Disclaimer:

This *Mentoring Projects – Practice Manual* is a first version that hopes to learn with the LGBTIQA+ community it exists for, to improve future versions.

Cover and promotional artwork:

Ruby Allegra
instagram.com/rvbytheartist
linktr.ee/rubyallegra

Acknowledgement of Country

We would like to acknowledge that queerspace and Drummond Street Services is located on the lands of the Wurundjeri people of the Kulin Nation. We pay our respects to and honour the lives of all Elders, both past and present. We acknowledge that this land was stolen, that treaties have never been signed, and the people who make up the Kulin nations have continued to resist colonisation for many generations.

We acknowledge that the ongoing impact of colonisation continues to harm First Nations people and communities disproportionally. We extend our acknowledgement to First Nations lesbian, gay, bisexual, queer, trans*, intersex, asexual, aromatic, brotherboy and sistergirl peoples.

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Introduction

The *Mentoring Projects Practice Manual* is a guide for LGBTIQA+ organisations looking to facilitate a peer-support program, through some of the practical service processes required in the delivery of a peer-support or mentoring model. This manual outlines the model itself, the role of staff, and key service processes.

The manual will provide a brief introduction into the model and then is divided into three sections: the first section relates to the program specific to people wanting support ('Looking at the Mentee Experience'), the second section relates to people offering support ('Looking at the Mentor Experience'), and within these streams there is essential information, considerations, and challenges which we have developed as the third section ('Additional Program Considerations').

We acknowledge the LGBTIQA+ community is made up of various experiences and people who engage with the *Mentoring Projects* can sit within both streams – individuals can offer support as mentors while also receiving support in areas of their life as mentees.

The *Mentoring Projects Practice Manual* is a first version, positioned in the time that it is created and will require updating to accurately reflect the work and communities it seeks to serve.

Background and Overview

The *Mentoring Projects* is a primary suicide prevention program. It aims to promote community support networks that are vital to LGBTIQA+ individual and collective social and emotional wellbeing.

We know that, because of heteronormativity, homophobia, biphobia, transphobia, racism, and ableism, LGBTIQA+ people can experience barriers to finding spaces, services and connections that feel safe, supportive and celebrate the diversity of experiences and identities under the acronym. The connection with a mentorship can assist in bridging that gap by linking individuals and/or families who need additional support with peers who have been there before. The *Mentoring Projects* utilise the lived experiences and skills of mentors to build trust, service and support knowledge, community connections and increase overall wellbeing.

The concept of LGBTIQA+ mentoring fits within a broader, systems-based approach to suicide prevention and is part of a National Suicide Prevention Trial (the trial). The trial includes other initiatives in the North Western Melbourne Primary Health Network (NWMPHN) catchment area that built a targeted, holistic approach to addressing the rates of suicide and self-harm within the LGBTIQA+ community. These include: a LGBTIQA+ affirmative practice training program for first responders delivered by Thorne Harbour Health, a suicide postvention plan developed by Switchboard, an aftercare program delivered by Mind Equality Australia, and the development of a gatekeeper training model (Applied Suicide Intervention Skills Training or ASIST) specific to the LGBTIQA+ community by Livingworks. As outlined throughout this practice manual, LGBTIQA+ suicide prevention initiatives must adopt a whole-of-systems based approach that move beyond individualising or pathologising suicide, to address the key drivers that lead to increased suicidality.

The model for mentoring was initially envisioned by the LGBTI Suicide Prevention Taskforce, run by the NWMPHN as part of the trial. It was further developed by Drummond Street Services' queerspace, over an 18-month trial period. Through an active co-design process and reflective implementation model, changes made to the model reflected the recommendations from the co-design group comprised of LGBTIQA+ people and organisations, and the voices of those accessing the service.

The model developed from being two silos of *individual (Polaris)* and *family (A Place at the Table)* mentoring models, into one single adaptive model that holds the LGBTIQA+ experience as central to the work, supporting individuals, families and loved ones holistically.

Understanding Suicide in LGBTIQA+ Communities

Due to increased experiences of violence, discrimination, marginalisation and trauma, many people in the LGBTIQA+ community have experiences of, or care for loved ones who live with a mental illness and/or have experiences of suicidality (Waling et al. 2019). The research around LGBTIQA+ mental health is lacking, with inability to speak directly to the intersections of discrimination and risk. For instance, there is no data on the experiences or rates of depression in First Nations LGBTIQA+ people and for the reality that unless someone is "out", known and recognised as LGBTIQA+, their data will not be included in these statistics.

We understand, too, someone does not have to have a mental illness to be thinking about suicide. Heteronormativity and experiences of systemic, structural, and social marginalisation (including QTIPOC, people with disabilities, and more) can be traumatic, and can increase the likelihood of someone or a community having thoughts of suicide.

The *Mentoring Projects* work within a social justice framework that resists the individualising nature of suicide. When considering the rates of suicidality, as shared with the above statistics and rates of self-harm, and death in the LGBTIQA+ community, we always refer to the social context that surrounds our community, the structures of injustice and oppression, and the understandings of abuses of power as contributary (Reynolds 2012). Lauren Berlant phrases this as "slow death", describing the very conditions of living as 'the debilitating ongoingness of structural inequality and suffering' that is wearing down populations like LGBTIQA+ communities (2007).

With the limited data we have, it is still apparent that the rates of suicide in LGBTIQA+ populations are among the highest in the country. Those at intersections of experiences of racism and displacement experience even higher risk, such as First Nations populations and newly arrived migrants and/or people seeking asylum. The recent Private Lives 3 report (Hill et al. 2020), a study into the health and wellbeing of LGBTIQA+ people in Australia, found that up to 90% of trans participants interviewed had experienced thoughts of suicide, and up to 52% of people interviewed have attempted to end their life. Further studies have found that, in Australia, 16% of lesbian, gay and bisexual people have current thoughts of suicide. A survey of Australian people with intersex variations found that 60% of respondents had considered suicide, and 19% had made suicide attempts (National LGBTI Health Alliance 2020).

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Suicide Prevention in LGBTIQA+ Communities

As outlined in the previous section, there is limited data on LGBTIQA+ deaths by suicide, in comparison to general population statistics. This has impacts on the availability of funding, creating an unfortunate cycle—LGBTIQA+ deaths are under-reported among population suicide data, meaning that LGBTIQA+-specific suicide prevention activities are under-funded, resulting in lack of service availability for the community as a whole—despite service accessibility being widely reported as a protective factor of suicide prevention (Hill et al. 2020; LGBTI Health Alliance 2020; Waling et al. 2019).

Suicide prevention is often defined as a twofold approach to reducing suicide in communities; using primary prevention initiatives to reduce factors contributing to suicide, and secondary prevention intervention by enhancing protective, or positive factors in someone's life.

There are some challenges for a peer-support project to hold this remit, especially when viewing suicide through a public health model. As much as we would like to, as a single project we *cannot* dismantle systems and structures that cause harm by enforcing structural oppression, such as racism, transphobia, homophobia, ableism, ageism, classism, et cetera. The program staff understand these are key contributors to suicidality and harm.

Equally so, the challenging nature of working within a sector that is severely underfunded must be acknowledged. Whilst there is movement toward increasing the funding available to LGBTIQA+ specific services within recent years, it is a challenge to provide meaningful referrals to mental health support when this is short-term, not recurring, and only a small portion of mental health funding funds LGBTIQA+ affirming services and waitlists for these services can extend to 6-12+ months.

Navigating these realities, the *Mentoring Projects* sought to support people through providing community, connection, validation and celebration of identities, support in navigating the complex medical and mental health systems and, at times, more intensive support in the form of crisis response and case management. Each form of support offered is a form of life affirming care.

Peer-Work / Mentoring

What is mentoring?

We define mentoring as a form of peer-support and use the term peer-support synonymously with mentoring. For individuals, we identify mentors as community members with lived experiences in being LGBTIQA+; for families, as the loved one and active ally of someone who is LGBTIQA+. Throughout development of this project, we have found that our mentoring relationships have focused on connection and identity, which are outside traditional "mentoring" project approaches. Instead, the role of a mentor in this program is not to be a career advisor or therapist, but a positive community member, role model and peer.

Why Mentoring?

Many LGBTIQA+ people have poor past experiences of help seeking, which has developed distrust in services and barriers to engaging in programs. An appropriately matched mentoring relationship can assist in rebuilding trust, increase mental health literacy, encourage help seeking, increase social-emotional wellbeing, build protective factors that mitigate risks such as experiences of homophobia, biphobia, transphobia in other settings (family, peer and community connection creating arenas of comfort), building self-efficacy and a sense of mastery and individual and social life skills, at vulnerable times, such as coming out.

For further information on the project impact, outcomes, and activities – go to Appendix A (program logic).

Co-design Process

Drummond Street Services' co-production model informed the development, implementation, and evaluation of the *Mentoring Projects*. The co-production model privileges lived experience and participatory action before, during, and after the life of each program.
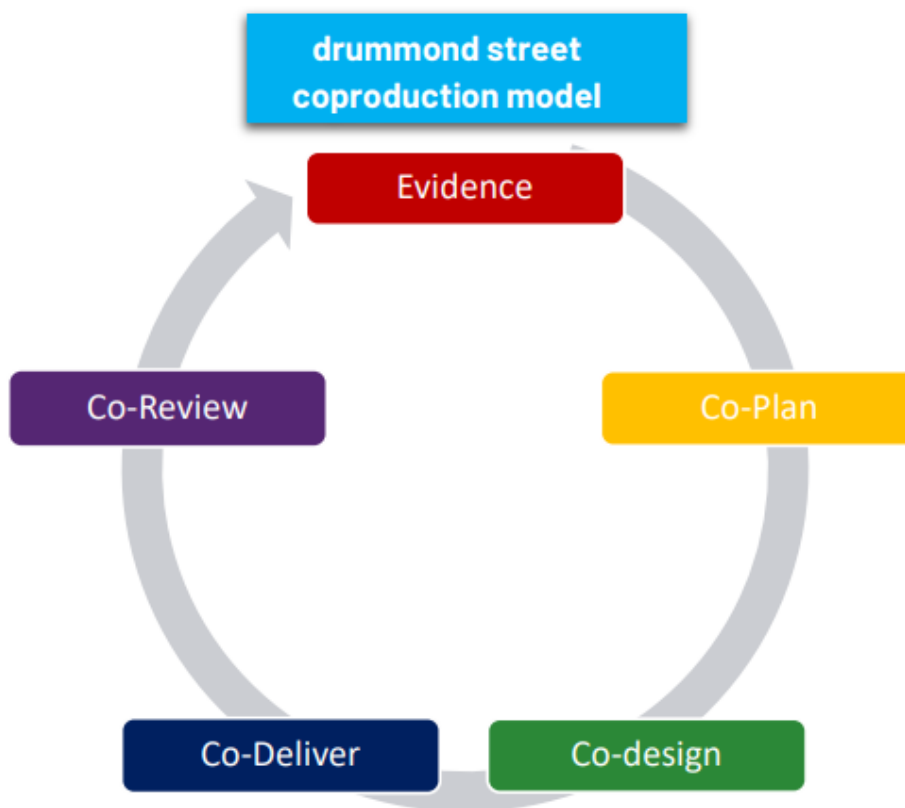
According to the literature, suicide prevention initiatives are more effective in preventing suicide, when incorporating lived experience through peer-support and co-design with communities and relevant stakeholders (Black Dog Institute 2016; Maple et al. 2018). Here, Beyond Blue strongly recommends moving away from a "top down" approach to one that is co-designed and owned by the community (Maple et al. 2018).

The components of the co-production model are outlined in brief here as it relates to the LGBTIQA+ *Mentoring Projects*. For further explanation on the above co-production model, and how it influenced the design of project, see 'Final Evaluation Findings – LGBTQI+ Mentoring Projects' (2020), developed by queerspace and the Centre for Family Research and Evaluation.

An important aspect of the co-design process is to ensure membership is representative of the LGBTIQA+ community, including its intersecting identities. Identities that are often marginalised within LGBTIQA+ spaces. At the commencement of the *Mentoring Projects* in 2019, we established three partner groups to continue the work of co-designing the project. These groups were inclusive of marginalised identities that ensured that their voices and ideas were prioritised in the development of the project. Our three advisory groups included LGBTIQA+ sector workers and those with a lived experience of service access, young LGBTIQA+ people, and First Nations LGBTIQA+ people. Additionally, it was important to compensate all advisory group members for their consideration and involvement in the process.

The LGBTIQA+ *Mentoring Projects* model centres the lived experience wisdom of LGBTIQA+ communities. It takes a strengths-based approach to nurture community resilience and self-determination. Like the co-design processes that generated the formative concepts for the NWMPHN trials, the stages and processes within Drummond Street Services' co-production model have been important in embedding the central values of the project in its implementation and evaluation structures. Our advisory groups met on a frequent, recurring basis to provide input to specific challenges and objectives within the program design – an example being the First Nations advisory group's input on the individualising nature of one-on-one mentoring. These types of valuable insights created a feedback loop of learnings and information, becoming integral to the *Mentoring Projects'* success.

The Model: 3 Phases of the Mentoring Projects

The *Mentoring Projects* model is broken down into three key phases. It is based on the journey of the LGBTIQA+ person (individual or supporting family member/s) and ongoing program development tasks, that occur concurrently throughout the program timeline:

<- Key Areas of Service Delivery ->		
PHASE 1 (recruitment)	**PHASE 2 (maintenance)**	**PHASE 3 (transition)**
Communications	Match made	Exit
Promotion	Mentor Supervision	Evaluation
Mentee Intake	Check-in / Case Mgt	Referral
Mentor checks	Evaluation	
Mentor training	Ongoing training	
Matching	Reimbursements	
Program Development		
Process evaluation	Reporting	Referral pathways
Advisory Groups	Budgeting	Risk/crisis response

These three phases of service delivery, as experienced by mentees and mentors, will be explored in the respective following sections '*Looking at the Mentee Experience*' and '*Looking at the Mentor Experience*'.

Key Areas of Service Delivery

There are several vital roles and responsibilities required for establishing a peer-based mentoring project. An integral part of these responsibilities is maintaining connection to the LGBTIQA+ community, where significant amounts of time, energy, and resources have contributed to establishing and running the *Mentoring Projects*. All staff who work on the *Mentoring Projects* are connected to the community via various intersecting identities (not as allies). The organisational context of the *Mentoring Projects* is outlined in the below section.

The *Mentoring Projects* is located within the wider queerspace team, part of Drummond Street Services. We work collaboratively with other areas of the organisation, including the Youth & Communities Team, Family Violence Response Team, and the Parenting Support Team. Managerial

support is provided from the queerspace and Youth & Communities management teams. We also work collaboratively with the sector, including other trial sites.

Staffing

The Mentoring Projects team is made up of three paid staff members and many volunteer mentors. Two employed as LGBTIQA+ Mentoring Projects – Project Coordinators (1.8 FTE) and one LGBTIQA+ Mentoring Projects – Practitioner (1.0 FTE), for additional client support.

The role of the **Project Coordinators** is to produce and oversee the entire program, from its co-design infancy to incorporating practice frameworks for intake, training, and ongoing mentor/mentee support. Tasks of project management nature are shared to promote opportunity for all team members to input and influence direction and values of the project. This fits in to the co-design principles outlined in previous sections. Project Coordinators share workload equitably, based on full-time-equivalent (FTE) hours. Tasks related to mentee/mentors in the program are shared with the Practitioner role.

A **LGBTIQA+ Mentoring Projects – Practitioner** works in collaboration with Project Coordinators, overseeing a case load of mentee/mentor relationships in the program. This involves providing support from the point of intake to matching and case management. All team members provide training and support to mentors, including ongoing supervision once matched. This process can be found in the *'Looking at the Mentee experience'* and *'Looking at the Mentor experience'* sections of this manual.

The below table outlines the responsibility of tasks to associated staffing roles:

Task	Responsibility
Project Management *(codesign, strategic direction, reporting requirements, funding, promotion, practitioner supervision, et cetera)*	*Project Coordinators*
Intake *(Mentee Intake, Mentor Induction, and screening)*	*Project Coordinators, Practitioner*
Mentee Support *(ongoing case management, risk assessment, administrative tasks, onwards referrals, advocacy, brokerage, evaluation)*	*Project Coordinators, Practitioner*
Mentor Support *(ongoing case management, risk assessment, administrative tasks, ongoing training, group supervision, evaluation)*	*Project Coordinators, Practitioner*

The most crucial staffing aspect of this program is our **Mentors.** Without these wonderful peers, volunteering their lived expertise to hold space for members of our LGBTIQA+ communities, the program is purposeless. Volunteer work may be rewarding, purpose-building, and a way to recirculate community support, but it is also free labour. It is the responsibility of paid staff of the program (Project Coordinators and the Practitioner) to support mentors to do the work they do. This means recognising the highly valued skillsets mentors bring and task loads they carry in doing this. We are supportive of all levels of mentor engagement, regardless of status in relation to mental health and suicidality, following the processes and inclusion set out below under '*Looking at the Mentor Experience'*.

Looking at the Mentee Experience

Phase 1: Engagement of Mentees

Engagement of mentees in the program involved several preliminary promotional activities, such as attending key community events at Midsumma Festival and networking with key contacts to build referral pathways. After this preliminary promotion phase, that fed into how the service would work, we established an online expression of interest form where people could sign up to the program (more below).

It is important that the program is accessible. This is a constant work in progress, open to and actively seeking feedback from the communities the service is built to reach. Reaching community also involves conducting affirmative outreach: a targeted and proactive approach that seeks to connect with and support engagement of community members who are often left out of or left without service opportunities, like First Nations, disabled, intersex, migrant, refugee and/or asylum seeker folk and QTPOC. This means thinking about the safety the program is committed to, to engage people who are marginalised by such systems, otherwise resulting in gaps of engagement because of service inaccessibility.

Communication and Promotion
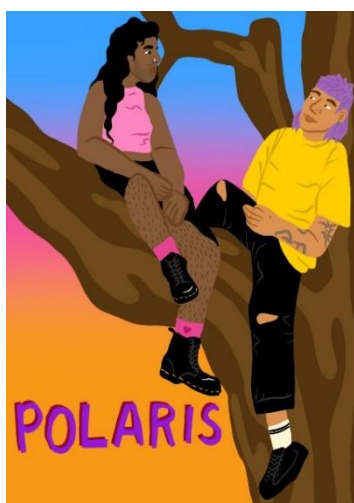
Figure 1 - Individual Mentoring   *Figure 2 - Group Mentoring*   *Figure 3 - Family Mentoring*
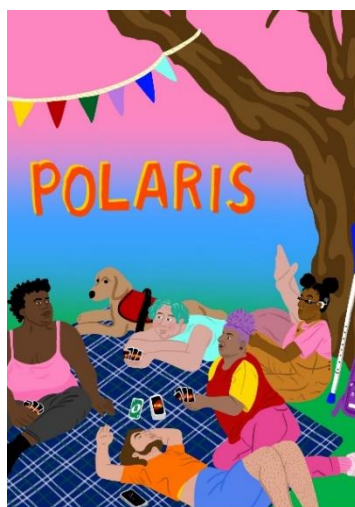
Our partner groups determined, as a community-based program, it is important various intersecting identities are represented in all promotional material. The above illustrations were completed by an independent artist who identifies as part of the LGBTIQA+ community (Ruby Allegra) who was paid for their expertise, time, and work in creating our promotional material.

Mentee Intake, Case Management and Ongoing Support

The below image outlines the mentee intake process in its current form.
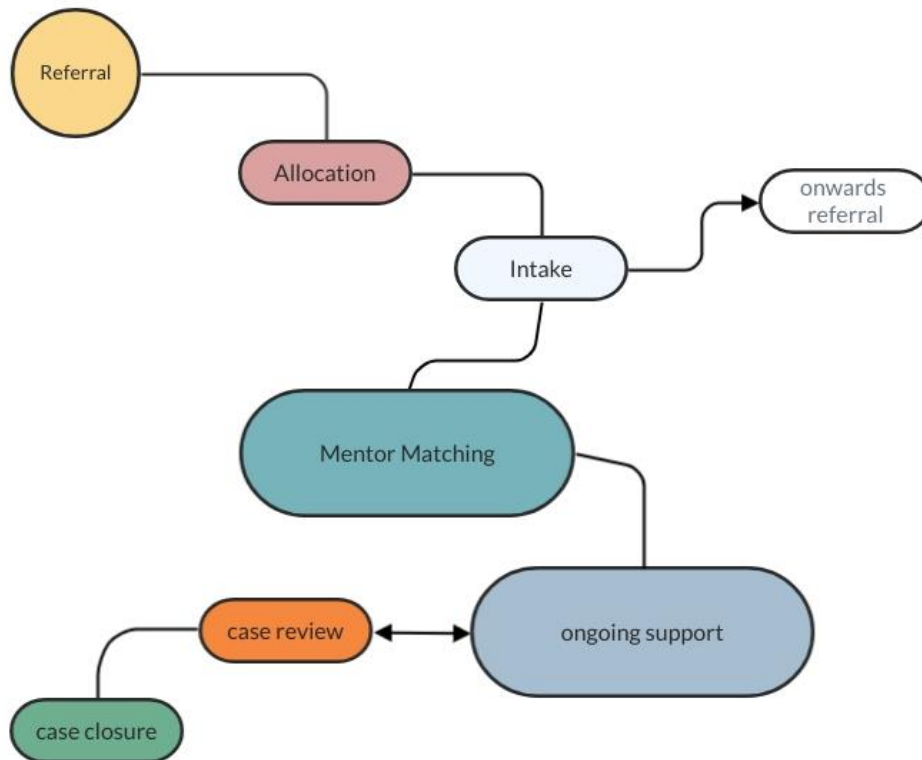
Expression of Interest

People who are seeking mentoring can express interest in the program via an online form which requests basic identifying and contact information.

> *Note: to ensure the signup form is inclusive of all LGBTIQA+ identities, it does not require or ask for "legal" or "birth" names or assigned sex at birth. It also provides text space for people to self-describe their gender and sexuality (rather than a tick-box list), to welcome in a diverse range of identities. Text space is also provided for access needs and safety considerations to make further contact.*

The use of an online form is intentional, as it allows people who are not "out" or are living discreetly to access the program. Project staff ask what methods of contact are safe for this person before engaging further and use non-descriptive language of the project until level of risk is established.

New referrals collected through this form are placed on our waitlist and divided between staff on a weekly basis, depending on a range of factors:

- Case load capacity for new intake
- New client boundaries and community proximity (i.e., Project staff do not intake or support people they know personally or through other professional roles)

- Project staff boundaries (i.e., new intake's identity or history includes themes that may be challenging for the Project staff to hold).

Intake and Assessment

Intake assessments are conducted by Project staff, either in person, virtually, via phone call, or email and take between 30-60 minutes.

The intake and assessment process are often one of the first times that the mentee will share their experiences with a support service (if at all). We approach these conversations in a way that avoids a Q&A or ticking a box, but rather creates a conversational space to understand the experiences of the mentee, to create a safer and more inclusive environment. This could include exploring how the mentee identifies, what these identities mean for them in their life and in accessing the *Mentoring Project*.

During the intake appointment, the Project staff introduces themselves, the context or purpose of the intake conversation, and asks questions which include:

- Name and pronoun/s
- Identities including, but not limited to; gender, sexuality, disability, faith and/or religion, ethnicity and/or ancestry, et cetera, and what this means for the mentee.
- Presenting needs and themes, including preference in mentor and scoping support options in tandem to the *Mentoring Project*
- Current and historical mental health information, including experiences of suicidal thoughts and behaviours.
- Social and community supports and connections, including employment, study, living arrangements, relationship to biological family.
- Current or historical trauma or risk factors – i.e., family violence, recent separation, childhood trauma, experiences of discrimination from systems/structures due to racism, transphobia, homophobia
- Disability and service accessibility requirements (e.g. – physical accessibility, but also considerations around crowds, noise, lights, environments et cetera and ways that staff can support accessing the project)
- Demographic information: living in Public Housing, ancestry, faith, or religious groups.

Intake processes also involve administration tasks including:

- Registration of the individual/family on the electronic client record management system (CRM)
- Sending mentee consent forms and links to evaluation
- Adding email addresses to relevant internal mailing lists

To assist with rapport building, the staff member who completes the intake process will generally continue to hold the mentee as part of their case load (unless a conflict of interest is found, per above).

Following intake, the staff member will provide referral support if and as needed to additional services and provide the link to mentor and/or mentor group.

Mentor Allocation

Prior to matching with a mentor or mentoring groups, the following considerations are made:

- Risk assessment – if risk is present: whether the mentee is safe; whether the mentee would be safe engaging with mentors and other mentees (as relevant); and whether the risks and mentee needs exceed the expectations of a volunteer mentor to hold.
- Suitable mentors who meet the themes identified by mentees (i.e., skills, identity, community connection, family).
- If mentee needs can be safely included in the program or if they are more suited for therapeutic work, first or concurrently.

If a mentee is not matched or is needing a higher level of support, the staff member will have more frequent contact. Matching can take time, as it is dependent on the above factors of compatibility as well as mentor availability. This expectation of the program should be transparent from the outset and monitored post intake.

Mentor Matching Meeting

When a mentee is matched, the Project staff will support both mentor and mentee in the initial engagement, attending this meeting to provide information on expectations and guidelines for the match. Some topics that we cover in the first meeting are:

- How regularly will you meet?
- How best to contact each other between meetings: e.g., text, email, phone calls, and frequency
- What happens if the mentoring doesn't feel good (contact Mentoring Team)
- Money for mentoring activities ($40 per catch up, receipts needed)
- Setting goals for mentorship – what are some things that you want to get out of mentoring? And what are some things that will help achieve these goals?

These questions help set boundaries through careful considerations around contact between mentor and mentee. They provide an opportunity for clear, direct communication moving forward and provide a reference point for goal setting.

The Project staff will also check in following this meeting to find out if the match felt safe, comfortable, and useful. The Project staff will continue to check in with the mentee every 2-3 weeks to touch base and check in on mentoring activities and catch ups. This timeframe might shift as the match progresses, so it is also important to check in on frequency.

See Phase 1 of '*Looking at the Mentor Experience*' for more information on how this coincides with mentor journeys, throughout this stage of the program.

Mentoring Groups

In addition to one-on-one mentoring, a key aspect of the *Mentoring Projects* is development of group mentoring spaces. These spaces have become an important part of the project by providing: multiple sites of connection (mentor-mentee, mentee-mentee and, also at times, mentor-mentor); meaningful

and affirmative spaces for social connection, which many of our mentees and mentors felt was lacking in their life; and, finally, mentoring groups seek to challenge the "expert/student" binary that exists in many typical mentoring relationships, as support is provided and exchanged laterally through many sites of connection. The group spaces typically include up to five mentees, with one mentor. The size of the group may fluctuate based on need and mentor capacity.

These groups are mentor led and have been formed based on identity or by skill. The number of active groups or their makeup, has fluctuated over time as they are created and closed, based on the needs of the mentees who are active in the program. When a group is created, it is usually in response to a particular theme, need, or experience. For example, people of Transfeminine experiences looking for peers to support safety and affirmation in their transition, such as buying clothing or accessing public spaces and social events; Lesbian, Bisexual, Gay and/or Queer people who have come out later in life; Queer identified people wanting social conversation and access to Queer representative media content, such as Queer TV shows; and more. These particular groups were determined based on common experiences shared across mentees, as discovered during the point of intake. By addressing this need among our mentees and mentors, we aim to create sustainable connections to the LGBTIQA+ community. Closing groups does not mean they cannot be reopened later down the line, as we understand that this need is not unique to the mentees and mentors involved at the time and can fluctuate throughout intake periods.

Group structure

Typical group sessions are run by mentors with support from project staff, as needed. Content is ultimately guided by the group (mentees attending) and kept as casual as possible, to reflect community and peer-support approaches. All groups involve the following elements:

- A 1:5 ratio of mentor to mentees
- Time at the start for everyone to introduce their name, pronouns and maybe an ice breaker activity
- Mentors holding the group space, present throughout sessions to guide conversation and activities that foster peer-connection
- Making sure everyone knows the space, facilities and feels comfortable accessing them
- Establishing and maintaining group agreements
- Arriving slightly earlier and leaving slightly later to meet and greet mentees
- Brainstorming future group plans, responding to the needs of mentees attending
- Minimising risks through planned risk management
- Notifying project staff of any concerns at the next appropriate opportunity

The mentoring groups have provided social connection, support, resources, and key links to the community. They can also provide a safer space for everyone to just hang out, engage and create connections with other people, who may share a similar lived experience to them, which is equally as powerful. These groups were particularly relevant during periods of increased COVID-19 restrictions, as many members of the community were increasingly isolated.

For more information on how mentors are involved in the group spaces, see the *'Looking at the Mentor Experience'* section.

Phase 2: Maintenance of Mentee Relationship

Ingredients to Effective Mentorship:

An appropriately matched mentoring relationship can assist in rebuilding trust, increase mental health literacy, encourage help seeking, increase social-emotional wellbeing, build protective factors that mitigate risks, and provide vital support networks at vulnerable times, such as coming out, moving to a new city, and transitioning. The *Mentoring Projects* have provided several key learnings to ensure a successful mentor relationship:

- *Time:* For many mentees who have distrust of the Mental Health service system, or are newly discovering their identity, having space to connect with a mentor without being limited to the number of sessions (as commonly found in counselling practice that offer 6-12 sessions) has been beneficial in maintaining a strong sense of connection in the mentoring relationship.
- *Contact:* Between mentee and mentor, direct contact sets a tone of autonomy and allows the mentoring relationship to be flexible to the needs of each person.
- *Trust:* A trustworthy mentoring relationship that centres confidentiality, boundaries, acknowledges hierarchy and power difference can assist in creating safer connections.
- *Connection:* Not all mentoring relationships will work, as there is such a diversity in experiences, and the LGBTIQA+ community is not one homogenous group. Matching mentees and mentors rely on multiple factors including personality, geographical location, and interests, as much as any shared experiences.
- *Affirmative environment:* Mentees are often in need of an affirmative space to ask questions, learn, reflect on their own experiences, and unpack how they fit into the world – especially when considering the influences of a cis, hetero-patriarchal society on gender and sexuality.
- *Organisational context:* As discussed in other areas of this program manual (see '*Additional Program Considerations'*), the location of this program within an LGBTIQA+ identified workforce and service has created an additional layer of safety and is a protective factor that contributes to reducing the risk of further marginalisation. This ensures that mentee needs are understood in the context of service access.

A key component of an effective mentoring relationship is acknowledging that not all mentee's experiences follow the same linear journey. Our hopes are that we can provide sustainable and adaptable support, which assists in reducing risk factors, but this is not intended to 'fix' or 'solve' the experiences that the mentees are experiencing. We know people won't always get 'there', however, we can increase the mentee's feelings of safety, belonging, and connection, whilst navigating their journey.

Case Review Process

Periodic reviews throughout the mentoring relationship may indicate that the mentee/mentor may require additional support (stepping up) or that their support needs have decreased (stepping down).

The following questions are regularly considered in collaboration between the mentee, mentor, and project staff to inform the case review process:

- What supports are already in place, including external service, protective factors, help seeking etc.
- What are the red flags – risk factors, isolation, family violence, housing, financial stress, etc.
- What other supports do we need in place - e.g., can we share risk with other parts of queerspace (family violence case management, single session work, individual support)
- What were the original needs/goals that the mentee wanted to achieve? How is the mentoring relationship supporting these?

Step Up / Down Support

The Project staff will be a point of contact and support the mentee throughout their engagement with the project, and this role may fluctuate between regular check ins and higher-level case management referral support, depending on the mentee, and how their needs change throughout their engagement with the project.

Throughout COVID19, mentee support increased, and financial brokerage was provided as needed to mentees who were experiencing further risk of housing or food unsafety due to loss of work etc. This is also discussed below, under *'Additional Program Considerations'*.

Increased support needs required a step up/down approach where mentees and mentors, alike, could "step up" to access single session counselling through queerspace or coordinated case management. Likewise, mentees and mentors could "step down" to continue regular mentoring engagement one-on-one or in group spaces. Note that being stepped up does not preclude one-on-one or group engagement, if it is suitable for both mentor and mentee.

Referral to queerspace for Single Session Counselling

Internal referrals to queerspace for single session counselling occur by Project staff discussing the case with their supervisor, before making a referral to the allocations team with brief contextual information. The allocations team then allocates the client to an available practitioner, usually someone with a cancellation or available session that day or within a reasonable timeframe. This might be available at different sites across the organisation and through various mode of delivery including online or in person. These sessions are at no cost and available to both mentors and mentees. Single sessions are not intended to be ongoing. If ongoing support is required, Project staff are to discuss options with mentor or mentee such as internal referral for ongoing counselling or external referral to suitable supports.

Phase 3: Transition Out of Support for the Mentee

The *Mentoring Projects* have a fluid approach to mentorship timeframes, as a live response to mentee needs in the program. This does not place an expectation on the mentorship, that it continues indefinitely or has no end date; rather, it is about considering the original goals of the mentee being met. Key moments to look out for, that might indicate it is time for mentees to transition out of mentorship support are catch up frequency, moments or peak periods passing, change in capacity, and direct feedback.

For example: a mentee signs up to the program wanting to connect with a mentor who reflects their identity as trans and can mentor them alongside accessing surgery. The relationship is built around this support seeking, throughout surgery, and afterwards where Project staff contact has been present throughout. The mentee has not necessarily indicated they are wanting the mentorship to end, but the Project staff has noticed contact with their mentor is becoming more social and less orientated to the original goals of journey support throughout surgery.

When mentorships reach this stage or it is time to review engagement against original goals of the mentee, the Project staff should check in with the mentee and have a conversation about whether it is time to transition out of the program and what this requires. This might mean slowly reducing contact over time, exploring if there are any further goals needing to be met (inside or outside the program with onwards referral), or agreeing to the terms of formal support ending.

Phase 3 of '*Looking at the Mentor Experience'* for more information on how this coincides with mentor exit journeys.

Looking at the Mentor Experience

Phase 1: Recruitment of Mentors

Mentor Recruitment, Training and Supervision

Mentors are LGBTIQA+ community members or family/loved ones of LGBTIQA+ people who are willing and able to provide peer-support within community. Mentors are not required to have specific "skills" or "experiences" outside of navigating their own experiences of LGBTIQA+ identities and/or that of their loved ones.

Mentors are provided with training, which incorporates and clarifies boundaries and expectations in their roles, child safety training, recognising, and responding to thoughts of suicide, and an understanding of power, privilege, and the intersecting experiences of discrimination LGBTIQA+ people might face.

Mentors are encouraged to seek support through the Project staff throughout the term of their mentoring and receive supervision and debriefing as needed.

Mentors are expected to engage with the person they are mentoring for a period of up to 12 months (this is flexible) with an expectation of roughly two to four hours a fortnight. Engagement activities can range in form from one-to-one catch ups to group events, or skill-share workshops. Throughout the trial of the *Mentoring Projects*, it was observed that many mentor relationships did not need to run for the course of 12 months and, in fact, often had natural end points upon completion of the identified goal/s.

In recruitment of mentors, Project staff aim to engage with people who did not necessarily see themselves as "professional" or "expert" in any discipline. Instead, the *Mentoring Projects* actively encouraged people with a range of lived experiences, experiencing different or intersecting experiences of marginalisation, to be mentors.

The purpose of this is two-fold: firstly, to remove the assumption that employment is the only means of expertise and skills; and, secondly, to promote and support mental health outcomes for people who are already mentors, peers, and leaders in community. This serves to validate the strengths and skills that come from LGBTIQA+ survival at the point of multiple intersections.

Project staff maintain active contact with mentors throughout mentoring, recognising, and acknowledging the cause and effect of using lived experiences as a point of reference in peer-support. This contact provided check-ins, supervision, debriefing, case management, and support to mentors as needed.

The below image outlines the mentor recruitment process in its current form.
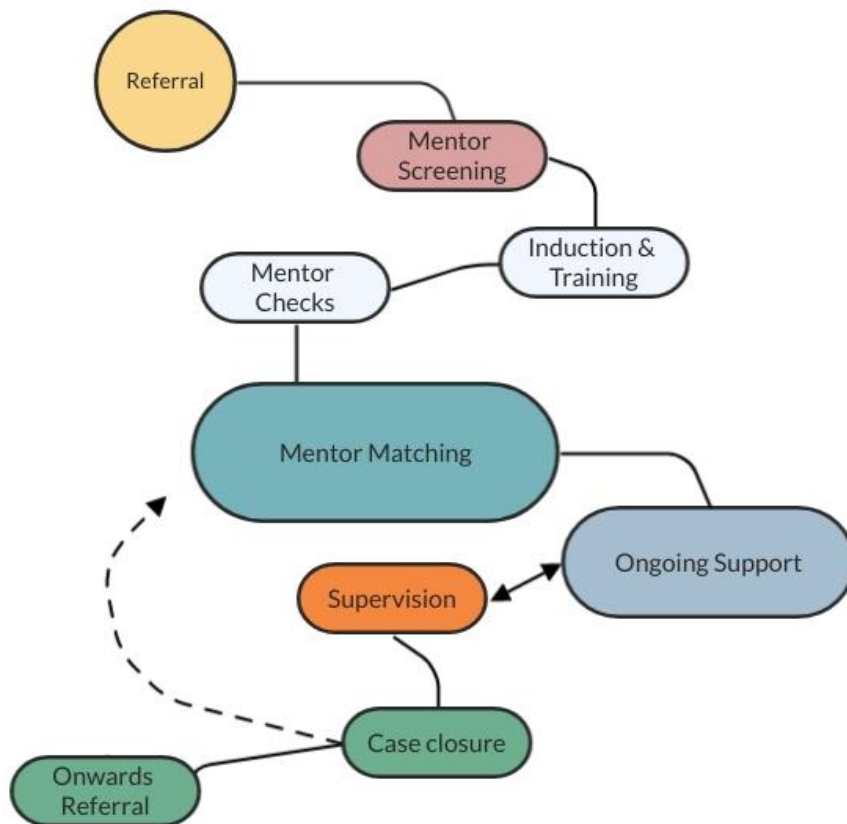
Step 1: Mentor Self-refers Into the Project.

Mentoring is voluntary and people need to self- select to participate. Project staff assertively promotes the need for Mentors in key networks including social media groups, particularly when seeking mentor uptake from specific identity groups.

Potential mentors are directed to the *Mentoring Projects* position description and application form, via the queerspace website. For further information, see *Appendix B – Mentor Position Description* and *Appendix C – Mentor Sign up questions*.

Step 2: Mentor Screening

People interested in becoming a mentor are asked to complete an application form which is a screening tool that asks them to reflect on their values, identities, positions of privilege in the LGBTIQA+ (and mainstream) communities, boundaries, attitudes to mental health and suicide and understanding of peer-support (*Appendix C – Mentor Sign up questions*). This screening aims to provide Project staff with relevant information to pre-determine if:

a) the person is suitable for mentoring (aligning with the position description, *Appendix B – Mentor Position Description*; and

b) if their experiences/identities/skills are currently sought by the mentee community prior to engaging the person in mentor training.

Given that mentors provide support to mentees unsupervised and out of staff hours (such as weekends), this screening process must be approached by staff with diligence. As a Child Safe organisation, Drummond Street Services abides by the Child Safe Standards (Commission for Children and Young People 2018) in all aspects of our volunteer recruitment, training, supervision, and have implemented several policies in reference to Mandatory Reporting requirements.

The screening aims to draw out attitudes and values, and not everyone who applies will be considered appropriate for mentoring.

If the person is appropriate for mentoring, Project staff contact them to arrange training and induction. Applicants are, otherwise, informed that their support is not needed at this time.

Step 3: Mentor Training and Induction

The key goal of mentor training and induction is to induct the new mentor into the project. By having completed the above mentor screening questions, staff should have a good idea of the potential mentor's values and approach to mentoring by this stage.

This training is provided on an as-needed basis (determined by the needs of mentees in the program) and is facilitated by Project staff, either in small groups or one-on-one with the new mentor. Training runs for approximately one to one-and-a-half hours either in person or on ZOOM.

Training can be adjusted to meet learning needs; for instance, information used in the session can be provided prior for reading, participants can attend solo, any interpreter costs are covered, and so on.

Content of training includes:

- Background to the project and context setting around LGBTIQA+ experiences of mental illness and marginalisation.
- Clarifying *Mentoring* and *Peer-Support,* including roles and responsibilities
- Exploring Mentor boundaries and expectations in mentoring
- Explaining reimbursement policy, child safety policy and obligations, and other organisational procedures
- Using pre-established case scenarios to unpack, explore and respond to a range of support needs, including supporting:
  - people who are trans and gender diverse
  - young people
  - people with disabilities
  - people who are not yet out to their family
  - people who struggle with maintaining boundaries
  - people who experience suicide or self-harm
  - people who are not LGBTIQA+ identifying but part of the program, such as parents

- the safe navigation of care and crisis responses
- mentor mental health, boundaries and supports.

It may be determined that a prospective mentor is not appropriate for the program, even after completing training and induction. This should be discussed with the team and line management, as appropriate.

Step 4: Matching Mentors with a Mentee

First and foremost, Project staff must check that the following processes are complete by the mentor prior to commencement of matching meetings:

- Ensuring that Child Safety & Code of Conduct documents are signed and understood by mentor.
- Ensure that mentor has completed Police Check & Working with Children Check
- Ensure mentor has completed a Statement by Supplier form, for activity cost reimbursement.
- Ensure provision of the Mentoring Toolkit.
- Promote conversations around:
  - boundaries,
  - frequency of meetings or communication,
  - who to contact if there are issues/concerns/grievances,
- Mentor to complete "Mentoring Activity Log" (See *Appendix D – Mentor Activity Log*)

Once training, induction, final paperwork, and processes are complete, Project staff discuss the needs of unmatched mentees in the program and suitability of available mentors to match with. Things to consider in this discussion are identity, interests, location, availability, boundaries, and so on.

If an appropriate match is available, contact is made separately to both mentor and mentee by the Project staff to give a brief non-identifying description of each person and discuss initial thoughts on suitability of the match. It is crucial to de-identify this information as much as possible, noting the size and proximity of the LGBTIQA+ community and possibility of past interactions. If this becomes a concern, it should be flagged with both parties to give adequate information to opt in or out of the match.

If both parties agree to being matched, Project staff organise an initial session for the mentor and mentee to meet in-person or via Zoom, phone, or email. It is the Project staff's responsibility to manage expectations of the mentorship for both mentor and mentee, by attending the start of this first session to introduce the pair and give guidance and support for this, such as providing introductory prompts.

See Phase 1 of *Looking at the Mentee Experience* for more information on how this coincides with the mentees journey, throughout this stage of the program.

Mentors Running Group Spaces

As outlined in the *'Looking at the Mentee experience'* section, Mentoring is not limited to one-on-one connection. There have been several group mentoring spaces throughout the lifetime of the project, primarily focused on shared identity or building new skills. Each group is different in size and format,

although we like to keep the ratio of mentees - mentor at a maximum of 5:1, this may vary based on need and mentor capacity.

For mentors, the involvement in group spaces is much the same as one-on-one mentor matching with a few additional considerations:

- Mentors actively draw on, and encourage, mentee to mentee connection. This helps mentees to build additional connections within the LGBTIQA+ community. These points of connection empower mentees to support each other and contribute to community-based peer-support.
- Mentoring groups require slightly more logistical support from the project staff, (e.g. – booking venues, coordinating supplies, etc.).
- Depending on the size/format/structure of the group, mentors generally contact mentees directly (with consent) to plan for group sessions. As multiple people are involved, we have found it best for mentors to establish rules and expectations of group communication with the group, to find what works best (e.g. – group chat on WhatsApp, making plans with project staff and then relaying that information to mentees via text message, etc.).

Mentors running group spaces is a live process and requires project staff to be switched on to the needs of both mentors and mentees holding these spaces, just like that of one-on-one connections. This will eb and flow, with some groups running mostly independently of staff support and others requiring a more hands-on approach.

Phase 2: Maintenance of Mentoring Relationships

Structure of mentoring sessions: each mentoring session is unique and guided by the mentor and mentee, but initial sessions always start with the topics set out in *Mentor Matching Meeting* under *'Looking at the Mentee Experience'.* From here, the mentor and mentee usually pre-plan activities for their future catch ups, aligning with the agreements and goals discussed in the first session. Agreements might be having a 2-hour catch-up every fortnight with some text contact in between, to organise this. Activities might be researching accessing HRT together, going bowling, sharing skillsets of interest such as painting, DJing, skateboarding, and so on. Sessions should involve time to check-in with each other, about life and mentoring, as is comfortable for both people.

Mentor Support and Supervision

LGBTIQA+ communities are highly experienced in turning to each other for support, for many reasons we have already described that pertain to queerphobia, transphobia, racism, ablism, status discrimination, whorephobia, and more. A recent study, the 'Lean on me' report (Worrell et al. 2021), recognises this as a vital form of peer-support in suicide prevention and mental health that 'can literally save lives', but it also produces significant burnout for the community. The report went on to make several key recommendations of structural change that will assist in reducing the impacts of burnout on peer-supporters. Many of these recommendations align with the forms of supervision that we provide to our mentors; however, it is important to acknowledge that a key driver of burnout in this setting is the over-reliance of peers in a crisis, which adds to the complexity of our work (this is further explored in the 'additional program considerations' section of this manual).

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In providing supervision to mentors, some guidelines include:

- Checking in after the first session, to get feedback on the experience and determine if the match continues (co-occurring with mentee check ins)
- Regular sessions to support, unpack, upskill, and explore the mentor's experience of providing peer support. This can include informal conversations, or scope for attending more formalised peer-education spaces.
- Group supervision for mentors to connect and share their experiences with other peer mentors.
- Logistical and emotional management of the mentorship (for example, organising receipt reimbursements; making onwards referrals; etc.)
- Monitoring log-forms filled out by the mentor after mentoring sessions, noting any flags of concern or reimbursements that might need attention. See Appendix D – Mentoring Log.
- Closure of the mentorship

Each mentorship lasts for different durations with typical lifecycles occurring for between three to twelve months. The length of a mentorship is indicated by goals set by the mentee, so it is important that Project staff review this regularly to make sure the match feels worthwhile for both parties. Similarly, mentors have varying levels of experience and confidence in providing support, therefore each mentor has their own supervisory requirements and needs.

Mentor Reimbursement and Budgeting

Mentors are provided an approximate monthly budget to cover the costs of activities during mentoring, such as meals, tickets, drinks, transport, and so on. This monthly amount is proportionate to forecast program engagement and the programs overall activity budget. Mentors are informed of this during induction and provided a Statement by Supplier form to enable them reimbursement from the company. Reimbursement is provided on the provision of receipt to Project staff and can be via bank transfer or petty cash, where available. It is also possible for mentors to request that Project staff organise and pay for activity costs ahead of mentoring sessions, where available.

Phase 3: Transition Out of the Mentoring Projects for Mentors

Exit

*Me*ntors may stay in the program for multiple mentorship matches or they may exit the program for typical reasons, like closure of mentorship (more below), change in capacity, or misconduct. In cases of change in capacity or misconduct, it is vital that Project staff follow the necessary steps to support mentees, as well as observe and action the requirements of relevant policies, procedures, and legislation to address this.

Closure of a mentorship is typically for reasons such as mismatch, natural completion, or the mentorship evolving to friendship. Some mentees graduate to become mentors, but this does not preclude closure of the mentorship. Examples of this are:

- *Mismatch*: after the first session or so, one or both parties express this to you or stop making plans to catch up. See also: *'Program challenges, changes and growth'*.

- *Natural completion*: a mentee may have a specific event in their life that they want support with, like coming out or surgery, and express not requiring mentoring beyond this event.
- *Mentorships evolving into friendships*: this is typically once an event passes or where both mentor and mentee agree to conclude the formal mentorship and continue a friendship. It is important that Project staff thoroughly check in with both parties, when moving away from support of the program, and encourage establishing the terms of the friendship, like when establishing the mentorship. Both parties can re-engage with the service at a later stage, independently, if required or given support options should they need this.
- *Mentees who graduate to become mentors:* as mentoring can be cyclical and our peer-support model harbours the co-existence of shared or mutual support, it is not uncommon and ideal when mentees express interest in becoming a mentor. Project staff are to support the mentorship throughout this process, as a unit and as individuals comprising the unit, to simultaneously continue connecting with their mentor and offering mentoring to others, as is suitable.

Referral for Additional Support

The *Mentoring Projects* place strong emphasis on the requirement for our mentors to have a lived experience of LGBTIQA+ identity or proximity in the case of family. Because of this, we acknowledge our mentors often face the same barriers and challenges in the social determinants of health as the mentees involved. As such, it is imperative to include mentors with varying levels of capacity, unlike more common experiences in mainstream peer-support models (such as AOD, Mental Health, Eating Disorder sectors) that place importance on the notion of "recovery" to be eligible to participate.

To ensure our mentors felt supported and our program adopted a trauma-informed approach, mentors are eligible to receive the same priority support as mentees, in line with our risk management and ongoing support frameworks identified in Phase 2 of *Looking at the Mentee Experience* under the section '*Step Up / Down Support*'.

Mentor Acknowledgment

We love you! Lush bath bombs for everyone*!

But seriously, the mentors who have been a part of the *Mentoring Projects* to date are the most amazing people. From them, we have learnt so much, been humbled by their generosity, found ourselves immersed in their amazing reciprocity and sense of community, and bared witness to some truly incredible moments of mentoring support.

*All this means, is find a way to thank them. This was our way, sending a little gift of thanks with each mentors' permission, via post with a thank you card, to show our deep appreciation. We also make effort to show our thanks, a lot, in other ways like actually just saying thank you – verbally, in an email, a text, whatever.

Additional Program Considerations

Adapting to the COVID-19 Pandemic

Moving Mentoring Online

In response to COVID-19, the *Mentoring Projects* moved to online platforms to support physical distancing requirements. This included groups, families, and individual mentoring. The main platforms used for this were ZOOM, email, or phone.

Groups that previously met in person were moved to ZOOM, with some seeing an increase in participation and some not being possible in an online setting. For example, one of our trans and gender diverse groups spiked in participation from younger participants who had previously not been able to attend the group due to access issues, such as distance, safety and/or comfortability. Another example was needing to put our QTPOC group on hold, because in person contact and activities were so central to this groups function and online platforms reduced people's ability to engage for the same reasons as other groups increased.

Brokerage and Additional Support

Brokerage has been vital for people accessing this program, particularly during COVID-19, due to the disproportionate experiences of disadvantage that LGBTIQA+ people face. The impacts of COVID-19 exacerbated the need for brokerage support due to family violence, housing insecurity, financial insecurity, relationship breakdown, job loss, and access to government or other organisational supports, to name some reasons.

Additional support is also required for these reasons, particularly in peak periods of significance like coming out, during transition, fluctuating mental health and experiences of suicidality, holiday periods, and so on. We have implemented a step up/down approach to this, where mentors and mentees engaged in the program are able to access additional support, as described under Phase 2 of *Looking at the Mentee Experience.*

The Impacts of COVID-19 on People in General

The impacts of COVID-19 were sudden and are ongoing. This included experiences of unsafety and violence at home, physical and mental illness, material uncertainty, suicidality, job loss, housing insecurity, displacement, deportation, and more. It has resulted in increased crisis case management support requests by mentors and mentees of the program.

The added fluctuation of lockdown periods had its own impact, being a Victorian State based program which experienced some of the most abrupt, lengthy, and harsh lockdowns. This reduced the agency and confidence of people to change their situation, whether that be unemployment, finding housing, leaving family violence, and so on. These lockdown periods were also administered disproportionately to communities already experiencing structural disadvantage, such as the Housing Estate lockdown. COVID-19 has taken focus, attention and urgency from important work being done to address structural abuses like these, as well as slowing the momentum of movements like Black Lives Matter, distracting

from such movements being headlined. Furthermore, COVID-19 revealed existing service and policy gaps that leave many people ineligible to receive support, such as international students and people with refugee or asylum seeker status.

Throughout this, the program supported lockdown measures and turned its efforts toward checking in with mentors and mentees to ensure they had access to masks and understood changing restrictions, as well as provide material and brokerage support where available.

Project Challenges, Changes and Growth

Mentor Recruitment Challenges

An ongoing challenge in this project has been ethics of volunteer mentorship. For some people volunteering is a way to "give back" to your community. However, the act of offering time and service derives itself from privilege – having time, capital, and capacity to *give back*.

For many people who exist within the LGBTIQA+ community, and particularly those further marginalised by other points of discrimination (i.e., racism, colonisation, ableism, ageism, etc.), this privilege has not always been afforded.

Within the LGBTIQA+ Mentoring Projects, we actively recruit volunteer mentors who share experiences with mentees (e.g., Identity, cultural background, belonging to same community etc.). Matching individuals from these groups with people that share identities has been critical, however finding people able to mentor has been challenging. Additionally, asking people to volunteer time, rather than pay them for their expertise and knowledge is complicated, especially in the context of asking them to provide LGBTIQA+ affirmative mental health support to people in the context of a deeply underfunded and under-resourced system.

These points of tension create a unique set of challenges, which have been echoed in social justice and racial equity organisations in recent years. Sue Carter Kahl (2020) talks about how volunteerism can reinforce patterns of power and privilege, by centering the experiences/comfort of volunteers over the needs of the participants.

Some ways that we have worked towards challenging the power and privilege of volunteerism include:

-   Only recruiting mentors that meet the needs of a particular mentee.
-   Letting potential mentors know that a good fit/match is important, and matching happens on an as-needed basis. This might take time and result in months passing before a mentor is connected to a mentee.
-   Mentors leaving professional experience and 'knowing' at the door, valuing lived experience.
-   Introducing concepts of reflection and self-awareness within our mentor training and induction, which remain a priority throughout the mentoring relationship.
-   Having defined mentor responsibilities and setting boundaries around the types of support that mentors can provide. While this 'professionalises' volunteering, it also creates responsibility for mentors to contribute to meaningful change.

Tips and Recommendations

Building and maintaining engagement with mentors

Tips we can offer to build and maintain engagement from mentors draw from forming genuine community connections. These connections sometimes click easily where there is community trust and people are willing to sign-up to be a mentor from simple promotion of the program; building relationships in LGBTIQA+ communities can also take time, for the same reasons. We recommend taking an affirmative approach to mentor engagement, where promotional material, program staffing, policies, sign-up processes, volunteer position descriptions, advertising, and any assertive engagement is conducted by LGBTIQA+ identities and reflects the values of the program as set out in this manual and Appendix B – Mentor Position Description. Also, see **Mentor Acknowledgement***.*

Maximising compatibility between mentors and mentees

Staff forming strong relationships with both mentors and mentees will maximise compatibility between matches, because details of personality, values, experiences, and interests will sometimes be a more valuable connection than matching people on identity alone. Where there is no available mentor based on requests of the mentee, it is important to be transparent about this and suggesting or exploring other options. This occurs most often where mentees request a mentor who reflects their identity/s. In such instances of mentor unavailability, we have taken several approaches that include assertive mentor recruitment to meet requests, forming successful connections outside of these requests, holding the space ourselves (as staff) until a suitable mentor becomes available, forming mentee-mentee connections, or referring onwards where suitable.

When to know

It's difficult to know when a mentorship has come to a conclusion, with some of these circumstances outlined under phase 3 of *Looking at the Mentor Experience.* We recommend taking notice of less conventional signs that mentorships are not working, as mentors and mentees will not always express this explicitly. Less clear or unobvious signs might appear as lulls, disconnection, busyness, evasiveness, changes in contact, mismatched words and actions, and so on. It is up to the project staff to take responsibility for these signs, rather than waiting for mentors to come to you. We have approached this by naming what we're noticing, asking a question to understand what's going on, and offering support and options. In taking these steps, that will vary in different practice approaches, both the mentor and mentee experiences need to be held by program staff to continue safer and maintained relationships. This is sometimes easier said than done and will come more easily with good contact and rapport, between project staff and mentors/mentees. It is the project staff's job to be a third party to community and take the pressure off what is already a time, keeping the ethics and values discussed in this manual at the forefront of the work. Noticing and addressing issues that arise in mentorships reflects overall aims of the program, where program staff, mentors and mentees mirror and cultivate communicative, supportive, understanding, and collective peer-support relationships.

Burnout in Peer-Support

As mentioned in *the 'Mentor Support and Supervision'* section, burnout is a common experience of people involved in various 'helping professions', including volunteers and people providing peer support to other members of the community. Common definitions of burnout include exhaustion, cynicism, or inefficacy (Maslach et al., 2001 as cited in Worrell et al, 2021).

The *Mentoring Projects* draw heavily on the work of Vikki Reynolds (2011) when considering approaches to resist burnout. Particularly the understanding that burnout is categorised as an individual problem that often invisibilises the structural injustices that face the various intersections within the LGBTIQA+ community. As a program that is heavily reliant on volunteer mentors providing peer support, we acknowledge that burnout exists – and there are several ways of mitigating feelings of burnout, but without proper analysis and critique of the under-funded mental healthcare system that reinforces the reliance of unpaid community labour, burnout is posited as a failure of the worker/peer-supporter.

The 'Lean on Me' report (Worrell et al. 2021) has further examined the ways burnout manifests among LGBTIQA+ people providing peer support and is a useful tool for incorporating strategies to offset burnout within the community more broadly.

See the 'Mentor Support and Supervision' section in *Looking at the Mentor Experience* for more information about providing effective supervision to mentors.

Navigating Systems – Working with Children and Police Checks, Identification Documents, and Holding Risk

Being an organisation-based program means we are bound by policies, procedures, and legislation that we must adhere to, including requiring all mentors to undertake a Working with Children Check (WWCC) and Police Check. The uses of these checks are widely documented, as efforts to vet and reduce harm unto vulnerable people. Rather than repeat this information, as it is publicly available to access, this section focuses on navigating these systems and the harms they produce to a primary prevention program, such as mentoring.

On principle, we aim to make the following checks and processes as accessible and, ideally, painless as possible. We are continuously advocating for better inclusion of criminalised people and diversion services in the non-profit sector. To us, this starts with transparency around decision making and acknowledgement of the harms and injustices caused by carceral and emergency service systems. Even with transparency, we received critical feedback from people wanting to access the program who felt unable to, due to the above requirements, which created drop-off but continued to inform our advocacy.

Police Checks

A values alignment between the program and communities engaging with the program is a core and vital part of its success. This means understanding that our LGBTIQA+ community, and intersections of this community (for instance QTPOC communities, First Nations communities, sex workers, people with mental illness, people who use drugs, et cetera), are more likely to be unfairly targeted, profiled and criminalised by police and those with authoritative power. Furthermore, understanding that this can

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lead to higher instances of people having "criminal records" and feeling unsafe coming in any contact with police.

Identification Documents

Another value we hold, is understanding that mentors sharing identification documents with the program to complete these checks means potentially "outing" themself, their assigned sex at birth, their legal/deadname, and so on, for some people who are trans and gender diverse. This created an additional set of barriers that could prevent trans and gender diverse people from applying to become a mentor. This was navigated by acknowledging it upfront to prospective mentors, naming the impacts these situations have and ensuring that utmost privacy and confidentiality is maintained throughout such processes. It is non-negotiable that people are addressed with their current name and pronouns, with any reference to legal name and details only being for the purposes of a Police Check & WWCC, conducted with complete caution and sensitivity when doing so.

Holding Risk

In addition to the above barriers, LGBTIQA+ communities experience low help-seeking, service distrust, service fatigue, and other systemic barriers. Despite this, many suicide prevention models encourage the involvement of emergency services, such as police, as a crisis intervention response. This does not acknowledge the real harms experienced by LGBTIQA+ and intersecting communities, that we have outlined above.

Although emergency service involvement may be an option, it is important to keep the focus of the LGBTIQA+ suicide prevention trial programs in perspective, as established to mitigate these risks through trusted community and peer-support as a primary suicide prevention initiative. Primary suicide prevention work does not preclude thoughts and actions of suicide occurring, but it does allow for more human-centred and consensual intervention approaches that often divert the need for emergency services. Continued involvement of emergency services, particularly police, in the spectrum of suicide prevention and intervention work, continues to put our communities at risk. For further reading, please see article: https://translifeline.org/why-no-non-consensual-active-rescue/.

Autonomy – Services Run by Queers for Queers
The strength of the *Mentoring Project* comes from its autonomy; it is a project for LGBTIQA+ communities, run by LGBTIQA+ people, within an LGBTIQA+ service. By positioning itself within a peer-workforce, valuing lived experiences and knowledge at the forefront the project is able provide a deeper level of support and understanding to community experiences and needs.
Putting LGBTIQA+ people in the centre and forefront of their own mental health and wellbeing is paramount in creating services that support the diverse needs of this community. Adopting a person-centred approach believes in the potential of all people given the right conditions (Hope 2019). This removes barriers and dismantles the concept that we (as Project staff, or as an LGBTIQA+ service) are "experts" or "know more" than the person who is seeking support. In turn, this helps create trust, understanding, and a deeper connection that moves beyond the surface level interactions in non-affirmative, or mainstream healthcare.

Here, we adopt a community-led approach informed by design and delivery justice principles, that centres those directly impacted and otherwise typically marginalised by program design and delivery processes (Costanza-Chock 2020). Without LGBTIQA+ people at the centre of services for us, we risk further evidence gaps for what works. This is particularly important, considering suicide prevention initiatives have often not included LGBTIQA+ populations in development of suicide prevention initiatives (Ono 2018), perpetuating a gap in evidence bases as well as a cycle of design and delivery injustice. Research has identified that initiatives that contribute well to suicide prevention are LGBTIQA+ affirmative and peer-support based (Ono 2018), meaning it is crucial for LGBTIQA+ people to be at the forefront of the approach.

Challenges and strengths of an autonomous workforce include, but are not limited to:

- proximity to community issues
- proximity to individuals in community
- Working within the Non-Profit Industrial Complex, increased bureaucracy, and accountability to funders, rather than the communities we serve
- Reliance on an established and affirmative LGBTIQA+ community

We advise the above approach as key to the success of this program, where the staff, co-design groups, and any organisational bases of the program are all LGBTIQA+ identifying.

Peer-Work and Navigating Families (Queers Working with Cis-het Parents)

From the outset, the *Mentoring Projects* have aimed to centre LGBTIQA+ people in all that we have done. Because we are part of collective societies, this means providing a holistic model of support for LGBTIQA+ people accessing the program that includes family. We think of family very broadly and have actively promoted engagement from both biological and chosen family members, such as parents, siblings, partners, neighbours, friends, and so on. We also think of family as thematic, where family might not engage directly but their presence exists in the program's support because of the impacts that family have on the LGBTIQA+ individual who is engaging. This wraparound approach of LGBTIQA+ affirming and family inclusion is based on the practice wisdom of existing "whole of family" work that Drummond Street Services and queerspace conducts, key feedback from our co-design groups, and from staff concerns about holding families as separate units. This enables clients accessing the service to be met with the support they require, rather than structuring a model that is collusive, diminishes resources, and pathologises experiences through siloed work.

For these reasons and the ones following, we recommend a model of peer work that engages with families, incorporating key practice components of peer-leadership, autonomy, community development, "no wrong door", and inter-service provision. This, to establish and ensure circumferential and parallel step up/down support options, where required support exceeds what mentoring or peer-support can offer alone.

Most importantly, we need to acknowledge that our lived experience of being LGBTIQA+ as workers running the program is not immune to the impacts that family can have. It is more than likely that we have encountered homophobia, transphobia, biphobia, intersexism, and more in our own familial networks. This means having a system in place for how we conduct the work, as lived-experience

practitioners. For us, this meant agreeing to make space in our team to prepare, have case-analyses, and debrief the parts of the work that impact us (family related or not), holding space for each other as humans and peers, to be able to deliver the service. It is more than likely that families coming to a mentoring program like this will not know trans or queer 101. We have navigated deadnaming, misgendering, biphobia, grief, unknowing and uncomfortable questions, and more. When this has crossed a line as acts of harm toward LGBTIQA+ individuals and community, we have considered it with a lens of family violence. When family violence is not a concern, it has been awesome that family are wanting to engage and we have been totally here for it: working alongside them, resourcing, coaching, matching, referring, and even mentoring each other to be able to do this work. Both examples are discussed in the following paragraphs.

Simultaneous Journeys

Navigating LGBTIQA+ peer-work that includes families is tough! But it has been very important work. As Queers, we know that LGBTIQA+ people remain at significant risk of experiencing violence within their families of origin, with LGBTIQA+ young people facing an increased risk (Gibson, Kassisieh, Lloyd, McCann, 2020). This is what makes whole of family work intricate, requiring multiple levels of support to everyone in a family composition as well as the overall family unit itself. A key example of this, is where one person in the family is transitioning or coming out and the other family members are on their own journey of learning, understanding, and being supportive of this. In aiming to provide a service that is fluid to our clients, we have been open to individuals and family members engaging concurrently on different timelines, at varying stages, and/or to varying degrees as feels safe and suitable. The practicalities of matching family members with a mentor are the same for the LGBTIQA+ person: considering their needs around key themes of skills (such as allyship), identity (such as being a parent of a young trans person), community connection (such as finding other parents that are on a similar parenting journey), family (such as how the overall family operates to support the LGBTIQA+ person at the centre to access transition). Here, family members relate to peers of their own, like other parents, to journey alongside their LGBTIQA+ loved one.

Frameworks of Family Violence

Working within frames of family violence presents its own challenges, regarding power and control held by parents over young people, partners over each other, et cetera. This means that we are often only working with one person involved in the program and cannot engage the person causing harm, which is where thematic family work comes in.

Where the family member causing harm is involved in the program, it is typically not appropriate to match them with a one-on-one mentor. This is because mentoring requires a level of safe and willing participation from both parties. In this case, the work should extend to involve case management, coordinated support, and setting up appropriate referrals. This is still following the concurrent approach to whole of family work, described above: the program recognises and supports the centrality of the LGBTIQA+ person's wellbeing, while simultaneously working with the family member causing harm to take safe and accountable steps to work on this. The increase of family violence throughout COVID-19 is a key example of this and the implausible nature of separating whole of family work, where more than one individual is involved, requiring multiple levels of support. Approaches to this have

involved referral to LGBTIQA+ specialist counselling or case management to unpack uses of phobic family violence; finding parent spaces where grief and emotional labour is lifted off the LGBTIQA+ individual and held by a practitioner in a supported group setting; providing psychoeducational material and resources where appropriate; et cetera. In any case of family violence, there is a paramount responsibility to the safety of all family members which must follow appropriate organisational and legislated requirements. We urge considering how this will be navigated in advance, including the LGBTIQA+ person in the decision making as this pertains to their safety.

Project Evaluation

The *Mentoring Projects* underwent various forms of internal evaluation throughout the development and pilot phases of the project. These included pre and post data collection that utilised scales addressing themes of hope, loneliness, and resilience, in addition to measuring financial stress, family relationship and connection. Additional late-stage surveys and focus groups were held with mentors and mentees to contribute to other quantitative data analysis. Final internal evaluation findings for the *Mentoring Projects* are available from the Centre of Family Research and Evaluation (2020).

External quantitative evaluation of the National Suicide Prevention Trial is being completed by the University of Melbourne and other external qualitative and quantitative evaluation has been conducted by Impact Co.

Contacting Us

We invite you to get in touch with any additional questions, queries, or feedback, via the contact details listed in the front matter of this manual.

Appendices

Appendix A – Program Logic

CURRENT SITUATION	INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	MEASURES
LGBTIQA+ Australians have significantly poorer mental health outcomes and suicidality. There are a range of contributing factors to LGBTIQA+ suicide including identity struggles, limited social connectedness, low confidence in accessing services, social/relational challenges and a service sector which often does not validate LGBTIQA+ experiences and as a result does not provide appropriate or tailored support to LGBTIQA+ people and their families.	Mentors Mentees Program staff including Project staff Advisory Group members Line Managers supervising staff team Funding Inclusive policies and procedures	Advisory Group meetings engaging LGBTIQA+ community members and sector stakeholders. Recruitment activities Training of mentors Initial screening, assessment, and matching Therapeutic case management for mentees Supervision for mentors Case reviews with mentors and mentees Referrals to community groups and other services Event and group planning, delivery, and facilitation Supervision & case management Program team Participation in LGBTIQA+ sector events and working groups	Program team plan and facilitate 10-15 Partnership Group meetings Mentors and mentees recruited to the program Training provided to all mentors Mentors and mentees are matched Therapeutic case management provided Supervision provided Case reviews conducted for all cases Mentors connect mentees with community groups and support mentees to self-refer to services if appropriate Events for mentees are delivered Engagement from mentee participants Mentors meet regularly with mentees, and review goals/satisfaction with the program bimonthly Mentors participate in family and/or community events with mentees Program team attend/contribute to 3- 5 sector events/initiatives	Increased social/community connectedness among mentees and mentors Improved sense of identity among mentees Improved mental health outcomes for mentees Decreased loneliness and enhanced community connection among mentees and mentors Increased resilience amongst mentees (measured through agency and pathways) Improved skills in navigating social/relational challenges among mentees and mentors Enhanced family relationships Effective suicide prevention Improved sector capacity to respond to LGBTIQA+ community needs Increased knowledge base around effective suicide prevention activities for LGBTIQA+ people	Mentee surveys early & late in program, & mentee interviews late in program Mentor surveys late in program, and interviews with PCs and mentors late in program Changes in CRM data; pre/post evaluation questionnaires; risk assessments completed by PCs; interviews with PCs, mentors & mentees late in program Pre/post questionnaires, interviews with PCs, mentors & mentees late in program Focus group with program team & surveys completed by non-mentoring queerspace referring practitioners, and significant external referrers such as other NSPT providers and LGBTIQA+ referral services

Assumptions: Inclusive services to refer do exist; matched mentors & mentees will be able to foster a genuine connection

External factors: Logistical issues interfering with events, like weather, traffic, venue problems, etc.; external challenges and/or responsibilities impacting capacity of mentors & mentees to fully engage in the program

Appendix B – Mentor Position Description

LGBTIQA+ Mentoring Projects
Volunteer role: LGBTIQA+ Mentor

Purpose: This project aims to support the LGBTIQA+ (and questioning) community, as well as our families, partners, and friends of through peer-based mentoring in a one-on-one, group or family capacity. The *Mentoring Projects* utilises and values the lived experiences and skills of the mentors to build trust, service and support knowledge, community connections and increase overall wellbeing.
The program actively values the broad range of skills, identities and experiences that come under the umbrella of "LGBTIQA+." There is no age limit for mentors or people seeking mentorship.

Supervision: mentor volunteers report to the Project staff.

Commitment: Around 2-4 hours per fortnight, in person or online.

Program Values: Our project is based within the LGBTIQA+ community, we acknowledge the strength that comes with our community's range of intersecting identities and constantly reflect on ways to work inclusively with members of our community that are often marginalised. We have a zero-tolerance to any form of discrimination, whether intentional or not, based on gender, race, disability, sexuality, religion/faith.

There is an inherent power-dynamic that exists within mentoring relationships, we expect openness to learning, and encourage our mentors to reflect on their own positionality.
Mentors do not need to have specific 'skills or qualifications in any specific field. In fact, it is better for qualifications and 'knowing' to be left at the door.

Duties and responsibilities:
- Initiate and maintain regular contact with the person you are mentoring.
- Using an online form, record the dates and activities of your visits with mentees, and report to the coordinator each month.
- Attend supervision 'check in' with program coordinators and attend additional training through the *Mentoring Projects* as required.
- Inform program staff of any incidents, issues, or concerns as soon possible after the incident.
- Follow Drummond Street Services policies and procedures, including the Child Safety policy and Code of Conduct.
- Respect the rights of the person you are mentoring including confidentiality, privacy, and dignity.
- To contribute towards the *Mentoring Projects* aims of connecting and supporting the LGBTIQA+ communities and foster a community that is inclusive of all people regardless of gender, sexuality, race, religion, or ability.

Key Attributes Required:

- A commitment to building and sustaining a friendship with the person you are mentoring.
- A demonstrated empathy, understanding and enjoyment of the person/s you are mentoring.
- Effective communication skills including listening skills.
- Awareness and respect the recipient's beliefs, background, and culture.
- Demonstrated reliability and flexibility.
- Ability to work independently and travel to the meet up with the person/s you are mentoring.
- Willing to seek advice, as appropriate.

Appendix C – Mentor Signup and Screening Questions

1. What is your name and pronouns?
2. How would you describe your gender identity and sexuality?
3. What is your date of birth?
4. Do you identify with any cultural group/s and/or communities? (For instance: Aboriginal or Torres Strait Islander, QTIPOC, you are a disabled person, you are a carer, etc.),
5. What area do you live in? And how far are you willing to travel for mentoring?
6. Do you have any accessibility needs?
7. Why would you like to be a mentor?
8. What does mentorship mean to you?
9. What experiences, identities, knowledge, skills, wisdom etc., would you like to bring into mentoring?
10. What hobbies and interests do you have that you would feel comfortable bringing to mentoring?
11. Can you tell us some ways that you might use your personal lived experience to support the people you would be working with?
12. Would you like to mentor individuals or groups (or both)? If yes to groups or both, please indicate what group size is most comfortable.,
13. Are you able to meet with the person you are mentoring for 2-4 hours per fortnight?
14. Have you ever been mentored before, or mentored anyone else? And/or engaged in peer-work?
15. How would you navigate and maintain boundaries in a peer-mentoring relationship? What might you need to consider around ethics and safety?
16. Are there specific identities, themes, experiences, or topics you feel you would not be able to support or mentor someone around? How would you go about communicating these with your mentee?
17. Being LGBTIQA+ means we sometimes face extra challenges, that can significantly impact our mental health and thoughts. How might you support someone when they are having a tough time, or having thoughts of suicide?
18. We acknowledge that within mentoring relationships, peer-support, and through sharing personal experiences, you may find yourself in situations that are challenging and triggering. How do you think you would handle these situations, both when they occur and after the situation has ended?
19. What are your own identities, privilege(s), and positions of power in the LGBTIQA+ community? How might you navigate your own privileges and biases in the space of mentorship?
20. Generally, what days and times are you available?
21. Please provide your email and phone number and specify if there is a preferred way to contact you.

Appendix D - Mentor Activity Log

1. Your name:

2. Name of mentee/s:

3. Date of contact:

4. Type of contact

    a. *(e.g., Activity, event in person, phone call, zoom, etc)*

5. Amount of time spent in activity:

6. Do you need a cost reimbursement?

    a. Yes

    b. No

    c. Unsure

7. Space to write any notes, questions, thoughts, communications about this activity:

    a. *(e.g., How you felt during and after, and/or any follow up you might want/need from the project staff)*

Appendix E – Mentee signup form

1. What is your name & what pronouns do you use?
2. How do you describe your gender?
3. How do you describe your Sexuality?
4. What is your Date of Birth?
5. What is your address?
6. What is your Phone number?
7. What is your Email address?
8. How would you like us to contact you?
   - Phone Call
   - SMS
   - Email
   - other
9. Which country were you born in?
10. Do you speak a language other than English? If yes – which language?
11. Do you identify as LGBTIQA+?
    - Yes
    - No
    - Maybe
12. Do you identify with any cultural group/s, identity/s and/or communities?

    For example: you're Aboriginal or Torres Strait Islander, QTPOC, you're a disabled person, you're neurodiverse, you're a carer, you have an intersex variation etc.

13. Which of the following are you interested in?
    - One-on-one mentoring
    - Group Mentoring
    - Other forms of support from queerspace
14. What made you want to join the *LGBTIQA+ Mentoring Projects*?
15. What are you hoping to gain from Mentorship?
16. What does your world look like at the moment?

    This means what do you do on a day-to-day basis, how do you spend your time, are there people that you see regularly, what are your hobbies & interests, etc.

17. Do you have any accessibility requirements? If so, please describe

    We understand that this is sometimes a broad question, please feel free to let us know of any accessibility needs in the context of meeting up with a mentor, either online or in a public space (for example, wheelchair accessible transport options, non-crowded spaces, camera off on Zoom, etc)

18. How did you find out about Mentoring?

    If you were referred by your counsellor/psychologist/healthcare worker, what is their name?

19. Do you have any questions, notes or comments?

Mentoring Projects – Practice Manual

Glossary

(Gender) Affirmation: a process of affirming one's gender identity by way of social expression, psychological validation, medically (hormones, surgery, etc.) and/or legally (legal gender and name change). There is no 'right' or 'wrong' way to do this, so it can look different for everyone.

Allyship: When a person shows that they stand in support of you, politically and personally. More than just saying that they support you, the title of ally is earned through actions.

Aromantic: The "A" in the LGBTIQA+ acronym refers to both Aromantic and Asexual. Aromantic refers to someone who does not experience romantic attraction. This happens on a spectrum and can be influenced by many factors.

Asexual: The "A" in the LGBTIQA+ acronym refers to both Aromantic and Asexual. Asexual refers to someone who does not experience sexual attraction. This happens on a spectrum and can be influenced by many factors.

Bio family: A biological family member is someone to whom you are biologically related, meaning you share genes with them.

Biracial & mixed race: Language used by some people to describe the complexity of their racial makeup. Broadly speaking, biracial and/or mixed race, means white mixed with another race, or both of your parents are people of colour, but from different places.

Bla(c)k: A racial identity found across the world. The c in brackets emphasises the inclusion of people of African descent as well as First Nations people.

Chosen family: Used in opposition to biological or bio family. The kind of close friends and community you choose to become tight with, instead of the ones you are born related to.

Cisgender: The opposite of transgender, it means that a person identifies with the gender they were assigned at birth. It is sometimes written as cis for short.

Deadname(ing): A deadname is the birth name of someone who has changed it. In LGBTIQA+ communities, deadnaming is the act of using someone's birth name instead of the name they currently identify with.

Gender Diverse: Some people do not use transgender because they have better word(s) for their gender in their own language. It is an umbrella term that makes space for people who are not cisgender but have a unique cultural identity they identify with.

Heteronormativity: Is a viewpoint that expresses heterosexuality as a given, and is therefore assumed of everyone, instead of being one of many diverse possibilities and presents heterosexuality as the default sexuality.

Holding space: Is a term used to describe the act of creating and supporting an environment where a person feels supported to share with their experiences or feelings without fear or judgement.

Identity: refers to a sense of self, based on the way that someone chooses to be 'identified'. This could be based on gender, sexuality, race, ethnicity, culture. There are multiple layers of identity, and it is fluid and changing.

Intersex: People born with natural variations in their body that differ from what we might expect to be 'typically' male or female. This can include (but is not limited to) hormones, chromosomes, and sexual organs.

LGBTIQA+: An umbrella term that is inclusive but not exhaustive of identities Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual, Aromatic, and more.

Loved one / LGBTIQA+ loved one: A loved one can be anyone (for example a friend, child, neighbour, sibling, parent, etc.). And an LGBTIQA+ loved one is anyone who you care for who is LGBTIQA+ identifying.

Mentor: The person providing guidance, support, role-modelling, and advice within these mentorship project/s. Anyone can be a mentor, as we value a wide range of skills and wisdom.

Microaggressions: Casual actions and comments of people and spaces, whether on purpose or not, that target a person based solely on their race, queerness, ability, or class. This can include projecting stereotypes onto POC about food they should eat or clothes they should wear, cultural appropriation, objectifying a person by touching their afro or braids,

Neurodivergent: is a word to describe anyone whose way of thinking, understanding, and processing information, and interpreting their environment is significantly different from the majority. There are lots of ways to be neurodivergent, including autism, ADHD (attention deficit hyperactivity disorder), depression, psychosis, OCD (obsessive compulsive disorder), personality disorders, intellectual disabilities, and so many more! There is also a word for people who are not neurodivergent, and that's neurotypical.

Non-binary: A broad term used to describe people whose genders do not fit squarely into either male or female. A person can be a mixture of genders, genderfluid, have no gender at all, or identify with their own cultural version of gender non-conformity, like Two-Spirit people for Native Americans.

The N-word: An offensive word with a violent history rooted in the slave trade. If you are not black and you use it knowing that you are upholding its racist legacy and you suck.

POC: Person of colour. Someone of African, South American, Arab, Asian, Indigenous, Pacific Islander, Aboriginal, Torres Strait Islander or multiracial cultural background. People mixed with white are still classified as POC.

Pronouns: In English, people often use gendered words like "he" or "she" when talking about people. If you do not feel comfortable with those words, alternative pronouns like "they/them" can be used instead, to help people around you recognise your gender. There are many, many pronouns.

QTPOC: Pronounced 'cutie-pok'. An acronym for Queer and/or Trans Person of Colour. Also written as QTIPOC to include intersex people. It is worth noting that not all intersex people wish to be associated with the LGBTIQA+ acronym, but some do.

Queer: Is a term is that it is used in a wide variety of ways to describe a range of identities, often used by people who identify within the LGBTIQA+ umbrella. When a person uses this term to describe themselves or others, it is often helpful to speak with them about what "queer" means for them.

Supervision: Social Work language, for a time to meet with Project staff to debrief, reflect, discuss, troubleshoot, and have support in the role of a mentor. This happens regularly and can be done one-on-one or in a group with other mentors, where experiences and learning can be shared.

Transgender: People who feel that the gender they were assigned at birth does not match the one they identify with now. Sometimes transgender people change their name, their clothes, or their bodies. Sometimes they do not. Broken down into two separate identities: binary and non-binary. Binary means a person is as a man or woman, whereas non-binary means a person is not either man or woman. Commonly written as trans for short.

Transition: Is the process of changing one's gender presentation to match one's internal sense of gender identity – be that man, woman, non-binary, or genderqueer, etc. Transition exists in many forms, and is not a requirement of being trans. People can choose to transition or not. Examples of transition are social: changing names, pronouns, the way we present through clothing/hair/makeup etc, and medical: taking hormone replacement therapy, getting gender affirming surgeries etc.

Whiteness: The dominant cultural force in so-called Australia and the English-speaking world, represented by people whose cultural origins are English, or what we now know as so-called Australian. In general, the idea of whiteness is a "default", through which social, political, and economic complications arise from whiteness and its creation of colour blindness.

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