

# MERIDIAN MULTICULTURAL ENGAGEMENT PLAN

**OUR COMMITMENT TO SUPPORT PEOPLE FROM CULTURALLY, LINGUISTICALLY AND ETHNICALLY DIVERSE BACKGROUNDS, MIGRANTS, REFUGEES, ASYLUM SEEKERS AND PEOPLE OF COLOUR WHO ARE IMPACTED BY HIV AND ARE OF DIVERSE SEXUALITIES AND GENDERS.**

Our commitment is to provide a framework to guide how Meridian engages with and empowers community members, volunteers, and staff from culturally, linguistically, and ethnically diverse, migrant and refugee backgrounds, and people of colour. Through the framework, we seek to facilitate:

- better health equity and health outcomes for people from culturally, linguistically, and ethnically diverse backgrounds, those who are migrants, refugees and asylum seekers.
- the advancement and leadership of Meridian employees and volunteers from culturally, linguistically, and ethnically diverse backgrounds.

The document aligns with Meridian's Strategic Plan goals of ending HIV transmissions for all, delivering excellent, client-centred care, giving voice to our communities, strengthening inclusion, and attracting and developing the best staff.

# Definitions

In this plan we refer to cultural, linguistic and ethnic diversity, experiences of migration and race as lived experiences and determinants of health. Cultural, linguistic and ethnic diversity is a cumulative term for non-Indigenous experiences and identities. It encompasses both racial experiences and those people who are white or white passing but originate from non-Western countries. Using this term facilitates a comprehensive understanding of lived experience, avoids citizenship-centric approaches and allows us to move beyond generalisations. It is important to acknowledge that cultural, linguistic and ethnic diversity is a term under debate by health advocates, researchers and community members. There is continuous and emerging knowledge within this space, and many culturally, linguistically and ethnically diverse people do not refer to themselves as such. Hence, the term 'people of colour' is also utilised, to acknowledge the emerging language and plurality of voices and identities within multicultural communities and spaces.

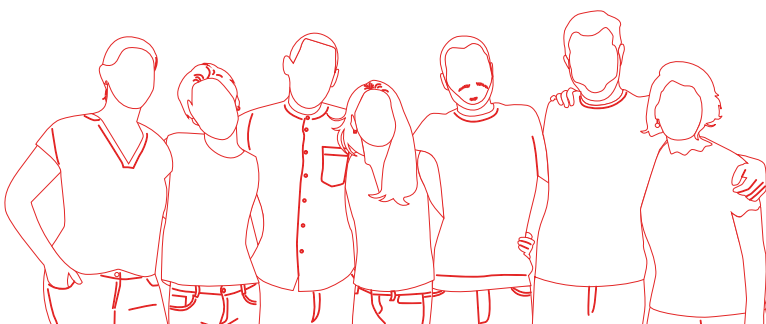
Using the term 'migrants', we refer to people who migrated to Australia either on a temporary basis (i.e. international students, work-related migration) or a permanent basis. 'Refugees' refer to people who have been displaced and fled war, violence, climate change impacts, conflict or persecution because of their ethnicity, nationality, religion, political opinion or belonging to a social group, who crossed an international border to find safety. This includes 'asylum seekers'; those currently seeking asylum in Australia (i.e. being on a bridging visa) and those recognised as refugees. According to Australia's migration program and refugee policy, refugees and asylum seekers can remain in Australia on a permanent protection visa but are often only granted a short-term, temporary visa.

We recognise that the bulk of LGBTIQ+ terminology is Western-centric. People we work with who are sexually and gender diverse may not use these terms, and/or have culturally specific terms for their personal and collective identities and lived experiences.

---

## Who this plan is for?

Our engagement plan is to be used by Meridian staff across the organisation to guide the way we work. The plan should be translated into actions in all Meridian staff annual work plans. The plan will guide Meridian leaders and managers as they develop new programs and services and review relevant strategies, policies, procedures, and budget decisions.



# Our commitment

The plan seeks to ensure that Meridian services are provided equitably, safely, and consistently to our communities from all cultural, ethnic, and linguistic backgrounds, and recognising how migration status impacts individual livelihoods and ability to access services.

As the range and depth of Meridian's programs continue to grow, the plan will guide our delivery of high quality and culturally safe, competent and appropriate services for and with people of culturally, linguistically, and ethnically diverse, migrant and refugee backgrounds and people of colour across our areas of practice.

Intersectionality in the workplace continues to grow, and Meridian is committed to ensuring that staff who are culturally, linguistically, and ethnically diverse are represented across the organisation in the future, including in positions of leadership and roles that involve them in key decision-making processes. Our understanding of intersectionality in the workplace also continues to grow. As it does, we can tap into sources of expertise to improve our policies, systems, and practices to make Meridian a culturally safer and more inclusive workplace.

Meridian is committed to and centres all our work with an anti-racism focus. This means we take a proactive approach to addressing subconscious and systemic bias and ensure that our policies and procedures become active tools against racism.



## Why do we need a plan?

### **Australia is a highly multicultural country**

Australia's population is incredibly diverse and includes people who were born overseas and people who have a parent born overseas. Culturally and linguistically diverse communities comprise a crucial portion of the Australian population, with nearly half of all Australians (48.2%) having a parent born overseas and nearly one third (29.8%) of Australians being born overseas. Nearly every country globally is represented in Australia's population. Although the highest proportion of overseas born Australians are from England (3.8% of the total Australian population), countries such as India (2.8%) and China (2.5%) are a significant proportion of the total Australian population.

In the ACT, 32.5% of all residents were born overseas, according to the 2021 census. The 2021 Census found that the estimated resident population of the ACT was 454,499. This

means that, based on the 2021 census, at least 147,600 residents of the ACT were born overseas. Similarly, 27.1% of the ACT population speak a language other than English at home, meaning that at least 123,100 residents of the ACT speak a language other than English at home.

This cultural and linguistic diversity is reflected in the LGBTIQ+ community in the ACT, as well as the wider Australian population.

Most people born overseas who live in the ACT are proficient in English and have professional and/or technical skills. However, due to the prevailing systemic barriers and socio-cultural exclusion, they remain more likely to earn under the median Australian income. People living in the ACT on refugee (temporary or bridging) visas may have limited English speaking skills and limited access to knowledge about the Australian healthcare system, as well as experiencing exclusion from healthcare and medical services.

We know that sexual, gender, cultural, linguistic, and ethnic diversity all play a role as determinants of our health and often combine to produce specific needs. These characteristics can, alone or in combination, increase the need for accessing appropriate and socio-culturally specific services.

---

## **Data and evidence is poor and limited**

A lack of data and agreed set of predetermined terminology in Australian academic research precludes a comprehensive understanding of the intersectional health needs of LGBTIQ+ people from culturally, linguistically, and ethnically diverse, migrant and refugee backgrounds and LGBTIQ+ people of colour.

Service providers and researchers do not routinely collect sexual and gender identity indicators, and cultural, ethnic, and linguistic diversity indicators are often inadequate. This is particularly true for one's visa and immigration status.

People from culturally, linguistically, and ethnically diverse, migrant and refugee backgrounds and people of colour are often underrepresented in research design, implementation, and data collection. Public health studies often focus specifically on the health needs of people who are either LGBTIQ+ or from culturally, linguistically, and ethnically diverse migrant and refugee backgrounds and people of colour, but rarely both. Evidence from LGBTIQ+ targeted studies has highlighted health disparities compared with non-LGBTIQ+ people in mental health, sexual health, and risk factors such as rates of smoking, alcohol consumption, drug use and risk-taking behaviours.

The Eighth National HIV Strategy recognises culturally, linguistically and ethnically diverse communities and people of colour as a priority population group in Australia's

HIV response. Recent HIV notification data indicates an increasing rate of late HIV diagnoses among gay, bisexual and men who have sex with men of colour and from culturally, linguistically and ethnically diverse backgrounds. In 2018, late HIV notifications increased by 47%. This was the first time in Australia's history of HIV surveillance when late HIV diagnoses among overseas born gay, bisexual and men who have sex with men of colour and from culturally, linguistically and ethnically diverse backgrounds were a higher rate (55%) than that of late HIV diagnoses among Australian-born gay and bisexual men, and men who have sex with men (43%). Although there is no accurate way of assessing cultural diversity, this data indicates the importance of advocating for the sexual health rights of gay, bisexual and men who have sex with men from culturally, linguistically and ethnically diverse backgrounds, particularly those impacted by HIV.

LGBTIQ+ people from refugee backgrounds have particularly poorer mental health outcomes due to past experiences of violence, discrimination, and persecution. Additionally, evidence suggests that most of LGBTIQ+ people from refugee backgrounds have experienced sexual and gender-based violence. This includes sexual violence driven by homophobia and transphobia, conversion therapy and forced marriages.

Studies have shown the great diversity of health needs within LGBTIQ+ communities, including, but not limited to, a chronic lack of services for trans and gender diverse people, the mental health needs of women in our communities, and the continued priority of HIV prevention among gay, bisexual, and men who have sex with men as well as people from high HIV prevalence countries. It is common that LGBTIQ+ migrants did not have access to inclusive sexual health and gender affirmative services in their countries of origin, which not only may contribute to lower health literacy, but also exacerbate chronic illness.

Overlapping factors combine to predict service access and health outcomes for LGBTIQ+ people from culturally, linguistically, and ethnically diverse, migrant and refugee backgrounds, and LGBTIQ+ people of colour. These factors can have a negative impact on health outcomes (barriers), a positive impact (resilience factors), or both negative and positive impacts.

---

## **Discrimination and exclusion persists**

LGBTIQ+ people from culturally, linguistically, and ethnically diverse, migrant and refugee backgrounds and LGBTIQ+ people of colour often report having to navigate spaces that never fully embrace the complexities of their identities. They experience a lack of awareness and understanding of cultural diversity in LGBTIQ+ spaces. People from culturally, linguistically, and ethnically diverse, migrant and refugee backgrounds, and people of colour often report experiencing racism and prejudice in LGBTIQ+ spaces, especially online and on mobile apps.

At the same time, LGBTIQ+ people from culturally, linguistically, and ethnically diverse, migrant and refugee backgrounds and LGBTIQ+ people of colour may also struggle to be fully accepted by their families or cultural communities of origin because of their sexuality or gender identity. There is still a lack of peer-led services for these communities i.e. those led by LGBTIQ+ people from culturally, linguistically, and ethnically diverse, migrant and refugee backgrounds and LGBTIQ+ people of colour. This is especially important because connection to peers and the LGBTIQ+ community is associated with greater health outcomes and access to services.

Inequity and inequalities based on gender are compounded for LGBTIQ+ women from culturally, linguistically, and ethnically diverse, refugee and migrant backgrounds and LGBTIQ+ women of colour.

People migrating to Australia may come from countries where LGBTIQ+ identities and sexually diverse behaviours may be socially unacceptable, cultural taboo and/or criminalised. This can encompass; criminalisation of homosexuality; difficulties and/or impossibility to legally affirm gender; and forced medical intervention among Intersex people. LGBTIQ+ migrants to Australia often need to hide their sexual or gender identities to protect themselves from a host of discrimination and abuse. Therefore, LGBTIQ+ migrants to Australia deserve safety in seeking community, advocacy, belonging, sexual health and mental health support and an understanding of their rights of expression and legal protections in Australia.

Migrants who have been displaced (including refugees, asylum seekers, internal migrants and stateless persons) often have complex and intersectional traumatic experiences that indicate unique resilience and the need for access to socio-culturally specific and individualised services. Insecure visa status in Australia often causes experiences of discrimination on a personal (eg. community, friendship, dating) and institutional level (eg. housing, banking, employment, service access).

Stigma, discrimination, and false assumptions made by health professionals based on sexuality and gender can lead to inadequate care and poorer health outcomes. Simultaneously, racism and xenophobia also have negative health impacts. However, white-centric and anglo-centric health approaches in health care ignore and underestimate the role of racism as a significant determinant of health.

## Migration status and access to Medicare

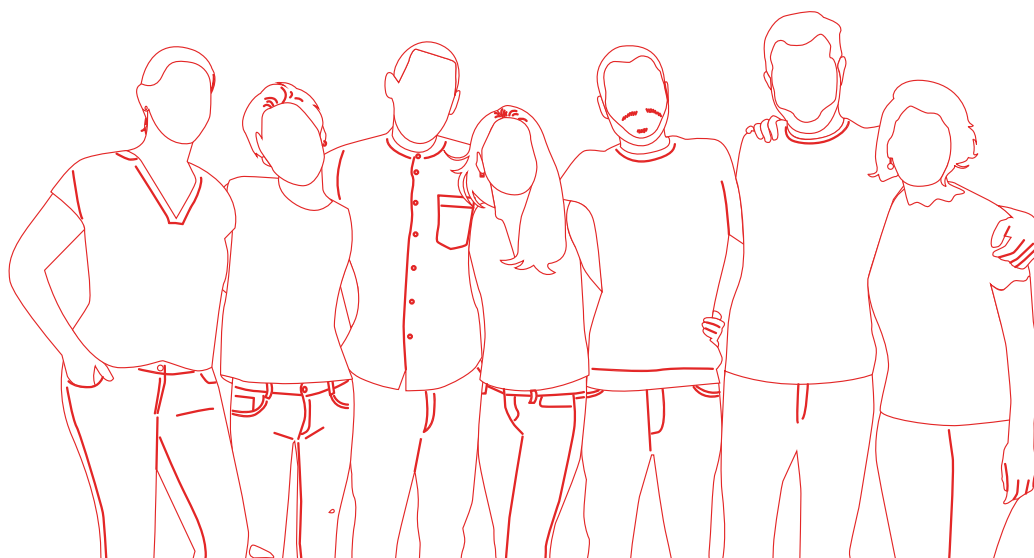
Some temporary visa holders remain ineligible for Medicare, which severely reduces their access to services including housing, healthcare and concessions. People living with HIV are also affected by strict immigration rules that require HIV testing and may limit their ability to stay permanently in Australia if the Department of Home Affairs determines that the future cost of their healthcare is too burdensome.

The migration system and experiences before migrating to Australia also contribute to how perceptions of health systems and health risks are formed. For instance, a study among Australian migrants born in Sub-Saharan Africa, Southeast Asia, and Northeast Asia found false perceptions that 'Australia has no HIV' due to compulsory HIV testing to obtain permanent residency status.

Evidence suggests that migrant and refugee women are less likely to use health services than Australian-born women. LBQ women within these communities have even poorer health access and more complicated issues surrounding access to services. It is common that LBQ women did not have access to sexual health services in their countries of origin due to heteronormativity of those services and stigma associated with sexual diversity.

International students may not have access to all sexual health, reproductive and gender affirming services due private health insurance exclusions (e.g. abortions) and ineligibility for Medicare and public healthcare.

While there is a lack of evidence for this population, it is clear that access to health services and appropriate and affordable gender-affirming care is a priority for all trans people – which includes trans people from culturally, linguistically and ethnically diverse, migrant and refugee backgrounds, and trans people of colour. Access to gender markers and name change that is not linked to one's visa is also essential as one of the conditions for improved mental health.



## Language, culture, religion and values influence health outcomes

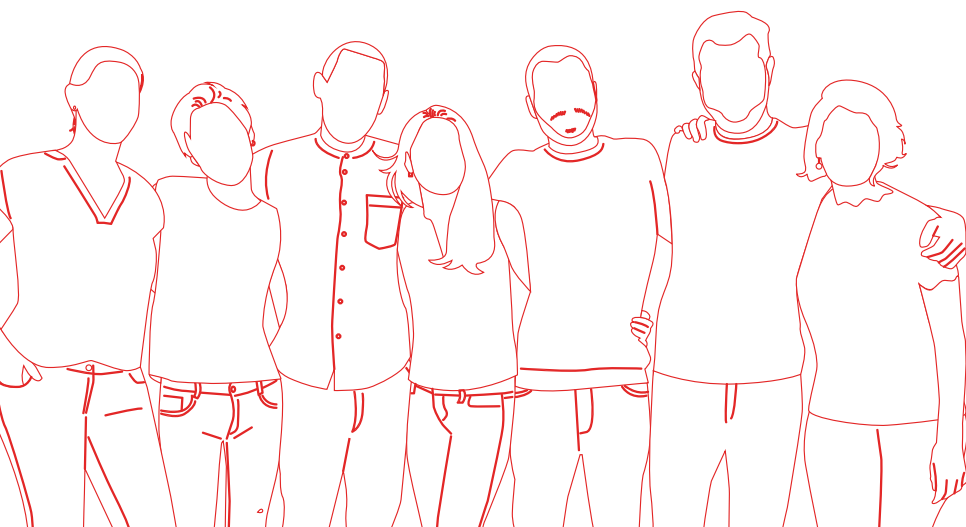
There is a lack of health information and services that are culturally appropriate, LGBTIQ+ inclusive and available in languages other than English. This creates barriers to accessing services for LGBTIQ+ people from culturally, linguistically, and ethnically diverse, migrant and refugee backgrounds and LGBTIQ+ people of colour.

Access to interpreters for service providers and LGBTIQ+ people from culturally, linguistically, and ethnically diverse, migrant and refugee backgrounds and LGBTIQ+ people of colour remains a challenge, as interpreters are costly and may lack training on appropriate LGBTIQ+ terminology. Furthermore, Some people may choose not to engage with interpreters even when their English is limited, out of fear of being outed in their community.

Linguistic diversity is a strength and must be recognised as such, providing depth and richness to LGBTIQ+ expressions of identity and experiences globally. Culture and values play a significant role in shaping health behaviours and risk factors.

The complexities and nuances of the relationships between LGBTIQ+ people from culturally, linguistically, and ethnically diverse, migrant and refugee backgrounds and LGBTIQ+ people of colour and their families and cultural communities of origin are poorly understood and often observed from a white-Australian perspective. While research suggest lower rates of familial acceptance of LGBTIQ+ identities among these cohorts (53.1% compared to 62.4% of those from an Anglo-Celtic background), this kind of evidence does not account for the various modalities of expressing one's identity or the need for deeper understandings of LGBTIQ+ self-liberation which go beyond the predominantly western notion of 'coming out'.

A recent analysis of COVID-19 vaccination data indicated that belonging to culturally, linguistically, and ethnically diverse communities was strongly correlated to greater barreirs to accessing COVID-19 vaccines and obtaining credible information. This is also likely to correlate with access to health services for culturally, linguistically, and ethnically diverse LGBTIQ+ people and LGBTIQ+ people of colour in Australia.



# Focus areas

Meridian commits to the following focus areas and actions over the life of the plan.

## Focus area 1

Empowering and working in partnership with community groups, organisations, and government agencies.

### Actions

1. Meridian will foster partnerships with ACT community groups that support and represent people of culturally, linguistically, and ethnically diverse groups and people of colour. This includes and prioritises groups and organisations that are led by LGBTIQA+ people from culturally, linguistically, and ethnically diverse, migrant and refugee backgrounds and LGBTIQA+ people of color.
2. Meridian will make its spaces and expertise available to partner groups and will value and accept their expertise and knowledge.
3. In developing and reviewing programs, Meridian will engage in meaningful consultation with partners to ensure that programs and services promote a safe and inclusive space and equitable access for people of culturally, linguistically, and ethnically diverse groups and people of colour.

---

## Focus area 2

Using meaningful and appropriate language.

### Actions

1. In consultation with community partners, Meridian will develop a language guide to assist staff in using meaningful and appropriate language when speaking with culturally, linguistically, and ethnically diverse LGBTIQA+ people and LGBTIQA+ people of colour.
2. Meridian will update internal and external training materials to reflect the language outlined in the guide.

## Focus area 3

Building an inclusive, culturally competent, and anti-racist workplace.

### Actions

1. Meridian will increase representation of culturally, linguistically, and ethnically diverse LGBTIQ+ people and LGBTIQ+ people of colour across all levels of the organisation, including volunteers.
2. Meridian will increase the visibility of culturally, linguistically, and ethnically diverse LGBTIQ+ people and LGBTIQ+ people of colour in delivering programs and services.
3. Meridian will support the continual learning about the diversity of cultures, languages, ethnicities, and religions and how this interacts with LGBTIQ+ identities by giving staff the space, time and encouragement to express their cultures and diverse experiences. This also means embedding cultural and religious diversity in practice by marking significant holidays for multicultural communities and not scheduling events that coincide with significant days for multicultural communities.
4. Meridian will take an active stance in anti-racism work in the workplace and in delivery of programs and services, community engagement and community events.
5. Meridian will ensure that cultural competency training<sup>1</sup> is an integral part of the induction to all new starters.
6. Meridian will work to eliminate any barriers to service access for people on temporary visas with no access to Medicare.
7. Access to personal leave / public holiday for multicultural staff on their religious days.
8. Cultural Competency is a part of all mandatory training for all staff and volunteers at induction.

---

## Focus area 4

Measuring outcomes for culturally, linguistically, and ethnically diverse LGBTIQ+ people and LGBTIQ+ people of colour.

### Actions

1. Meridian will engage with researchers to ensure suitable and robust minimum data sets.
2. Meridian will ensure culturally, linguistically, and ethnically diverse LGBTIQ+ people and LGBTIQ+ people of colour are represented on ethics and research committees.
3. Meridian will commit to reporting on outcomes for culturally, linguistically, and ethnically diverse LGBTIQ+ people and LGBTIQ+ people of colour in its research and review.

---

<sup>1</sup> Example <https://fdpn.org.au/lgbtiq-settlement-training/>

## References

- Alessi, E.J. (2016). Resilience in Sexual and Gender Minority Forced Migrants: A Qualitative Exploration. *Traumatology* 22(3), 203-213. <https://doi.org/10.1037/trm0000077>
- Alessi, E.J., Kahn, S. & Chatterji, S. (2016). 'The darkest times of my life': Recollections of child abuse among forced migrants persecuted because of their sexual orientation and gender identity. *Child Abuse & Neglect* 51, 93-105. <https://doi.org/10.1016/j.chiabu.2015.10.030>
- Australian Bureau of Statistics. (2021). *2021 Census: Nearly half of Australians have a parent born overseas*. <https://www.abs.gov.au/media-centre/media-releases/2021-census-nearly-half-australians-have-parent-born-overseas>
- Australian Bureau of Statistics. (2021) *Australian Capital Territory*. <https://www.abs.gov.au/census/find-census-data/quickstats/2021/8>
- Australian Bureau of Statistics. (2021). *General Social Survey, Summary Results, Australia*. <https://www.abs.gov.au/statistics/people/people-and-communities/general-social-survey-summary-results-australia/latest-release>
- Australian Bureau of Statistics. (2022). *Religious Affiliation in Australia*. <https://www.abs.gov.au/articles/religious-affiliation-australia#migration-and-religious-affiliation>
- Australian Council for International Development. (2018). *Faith, sexual orientation, gender identity and the ACFID Code of Conduct*. <https://rdinetwork.org.au/wp-content/uploads/2020/06/Faith-sexual-orientation-gender-identity-and-the-ACFID-Code-of-Conduct.pdf>
- Australian Federation of AIDS Organisations. (2014). *Australia, migration and HIV: and evolving policy landscape*. <https://www.afao.org.au/article/australia-migration-hiv-evolving-policy-landscape/>
- Australian Federation of AIDS Organisations. (2022). *Barriers to Accessing HIV and sexual health care for people from a CALD background*. <https://www.afao.org.au/wp-content/uploads/2022/06/afao-cald-barriers-discussion-paper.pdf>
- Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine. (2022). *HIV and Immigration*. <https://ashm.org.au/wp-content/uploads/2022/04/HIV-and-Immigration-update-Dec-2019v2.pdf>
- Forcibly Displaced People's Network. (2022). *Building service capacity to work with LGBTIQ+ forcibly displaced people*. <https://fdpn.org.au/lgbtiq-settlement-training/>
- Forcibly Displaced People's Network. (2022). *Gender Responsive Settlement: Broader Learnings from LGBTIQ+ Refugees*. <https://fdpn964079271.files.wordpress.com/2021/07/lgbtiq-refugees-report-v2-mob.pdf>
- Hopkinson, R.A., Keatley, E., Glaeser, E., Erickson-Schroth, L., Fattal, O. & Nicholson Sullivan, M. (2017). Persecution Experiences and Mental Health of LGBT Asylum Seekers. *Journal of Homosexuality* 64(12), 1660-1666. <https://doi.org/10.1080/00918369.2016.1253392>
- Kahn, S. & Alessi, E.J. (2017). Coming Out Under the Gun: Exploring the Psychological Dimensions of Seeking Refugee Status for LGBT Claimants in Canada. *Journal of Refugee Studies* 31(1), 22-41. <https://doi.org/10.1093/jrs/fex019>
- Norwegian Church Aid. (2019). *Engaging Faith Actors on Gender-Based Violence (GBV)*. <https://www.kirkensnodhjelp.no/globalassets/lanserte-rapporter/2018/2018-engaging-faith-actors-on-gender-based-violence.pdf>

Havelock House 85 Northbourne Avenue  
(Gould St entrance) Turner ACT 2612  
PO Box 5245 Braddon ACT 2612  
**02 6257 2855** [contact@meridianact.org.au](mailto:contact@meridianact.org.au)

**[meridianact.org.au](http://meridianact.org.au)**

**meridian**  
COMMUNITY ■ HEALTH ■ ACTION

