte	Humphries	Department of Health
Iren	Hunyadi	Consumer

Name		Agency
Rosa	Johnsen	
Paramjit	Kaur	Department of Health
Shin	Keith	RUAH
Jason	Leong	Carers WA
Angela	Leung	Australian Red Cross
Jason	Lim	Richmond Wellbeing
Sam	Lim	WA Police
Ruth	Lopez	Department of Health
Jeanny	Mah	
Talei	Marshall	Department of Health
Maria	McComish	WA Police
Jay	McDermott	WA AIDS Council
Philippa	Milne	
Kelli	Monaghan	Department of Health
Tyler	Morgan	WA AIDS Council
Jane	Murdock	South Metropolitan Health Service
WeiQi	Ng	Office of Multicultural Interests
Rachel	Pearce	ISHAR
Stacey-Mae	Prokopyszyn	Department of Health
Kasia	Pulwicka	Umbrella
Sonya	Schultz	Breastscreen WA
Renai	Searle	CoMHWA
Kayleigh	Sheed	Richmond Wellbeing
Amanda	Siebert	Hepatitis WA
Anne	Slavin	Department of Health
Rasa	Subramaniam	Consumer Advisory Council - Fiona Stanley Hospital
Denise	Sullivan	Department of Health
Max	Taylor	Richmond Wellbeing
Aesen	Thambiran	Humanitarian Entrant Health Service

Name		Agency
Shaina	Thomas	
Shannon	Wagner	Cancer Council WA
Lynn	Warren	South Metropolitan Health Service
Desiree	Watts	Silver Chain
Marie	Yau	WA Primary Health Alliance
Zainab	Zaki	Cancer Council WA

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