



The Rainbow Tick guide to LGBTI-inclusive practice

2nd edition

Acknowledgements

Thank you to all those who contributed to the second edition of The Rainbow Tick Guide to LGBTI-inclusive practice. In particular thank you to the members of the Rainbow Tick Advisory Group whose expertise, experience and good humour have ensured that the second edition reflects a deep understanding of current LGBTI-inclusive practice in health and human services.

Details of all those who made a contribution to this Guide can be found at Appendix 1.

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1. INTRODUCTION

The Rainbow Tick Guide to LGBTI-inclusive practice (the Guide) aims to assist organisations improve the quality of care and services they provide to their lesbian, gay, bisexual, trans and gender diverse and intersex (LGBTI) consumers, staff and volunteers. The Guide is built around six LGBTI-inclusive practice Standards. Each of the Standards is accompanied by its own set of quality-based indicators that organisations can use to gauge how well their current systems, practices and protocols are meeting the intent of that particular Standard. The six LGBTI-inclusive practice Standards are:

- ▶ Organisational capability
- ▶ Workforce development
- ▶ Consumer participation
- ▶ A welcoming and accessible organisation
- ▶ Disclosure and documentation
- ▶ Culturally safe and acceptable services.

The Standards and indicators were first developed by GLHV in consultation with Quality Innovation Performance (QIP), an independent, third party accreditation organisation operating in the health and human services sector (www.qip.com.au). Taken together, the six Standards and indicators constitute an LGBTI quality improvement framework, the Rainbow Tick.

The Rainbow Tick Standards and indicators are the intellectual property of GLHV@ARCSHS, La Trobe University and the University currently licences QIP to provide Rainbow Tick accreditation. Services can approach QIP to undergo assessment against the Rainbow Tick Standards and those that are successful are listed on a national registry of Rainbow Tick accredited organisations.

For organisations that are considering Rainbow Tick accreditation, this Guide will help them get a sense of how ready they are and identify gaps and areas of service provision that need work before they register with QIP to undertake independent assessment. For organisations that are not considering Rainbow Tick accreditation, the Guide provides an opportunity to reflect on their current level of LGBTI-inclusivity and how they might plan to improve the quality of care they provide to their LGBTI consumers, staff and volunteers.

The Rainbow Tick

The Rainbow Tick was developed in response to the growing number of requests to GLHV from LGBTI consumers seeking LGBTI-inclusive health professionals and services. It was also developed in response to the growing number of requests from health and human services organisations wanting to understand how they could improve the quality of care they provide to their LGBTI consumers. While organisations could display a rainbow sticker to show that they were LGBTI-friendly this was no guarantee that their services were responsive to and met the particular needs of their LGBTI consumers.

GLHV developed the concept of the Rainbow Tick to assist services move from LGBTI-friendly to LGBTI-inclusive and provide LGBTI consumers and health and human services with a measure of quality assurance. The Rainbow Tick built on a set of voluntary LGBTI-practice guidelines outlined in the Victorian Government's *Well Proud: A guide to GLBTI-inclusive practice for health and human services* (2008). GLHV and QIP took these guidelines and developed a set of six Standards and accompanying quality indicators and embedded them in a quality framework.



The Rainbow Tick is a world first and provides a benchmark for LGBTI-inclusive practice against which organisations can be independently assessed. Organisations that gain Rainbow Tick accreditation are demonstrating their commitment and ability to deliver LGBTI-inclusive services and to continuously review and improve the quality of care they provide to their LGBTI consumers. The Rainbow Tick is a sign to consumers and potential staff and volunteers that an organisation has been independently assessed as having met the Rainbow Tick Standards and that LGBTI people will be welcomed and receive LGBTI-inclusive, quality care.

The LGBTI-inclusive practice guide

GLHV's first LGBTI-inclusive practice guide was published in 2013 to accompany the development of the Rainbow Tick. Much has changed, however, in the four years since the original guide was released. This revised edition is informed by feedback from LGBTI consumers and community organisations and services working towards Rainbow Tick accreditation. It is also informed by feedback from QIP assessors about their experiences in using the Guide in conducting Rainbow Tick assessments. Over the same time, there has been a growth in the research and understanding of LGBTI-inclusive practice, and ongoing legislative and social reforms that are having a significant impact on LGBTI people's everyday lives.

This second edition of the LGBTI-inclusive practice guide includes:

- ▶ Minor revisions and reordering of the six LGBTI-inclusive practice Standards
- ▶ Revised and expanded quality indicators for each of the six Standards
- ▶ New research on LGBTI health and wellbeing and LGBTI-inclusive practice
- ▶ New material on trans and gender diverse people
- ▶ New material on people with intersex variations
- ▶ Greater attention to diversity within LGBTI communities including material on LGBTI people with disabilities, older LGBTI people and Aboriginal LGBTI people
- ▶ New material on LGBTI staff and volunteers
- ▶ An expanded glossary that includes LGBTI and Quality Improvement terms; and
- ▶ Good practice examples.

The revisions and additions have been overseen by an expert advisory group that included representatives from a diverse range of LGBTI community, academic and health care organisations and experts in quality improvement and accreditation.

LGBTI-inclusive practice principles

The Guide is evidence-based and informed by the principles of justice, equity and diversity. The Guide's approach and philosophy is consistent with the Victorian Government's three LGBTI-inclusive practice principles outlined in Rainbow eQuality (www.health.vic.gov.au/rainbowequality).

- ▶ **Affirmation** – Affirm the dignity and value of LGBTI people's sexual orientation, gender identity and intersex status
- ▶ **Freedom from discrimination** – Ensure LGBTI people live their lives free from discrimination
- ▶ **Access and equity** – Provide LGBTI-inclusive services.

The Guide is also informed by three discrete but overlapping understandings of diversity and their application to the development of LGBTI-inclusive practice.

- ▶ **Equity in diversity** frames diversity in terms of human rights and social justice. This way of framing diversity has been one of the drivers behind the rise of social movements in Australia where minority and marginal groups have fought for full legal recognition and equality.
- ▶ **Managing diversity** represents an economic or business model that values diversity as a way of maximising both market share and workforce potential. Here, business responds to the opportunities provided by a rapidly diversifying population, tailoring their products to different niche markets while at the same time building a workforce that reflects market diversity.
- ▶ **Celebrating diversity** has its origins in a philosophical tradition that values diversity as a social good in its own right. Here, there is no norm or gold Standard against which others are judged and necessarily found wanting. Rather, our common humanity is understood to consist of a sea of differences, with no one identity, no one way of being valued over and above others.

Figure 1 - Framing diversity



Each of these three understandings of diversity can inform an organisation's decision to develop LGBTI-inclusive practice. However, a combination of all three is perhaps the best way for an organisation to maximise the benefits of LGBTI-inclusive practice for all its consumers, staff and volunteers.

Organisations might acknowledge LGBTI people within a diversity framework that includes other marginalised groups such as Aboriginal and CALD people and people with disabilities. However, as the three principles of LGBTI-inclusive practice imply, providing equitable services to LGBTI people *necessarily* involves acknowledging and responding to their lived experience and particular needs in all organisational procedures, practices and protocols.

2. HOW2 use the Guide

Who is the guide for?

This Guide has been designed with two key audiences in mind:

- ▶ Organisations that are keen to develop LGBTI-inclusive practice and improve the quality of service they provide to their LGBTI consumers, staff and volunteers, including organisations that are seeking Rainbow Tick accreditation; and
- ▶ QIP assessors who undertake third party assessments for the purpose of Rainbow Tick accreditation.

The Guide is also intended to be of use to governing bodies, policy makers and consumers who want to know what constitutes LGBTI-inclusive practice and what can be expected of an LGBTI-inclusive organisation or service.

The Rainbow Tick Standards are designed to be used by the whole organisation. However, they can be applied to specific services or sites within an organisation, if required. Where an organisation has other quality frameworks or accreditation processes in place, the Standards can be easily integrated into those frameworks.

The Guide is a valuable resource for services that are committed to developing an organisational culture and systems that are LGBTI-inclusive. While the Rainbow Tick was designed for health and human services it can also be applied to services in other sectors, including private companies and organisations. Other service types can tailor the concepts, language and processes described in the Guide to meet their particular business needs and those of their consumers, staff and volunteers.

What's in the guide?

The Guide is divided into eight sections:

1. **Introduction** - Why LGBTI-inclusive practice matters and three LGBTI-inclusive practice principles
2. **HOW2 to use the guide** - How the Guide is organised and how to get the most out of it
3. **HOW2 to become LGBTI-inclusive** - The HOW2s of LGBTI cultural and systems change and going for Rainbow Tick accreditation
4. **The Rainbow Tick Standards** - How the Standards 'look and feel' and an overview of their content
5. **Exploring LGBTI-inclusive practice** - Unpacks the Standards, indicators and evidence of good practice (Figure 2 below)
6. **Glossary** - Provides clarity around current LGBTI and Quality Improvement terms and acronyms
7. **Acronyms** - List and details of key acronyms
8. **Additional resources** - Resources not included under the Standard-specific listings.

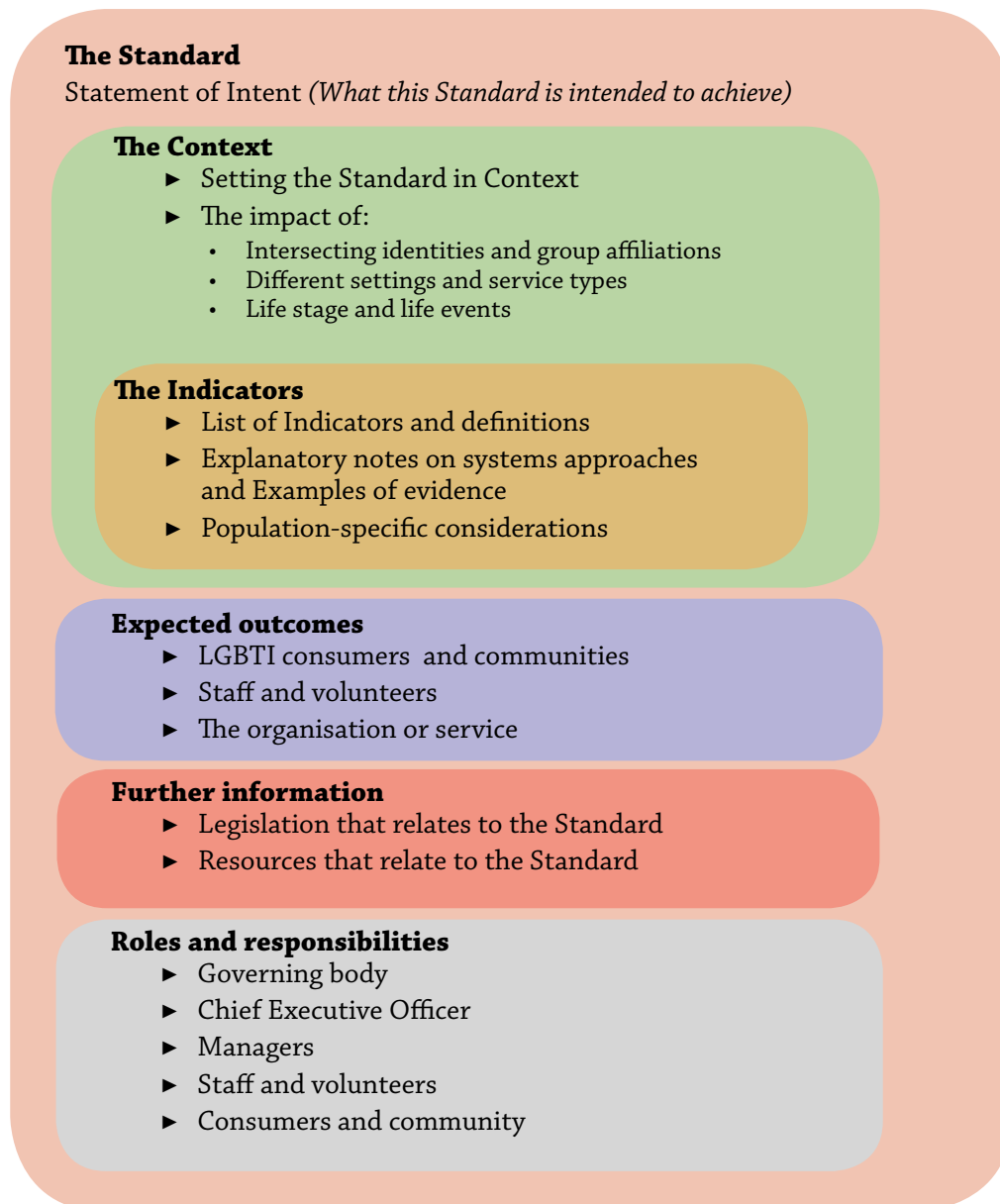
HOW2 meet the Standards

The Guide unpacks each of the six Standards, providing:

- ▶ A statement of intent (what the Standard is intended to achieve)
- ▶ A context for why and how this Standard relates to organisational systems and cultural change; and
- ▶ Quality-based indicators with accompanying explanatory notes, examples of evidence and population specific considerations.

Examples of positive outcomes for each Standard are provided along with additional resources and a list of the roles and responsibilities of key stakeholders, including the governing body and senior management, in making sure the indicators and Standard are met. Figure 2 outlines what is involved in unpacking and meeting any one of the six Rainbow Tick Standards.

Figure 2 – Unpacking the Standards: Evidence and Good Practice



The Standards

Each of the six Standards is an outcome-focused, systems-oriented statement that covers one or more workplace systems. Each Standard has a 'short form' name, such as **Standard 5: Disclosure and documentation**.

Standard 1: Organisational Capability and **Standard 6: Culturally safe and acceptable services** are the ‘connecting systems’ that enable and embed LGBTI-inclusive practice within all organisational practices, procedures and protocols; the bookends of the Standards. Organisational capability and culturally safe and appropriate services are both necessary for putting in place workplace systems that meet the intent of each of the six Standards and the Rainbow Tick as a whole. As organisations move through each of the Standards their knowledge of how to deliver culturally safe services will grow as will the need for increasing capabilities to embed that knowledge across the entire organisation.

Indicators

The Standards are accompanied by a series of indicators. Each indicator is a statement about sub-systems, processes or outputs that contribute to an organisation realising the intent of the Standard to which that indicator refers. Organisational performance against each indicator can be measured objectively (see ‘Self-assessment and ratings’ below).

In some cases, specific systems approaches may be required to address issues for particular sub-populations, according to differences in sexual orientation, gender identity or intersex status. Sometimes the context in which the Standard is applied gives rise to specific approaches or considerations for sub-populations. These differences are identified in red circles (see left) that includes the identifying letters for each of the sub-populations in question.

T, I

Support and resources

GLHV has developed a suite of resources to assist organisations improve the quality of care and support they provide their LGBTI consumers, staff and volunteers:

- ▶ A comprehensive online library of information, research and resources on LGBTI people’s health and wellbeing and LGBTI-inclusive practice
- ▶ Professional training modules on the major health and wellbeing issues facing LGBTI people and different subpopulations within LGBTI communities
- ▶ A quick and easy LGBTI-inclusive practice audit tool to help organisations get a sense of how LGBTI-inclusive they are
- ▶ LGBTI cultural safety framework; and
- ▶ A HOW2 Program, run over 6 months, that takes participants through the processes of LGBTI-inclusive cultural change and systems reform. GLHV delivers this program and, in addition, has licenced delivery of the HOW2 Program to ACON in NSW, QuAC in Qld, SHine in SA and Working it out in TAS.

For more information about the HOW2 Program and evidence-based resources visit www.glhv.org.au

Roles and responsibilities

This section identifies the key stakeholders and their tasks and responsibilities with reference to each Standard. The roles assigned to managers are in addition to those they have as members of staff.

A word about language

It is only recently that LGBTI communities and individuals have been able to develop their own, positive definitions of who they are and how they live. This is particularly true for trans and gender diverse people and people with intersex variations who are still subject to damaging legal and medical definitions and practices. The language and terminology used in this Guide have been developed with input from an expert LGBTI advisory group and, where possible, are consistent with current legal definitions. However, there is considerable debate within and outside LGBTI communities, as different ways of being take shape. The Guide acknowledges that the terminology used here is open to change and cannot capture the complexities of LGBTI people’s lives and how these complexities are cross cut by other characteristics such as race, ethnicity, disability and age.

3. HOW2 become LGBTI-inclusive

Undertaking a gap analysis

A gap analysis is a useful starting point for organisations to reflect on their current level of LGBTI-inclusivity and identify what needs to be done to improve the quality of care they provide for their LGBTI consumers, staff and volunteers. GLHV's audit tool is aligned to the Rainbow Tick Standards and can be used to undertake a preliminary gap analysis (www.glhv.org.au). The results of the audit can inform forward planning including change management, systems review and cultural reform.

Self-Assessment and ratings

Organisations or services that are considering Rainbow Tick accreditation can use the results of the gap analysis to develop an action plan that addresses each of the six Rainbow Tick Standards and their accompanying indicators. Organisations who have registered with QIP can measure their performance against each Standard and indicator using QIP's on-line self-assessment tool. Performance is measured according to the following ratings:

- ▶ Exceeded
- ▶ Met
- ▶ Part met
- ▶ Not met

Rainbow Tick accreditation

When an organisation undertakes independent, third-party Rainbow Tick assessment, the ratings are defined according to a strict set of evidence-based criteria. Table 1 lists these criteria for each of the four ratings. In order to gain Rainbow Tick accreditation, organisations must be rated as having 'Met' or 'Exceeded' these criteria for all six Standards and their related indicators. All indicators are mandatory.

The Guide offers detailed examples of what constitutes evidence of LGBTI-inclusive practice for each indicator. Organisations do not have to produce evidence of every example of good practice listed against each indicator. However, they must produce objective examples and evidence of good practice that meet the minimum requirements for that indicator. In turn, organisations will have 'Met' any given Standard if they have provided and met the minimum evidence required for each of that Standard's indicators.



Table 1 - Ratings explained

| Ratings | Descriptor |
|------------------------------|---|
| EXCEEDED ¹ | <p>All requirements for a MET rating are achieved for the Standard, plus at least three of the following:</p> <ul style="list-style-type: none">• Evaluation results demonstrate that consumer/staff/volunteer/other stakeholders expectations have been exceeded• Quality indicators relevant to this Standard have been established, measured and met• Evidence demonstrates the widespread uptake of LGBTI-inclusive practice is recognised by external stakeholders (e.g. referring organisations)• Evidence demonstrates outstanding risk management relevant to the Standard• Evidence demonstrates significant quality improvement over the previous cycle• Evidence demonstrates innovation in achieving the intent of the Standard. |
| MET | <p>The organisation has MET the Standard if all Indicators have reached a level that demonstrates organisational and cultural change is systemic and sustainable E.g.</p> <ul style="list-style-type: none">• Consumer/staff/volunteer needs are understood and met• Staff, volunteers and other stakeholders are aware of organisational expectations, as outlined in guiding documentation that is based on a systems approach• Staff are appropriately trained and their performance relating to the Standard is monitored• Organisational performance is monitored and planned improvements are in place to address unsatisfactory performance• Risks are managed appropriately. |
| PART MET | <p>The organisation has PART MET the Standard if some but not all the Indicators have reached a level that demonstrates organisational and cultural change is systemic and sustainable, and requirements to meet any unmet indicator are able to be addressed within the nominated corrective action period² E.g.</p> <ul style="list-style-type: none">• Consumer expectations are mostly understood and met• Little or no guiding documentation in high risk areas• Practice is inconsistent with organisational expectations• Organisational performance is not monitored, or is monitored but no planned improvements are in place to address identified performance issues• New systems in high risk areas are not yet fully integrated• Risks in relation to this Standard are poorly understood or managed. |
| NOT MET | <p>The organisation has NOT MET the Standard if none of the Indicators have been MET or, if any unmet indicators create high/extreme risk to consumers, staff, volunteers or the organisation as a whole that are unable to be addressed within the nominated corrective action period³ E.g.</p> <ul style="list-style-type: none">• Consumer expectations are not understood or met• The organisation has committed to LGBTI-inclusive practice relating to this Standard but not yet implemented a systems approach to achieving the Standard, as demonstrated by<ul style="list-style-type: none">▶ Limited or no documentation▶ Limited awareness demonstrated by staff or other key stakeholders▶ Limited processes developed or implemented▶ Lack of coordinated approach to implementing an emergent system▶ Poor oversight of high risk processes• Risk management is poorly understood and managed, and high or extreme residual risks exist. |

¹ This is a new rating introduced in this 2nd edition of the Standards and Guide.

² Corrective action period for an organisation presenting for the first time for Rainbow Tick accreditation is up to 150 days; for subsequent re-accreditation/s, the corrective action period is up to 90 days.

³ Corrective action period for an organisation presenting for the first time for Rainbow Tick accreditation is up to 150 days; for subsequent re-accreditation/s, the corrective action period is up to 90 days.

To gain Rainbow Tick accreditation organisations must be able to demonstrate that each Standard is embedded in organisational systems that can sustain quality improvement in LGBTI-inclusive practice over time. The expectation of systems' reform and the organisational capacity for ongoing quality improvement are at the heart of the Rainbow Tick and require workplace systems that are:

- ▶ Flexible, adaptive, and able to respond quickly to internal and external changes and stressors
- ▶ Driven by and responsive to complexity
- ▶ Creative and innovative and able to maximise the impact of existing resources
- ▶ Connected to and compatible with other internal systems and to the broader external service system
- ▶ Committed to ensuring that organisational processes, values and behaviours are known and understood by all involved
- ▶ Compliant with legislation and other external obligations; and
- ▶ Monitored, evaluated and continuously improved based on reliable data and sound quality improvement methodology.

Accreditation

Independent assessment by QIP is conducted by assessors who have met competency requirements established by QIP in collaboration with GLHV. QIP's client support staff and assessors use this Guide in developing and implementing their assessment methodology, ensuring that there are no surprises for organisations undertaking accreditation. Accredited organisations are encouraged to display the accredited organisation logo (see Figure 3), to send a message of safety and welcome to their LGBTI consumers, staff and volunteers. The Rainbow Tick logo is also a sign to anyone and everyone who engage with the organisation that it is committed to the principles of justice, equity, and diversity and the delivery of LGBTI-inclusive quality care and support

Figure 3 - Accreditation symbol



Governance of the Rainbow Tick

GLHV is committed to quality improvement in the ongoing development of the Rainbow Tick that depends on:

- ▶ New research to deepen our understanding of excellence in LGBTI-inclusive practice
- ▶ Strategies to incorporate new learnings into the Rainbow Tick Standards, training and resources
- ▶ The participation of LGBTI consumers and communities in reviewing the Standards and Guide; and
- ▶ New and innovative ways to share information about LGBTI-inclusive practice, in partnership with a range of stakeholders.

4. The Rainbow Tick Standards

| Standard | Indicator | |
|--|-----------|---|
| 1. Organisational capability The organisation embeds LGBTI-inclusive practice across all its systems and continuously seeks opportunities for improvements. | 1.1 | LGBTI-inclusive practice Standards are reflected in the organisation's mission statement, vision, values, position descriptions, service contracts, performance management system, service models and quality management plan. |
| | 1.2 | The organisation facilitates LGBTI inclusion amongst staff and volunteers and on the governing body and other committees. |
| | 1.3 | The organisation has an integrated LGBTI consumer feedback system that ensures continuous LGBTI- quality improvement and planning. |
| | 1.4 | The organisation values its LGBTI staff and volunteers, understands and meets their needs, and has processes to manage risk and provide them with a safe and healthy workplace. |
| | 1.5 | Workforce planning, recruitment and selection, and performance management processes and documentation are inclusive of LGBTI staff and volunteers. |
| | 1.6 | The organisation has systems for monitoring compliance with these Standards and continuously improving LGBTI-inclusive practice. |
| 2. Workforce development All staff and volunteers understand their responsibilities to LGBTI consumers and are trained and able to deliver LGBTI-inclusive services. | 2.1 | The organisation has a systematic process for assessing the LGBTI-inclusive practice professional development needs of the governing body, leadership team, staff and volunteers. |
| | 2.2 | The organisation provides professional development to the governing body, leadership team, staff and volunteers that includes their legal responsibilities, LGBTI cultural safety and a consideration of the impact of employees' attitudes and beliefs on LGBTI- inclusive practice. |
| | 2.3 | The organisation keeps up to date with current trends in the field of LGBTI-inclusive service provision and uses this information in the ongoing development of staff training and resources. |
| | 2.4 | The organisation participates in relevant professional associations and other forums aimed at improving the quality of services provided to LGBTI consumers. |
| 3. Consumer participation LGBTI consumers are consulted about, and participate in the planning, development, and review of the service. | 3.1 | The organisation works with LGBTI consumers and community representatives to identify LGBTI consumers' needs and develop and continuously improve their provision of LGBTI-inclusive services. |
| | 3.2 | The organisation has a system for identifying and monitoring the changing needs of its LGBTI consumers and evaluating the impact of service improvements on their quality of care. |
| | 3.3 | As part of its ongoing assessment of consumer experience, the organisation analyses its performance in working with LGBTI consumers and undertakes appropriate service improvements. |

| Standard | Indicator |
|--|--|
| 4. A welcoming and accessible organisation LGBTI consumers can easily and confidently access services because the physical and virtual environments, including information, structures, resources and processes, are welcoming. | <p>4.1 The organisation welcomes LGBTI consumers through a range of different strategies that are appropriate to different contexts and environments.</p> <p>4.2 The organisation's communication and educational materials are LGBTI-inclusive (E.g. inclusive language and images, and LGBTI specific information where relevant).</p> <p>4.3 The organisation effectively communicates its services to the LGBTI community.</p> |
| 5. Disclosure and documentation LGBTI consumers, staff and volunteers feel safe to provide personal information, including their sexual orientation, gender identity and/or intersex status, because they know information will be treated respectfully and that there are systems in place to ensure their privacy. | <p>5.1 The organisation has a policy on when it is and is not appropriate to collect information on a consumer's sexual orientation, gender identity, intersex status and/or relationship status.</p> <p>5.2 The organisation only collects information about a consumer's sexual orientation, gender identity, intersex status and/or relationship status from the consumer themselves or from their nominated representative.</p> <p>5.3 The organisation has processes to ensure that LGBTI consumers understand that information about their sexual orientation, gender identity or intersex status is confidential and that they will be consulted on how and why this information is recorded, stored and shared.</p> <p>5.4 Staff understand the significance to LGBTI people of disclosing their sexual orientation, gender identity or intersex status and that the organisation has strategies to ensure that staff respond in a respectful and positive way when consumers, other staff or volunteers disclose.</p> <p>5.5 The organisation has systems for collecting, storing, using and sharing LGBTI staff and volunteers' personal information, including their sexual orientation, gender identity, intersex status or relationship status.</p> |
| 6. Culturally safe and acceptable services Services and programs identify, assess, analyse and manage risks to ensure the cultural safety of LGBTI consumers. | <p>6.1 The organisation understands the needs of LGBTI consumers and addresses these needs in the design and delivery of services and programs.</p> <p>6.2 Individual intake, assessment, care planning and case management processes and documentation are LGBTI inclusive.</p> <p>6.3 The organisation's service delivery risk management system includes strategies to identify and manage potential risks to the cultural safety of LGBTI consumers.</p> <p>6.4 The organisation has processes in place to identify and respond to breaches of the cultural safety of LGBTI consumers, staff and volunteers by other staff, consumers, volunteers or visitors.</p> <p>6.5 The organisation disseminates information about LGBTI cultural safety across its programs and services and to other organisations.</p> |

5. Exploring LGBTI-inclusive practice

This section unpacks each of the six Standards, details how they relate to organisational systems and provides examples of evidence of good practice for each of the indicators. It aims to assist organisations identify the types and sources of evidence that demonstrate their capacity to meet each of the six Standards. 'More information' and a list of additional resources are provided for each Standard.

The six Standards are:

Standard 1 - Organisational capability

Standard 2 - Workforce development

Standard 3 - Consumer participation

Standard 4 - A welcoming and accessible environment

Standard 5 - Disclosure and documentation

Standard 6 - Culturally safe and acceptable services



Standard 1

Organisational capability

The organisation embeds LGBTI-inclusive practice across all its systems and continuously seeks opportunities for improvements.

Context

Standard 1 is about establishing an organisational culture that is LGBTI-inclusive and affirmative. This involves a profound process of cultural change and quality improvement (QI) within an organisation. It starts with an honest appraisal of the organisation's current practice and an understanding of the impact of the values, attitudes and beliefs of staff, managers, governing body, volunteers, and of other consumers, carers, and family members on the capacity to create and maintain change. Strong leadership at the most senior levels is vital to providing the authorisation, commitment and resources needed to generate and sustain whole-of-organisation cultural change and LGBTI-inclusive practice.

Improvements in LGBTI-inclusive practice depend on four key areas of change management:

- ▶ Gaining commitment at all levels of the organisation
- ▶ Examining work systems
- ▶ Building staff capability; and
- ▶ Engaging LGBTI consumers, staff and community.

Change management also considers the impact of the settings and environments in which organisations operate on organisational culture and practice.

Having an understanding of the history and lived experience of LGBTI consumers is fundamental to cultural change and achieving LGBTI-inclusive practice. LGBTI people and subpopulations continue to be subject to discrimination from Governments, institutions and individuals which leads to social marginalisation and reduced health and wellbeing. State-sanctioned structural discrimination occurs across all LGBTI populations, although there is considerable variation federally and from state to state (Australian Human Rights Commission 2015).

Structural discrimination has flow on effects which legitimise institutional and personal discrimination.

T, I

Most trans and gender diverse and intersex people find themselves having to educate service providers about their experiences and needs; this places an additional burden on them and furthers discrimination.

G

All states and territories have decriminalised consenting adult male homosexual activity, starting with South Australia in 1975 and finishing with Tasmania in 1997. However, states and territories have been slow to introduce legislation expunging prior, historical convictions for what today are lawful sexual activities between men.

B

Bisexual people are often subject to ridicule and discrimination from both mainstream and lesbian and gay communities.

A note about intersections, life stages and settings

Many **older LGBTI persons** have lived through a period of intense homophobic, biphobic and transphobic discrimination where they were subject to ongoing acts of institutional and individual violence and abuse. LGBTI-inclusive aged care practice needs to consider and address the impacts of this history of discrimination and abuse on the lives of older LGBTI people today. It also needs to challenge deeply held myths that older people are no longer sexual beings, including older LGBTI people. This may be especially important in the provision of LGBTI-inclusive practice in residential aged care settings.

Indicator 1.1 LGBTI-inclusive practice Standards are reflected in the organisation's mission statement, vision, values, position descriptions, service contracts, performance management system, service models and quality management plan.

Explanatory notes on systems approaches

The governing body has committed explicitly to an LGBTI-inclusive workplace that is safe and outcome-focused for consumers, staff, volunteers and the community. In developing a model for inclusive practice, the organisation considers a diversity of sexual orientations, gender identities and intersex variations, and promotes appropriate professional practice.

The organisation's LGBTI-inclusive practice policy framework considers, in a systematic way:

- ▶ People (staff, consumers, carers, partners, other family members including family of choice, volunteers, visitors, stakeholders and the broader community)
- ▶ Settings and the broader environment in which the organisation operates
- ▶ The legislative contexts in which it operates (as an employer and as a service provider).

The organisation recognises the need for, and provides, strong and transparent leadership. Senior leaders in the organisation participate in, promote and facilitate all aspects of LGBTI-inclusive practice.

The organisation makes its expectations about LGBTI-inclusive practice explicit to potential and existing consumers and staff, the LGBTI community and to the broader community.

Examples of evidence

Commitment to LGBTI-inclusive practice in mission, vision and values statements.

Diversity statement/policies or equivalents that explicitly include LGBTI considerations.

Equal Opportunity, Anti-discrimination and/or *Bullying and Harassment* policies explicit for staff and consumers, include:

- ▶ Sexual orientation, gender identity, and intersex status, which are clearly defined
- ▶ Zero tolerance of discrimination (direct and indirect), harassment and bullying
- ▶ Individual rights and responsibilities (for example, embedded in staff *Code of Conduct* and/or *Client Rights and Responsibilities*)
- ▶ Disclosure management
- ▶ Complaint/grievance/breach reporting and management
- ▶ Consequences of non-compliance with policy.

Strategic plan demonstrates a commitment to celebrating diversity and LGBTI-inclusivity.

LGBTI diversity/inclusive practice statements and/or requirements are included in:

- ▶ Position descriptions of staff, volunteers, the leadership team and governing body
- ▶ Service and program planning documentation
- ▶ Service delivery contracts
- ▶ Human resources documentation including, but not limited to Recruitment and Selection and Performance Management

Leadership and inclusive culture demonstrated in consumer, staff and management feedback.

The organisation specifically includes LGBTI considerations in *Bullying and Harassment* and *Anti-discrimination* policies, addressing direct and indirect forms of discrimination.

Indicator 1.2 The organisation facilitates LGBTI inclusion amongst staff and volunteers and on the governing body and other committees.

Explanatory notes on systems approaches

The organisation builds its expertise in engaging with the LGBTI community and sending a positive message regarding participation in the organisation – as staff or volunteers (including members of the governing body and other organisational committees or working groups).

The organisation is aware of relevant legislation/funder guidelines and implements systems for the safety and protection of LGBTI staff and volunteers to enable their full participation.

The organisation builds its capacity as an employer of choice, through embedding its LGBTI-inclusive practice in human resources, service delivery and consumer participation systems and processes.

The organisation builds strong networks with local and regional LGBTI organisations, to facilitate improved participation.

Examples of evidence

Valuing diversity in staff statement or policy.

Selection and recruitment documentation for staff and volunteers promoting a commitment to LGBTI-inclusive practice.

Documentation inviting LGBTI consumers to sit on organisational committees.

Terms of reference for the governing body and organisational committees identifying specific LGBTI consumer/staff/volunteer roles.

Evidence of commitment to meeting targets for LGBTI representation on key committees.

Indicator 1.3 The organisation has an integrated LGBTI consumer feedback system that ensures continuous LGBTI-quality improvement and planning.

Explanatory notes on systems approaches

As part of its consumer feedback system, the organisation has processes in place to capture LGBTI-specific feedback. The organisation might consider benchmarking its performance in working with LGBTI consumers with that of all consumers.

The organisation uses this feedback to inform quality improvement planning and activities that enable the organisation to maintain or enhance its achievement against the Rainbow Tick Standards.

Resources are committed to these activities.

Examples of evidence

Feedback includes analysis of the data from LGBTI consumer and staff surveys and reports – including, for example, complaints management, reports of breaches of privacy, consumer experience feedback, other consumer and staff surveys, data from organisational committees and other consumer participation activities.

Minutes of meetings where review of feedback takes place and organisational responses identified.

Quality improvement (QI) plan, records and project reports informed by LGBTI consumer and staff feedback.

Reporting of outcomes for service governance.

Indicator 1.4 *The organisation values its LGBTI staff and volunteers, understands and meets their needs, and has processes to manage risk and provide them with a safe and healthy workplace.*

Explanatory notes on systems approaches

The organisation applies its understanding of the lived experience of LGBTI people, across all sub-populations, to meet the needs of its staff and volunteers (and students/trainees, where applicable) and builds this into workplace health and safety systems. The organisation recognises that the identification and management of explicit risks to the health and safety of LGBTI staff and volunteers impacts on the accessibility and acceptability of the organisation as an employer, as well as ensuring worker/volunteer health and safety.

The organisation systematically addresses identified risks to ensure a welcoming and safe environment for existing and potential LGBTI staff, and integrates these into the broader workplace health and safety system (irrespective of whether LGBTI staff/volunteers choose to disclose). At a minimum, all high and extreme risks are analysed and treated, in line with AS/NZS ISO 31000:2009 Risk management - Principles and guidelines. Risk management for LGBTI staff and volunteers is regularly monitored, updated and reported to senior management and Board. Consideration of LGBTI needs extends to hazard identification processes.

When addressing work health and safety issues, the organisation considers potential flow-on effects to LGBTI consumers and other visitors to the organisation.

The organisation monitors the operating environment to ensure a welcoming message is maintained and updated.

The organisation works with its known LGBTI staff and volunteers to: strengthen processes that might otherwise impact negatively on LGBTI employees and volunteers; ensure appropriate work environment/s and settings; and meet good practice guidelines.

The organisation promotes the protection of human rights and addressing LGBTI discrimination as responsibilities for all staff and volunteers (as it does other work health and safety responsibilities).

When the organisation subcontracts service delivery, third party providers should be able to demonstrate LGBTI-inclusive practice (including contractors, trainees or volunteers). Where possible, contracts/service agreements with third party providers should include performance requirements consistent with this indicator.

The organisation promotes itself as an inclusive practice employer, and is recognised by existing and prospective employees and volunteers as an empowering and safe workplace, and an employer of choice.

T

The organisation develops individual transition plans for trans and gender diverse staff and volunteers who may transition while at work.

The organisation considers sensitive and agreed ways to support gender diverse staff and volunteers.

T

The organisation considers a dress code for staff, volunteers or trainees, where applicable, that embraces gender diversity.

The organisation provides sex and gender neutral toilets, change rooms and showers which protect the privacy of all individuals and meets their needs.

Examples of evidence

As documented in Indicator 1.1 and 1.2, statements explicitly affirm LGBTI staff e.g. *Valuing diversity in staff* statement or policy.

Work health and safety (WHS) policies, procedures, tools and templates that demonstrate LGBTI considerations.

Risk management policies and procedures that explicitly include the needs of LGBTI staff and volunteers.

Risk register and plans include risks related to LGBTI staff including (at a minimum) managing: disclosure and outing; transition; and breaches to the safety and wellbeing of staff by other staff, consumers, volunteers or visitors.

Staff and volunteer training packages have a focus on LGBTI staff and volunteer health and wellbeing, and an awareness of related risks.

LGBTI staff and volunteers confirm that the environment is welcoming.

Management interviews confirm an awareness of WHS issues for their LGBTI staff and volunteers, together with strategies to address these issues.

Orientation package/information for subcontractors, students and trainees (as applicable).

Audit reports of site inspections which include LGBTI considerations.

Hazard identification and management which include LGBTI considerations.

QI plans and activity reports relating to identified LGBTI-specific WHS issues, including risk management.

Reports to managers and governing body which include LGBTI WHS issues, including risk management.

Dress/uniform code that is inclusive of gender diversity.

Records of meetings with LGBTI staff about activities to promote staff/volunteer inclusion and equity.

Staff survey or other feedback mechanisms that demonstrate that organisational commitment to inclusive practice is well-regarded by staff.

Materials which promote the organisation as an LGBTI-inclusive employer.

Evidence of participation in external programs such as Pride in Diversity.

Indicator 1.5 Workforce planning, recruitment and selection, and performance management processes and documentation are inclusive of LGBTI staff and volunteers.

Explanatory notes on systems approaches

The organisation has a systematic approach to ensuring its inclusive practice commitment is enabled in human resources systems.

The organisation considers the pathway of a staff member or volunteer through the organisation, understands how inclusive practice might impact on established processes, and the change processes that may need to be introduced. An organisation promotes LGBTI diversity at all stages of any staff or volunteers' professional journey.

The organisation's approach ensures its workforce planning, recruitment and selection of new staff and volunteers and performance management reflect inclusive practice. Specifically, the organisation considers:

- ▶ how it will actively recruit LGBTI staff
- ▶ how it meets its obligations under the Fair Work Act 2009 (Cth), the Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013 (Cth), the Sex Discrimination Act 1984 (Cth) and relevant State/Territory based industrial relations legislation, at a minimum – demonstrating a positive duty to act to eliminate discrimination, harassment and victimisation in the workplace and its systems of work
- ▶ how organisational culture may impact upon the health and wellbeing of its LGBTI staff and volunteers
- ▶ how it demonstrates strong leadership for a discrimination-free workplace that is welcoming of diversity
- ▶ how it ensures that staff, especially managers, understand and are responsive to sexual orientation, gender identity and intersex issues in the workplace
- ▶ how it encourages inclusive language among staff and volunteers
- ▶ non-discriminatory and equitable recruitment and selection processes, and training for relevant staff to ensure that recruitment is a positive experience for LGBTI staff and volunteers
- ▶ information collection and use requirements, and privacy protections, for maintaining good practice personnel records E.g. what information is sought and why, options for self-identification (see also **Standard 5**)
- ▶ how it ensures that LGBTI staff and volunteers understand that they have no 'duty' to disclose or discuss their personal attributes or relationships in the workplace
- ▶ processes to ensure non-discriminatory and equitable career opportunities and performance management
- ▶ processes to support a staff member to transition at work (see below also)
- ▶ processes to address allegations regarding breaches to LGBTI staff and volunteers' human rights, equity and freedom from discrimination; further, that any resulting investigation informs quality improvement to work practices and/or the operating environment.

The organisation ensures that it appropriately recognises a person's identity through preferred naming and pronoun use.

T, I

The organisation considers the appropriateness of its facilities to be respectful of trans and gender diverse people and those with intersex variations. For example, change rooms, showers, toilets and personal storage areas need to be accessible to, and appropriate for all staff and volunteers.

T

The organisation has the capability to develop a transition plan in partnership with an employee or volunteer, as required, in a manner that empowers the person, protects their privacy and addresses risks of discrimination, harassment or bullying that might result during and following transition.

Examples of evidence

Workforce plan or equivalent that considers the needs of, and supports, LGBTI consumers, staff and volunteers – including exemptions, exceptions or special measures relating to LGBTI employment.

Application and outcome documentation related to exemptions, exceptions and special measures, if applicable.

Human resource policies, procedures, tools and templates that demonstrate equity, freedom from discrimination, care for and support of LGBTI staff and volunteers. This should include transition at work procedures.

Appropriate training for HR staff managing recruitment, and all line managers relating to LGBTI issues E.g. managing inconsistent documentation.

Staff Code of conduct/consumer responsibilities are explicit that LGBTI-inclusive practice applies to staff and volunteers, as well as consumers/community.

Position descriptions that assign responsibility for LGBTI-inclusive and non-discriminatory employment practices.

Examples of recruitment/career promotion documentation promoting LGBTI-inclusive employment practices.

Performance management documentation (including supervision notes) demonstrate reflective practice towards both consumers and other staff/volunteers.

Investigation records of (alleged) breaches to LGBTI staff and volunteer safety and wellbeing E.g. bullying relating to misgendering.

QI activity plans and implementation records resulting from any such investigations.

Staff rooms and volunteer spaces are open, welcoming and LGBTI-inclusive E.g. posters, codes of professional conduct.

Management and staff interviews confirm respectful and appropriate communications and relationships.

Consumer interviews confirm staff interactions are respectful, appropriate and LGBTI-inclusive.

Documentation demonstrating that staff and volunteer facilities are appropriate and effectively managed to provide LGBTI-culturally safe, respectful and acceptable spaces.

Transition plans, where relevant, or records of discussions about how the organisation plans to support a staff member before, during and after transition.

Indicator 1.6 The organisation has systems for monitoring compliance with these Standards and continuously improving LGBTI-inclusive practice.

Explanatory notes on systems approaches

The organisation has processes in place to periodically review its achievement against the Standards and includes LGBTI representatives in this process.

Monitoring is seen as critical, to ensure the results of QI activities are embedded into organisational systems.

For an organisation to continue to meet the Standards, it needs to consider the sustainability of practice over time, to ensure it is not person or event dependent. Strategies and structures that ensure sustainability of LGBTI-inclusive practice including; specific diversity or LGBTI working groups; standing agenda items for organisational meetings; reflection on inclusive practice in supervision; and participation in community of practice forums.

Examples of evidence

Timetable of audits/reviews completed by a diverse stakeholder group.

Analysis of service governance records for LGBTI-inclusive practice performance E.g. compliments and complaints.

Audit or self-assessment results, reported to staff, senior management, governing body and LGBTI advisory group.

Analysis of progress against quality plan.

Appropriately resourced QI projects resulting from review processes.

Plans for further improvements.

Outcome

The organisation has:

- ▶ a strong and explicit commitment from the governing body to create and sustain an organisational culture that celebrates diversity
- ▶ a planning framework which embeds LGBTI-inclusive practice into strategic directions and business planning
- ▶ a transparent and explicit commitment to being LGBTI-inclusive in its service delivery and its employment practices
- ▶ a commitment to cultural change and quality improvement to enable LGBTI-inclusive practice and to sustain improvements over time
- ▶ a plan to re-organise/re-orient workplace systems to achieve the desired practice
- ▶ LGBTI staff and volunteers are active participants in workforce planning and review
- ▶ human resources systems and practice are inclusive of LGBTI staff, volunteers, students, trainees and third party providers
- ▶ dedicated resources appropriate to the required strategies.

The workplace is experienced as safe and healthy by its LGBTI workforce.

Prospective employees and volunteers receive positive messaging that the workplace is LGBTI-inclusive prior to applying for a position, as well as during recruitment and selection and orientation processes.

The organisation demonstrates it values LGBTI staff and volunteers across all relevant media, and in recruitment and selection documentation and processes.

Meeting or exceeding this Standard (especially Indicator 1.1) underpins an organisation's capacity to achieve the intent of the remaining Standards (2 – 6).

For more information

Links to legislation

Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013 (Cth) (SDA Amendment Act)

Sex Discrimination Act 1984 (Cth) (SDA)

Each state and territory has its own Anti-discrimination and/or Equality Opportunity legislation, in addition to the Commonwealth legislation listed above.

Fair Work Act 2009

Work Health and Safety Act 2011 (Cth) or its state-based equivalent legislation.

Resources

Currently there are three Human Rights Commissions in Australia, which provide useful resources:

- ▶ Australian Human Rights Commission <https://www.humanrights.gov.au>
- ▶ Victorian Equal Opportunity and Human Rights Commission www.humanrightscsmission.vic.gov.au/
- ▶ ACT Human Rights Commission <http://hrc.act.gov.au/>

The HOW2 Program is an excellent way for organisations to develop and improve LGBTI-inclusive practice. See <http://www.glhv.org.au/how2-create-lesbian-gay-bisexual-trans-and-intersex-lgbti-inclusive-service> for further information.

Australian Government 2013 (updated 2015), *Australian Government Guidelines on the Recognition of Sex and Gender*.

M Carpenter & D Hough 2014, *Employers guide to Intersex inclusion*. See www.oii.org.au

OII Australia and ACON. (2014) *Making your service intersex friendly*.

OII Australia (2014) *Intersex for allies*.

Victorian Equal Opportunity and Human Rights Commission and Transgender Victoria 2014, *Guideline: Transgender people at work – complying with the Equal Opportunity Act 2010 in employment*. See www.humanrightscommission.vic.gov.au

Victorian Equal Opportunity and Human Rights Commission, 2014. *Guideline for General Practices: complying with the Equal Opportunity Act 2010 when providing services*. See www.humanrightscommission.vic.gov.au

Victorian Equal Opportunity and Human Rights Commission, 2014. *Information for patients*. See www.humanrightscommission.vic.gov.au

K Baker, 2012. *Transforming Health: International Rights-Based Advocacy for Trans Health*. Open Society Foundations. <https://www.opensocietyfoundations.org/reports/transforming-health>

Gender Spectrum (undated) *Transgender Students and School Bathrooms: Frequently Asked Questions* <https://www.dropbox.com/s/4s62u8pe6q66uy2/Transgender%20Students%20and%20School%20Bathrooms%20-%20Frequently%20Asked%20Questions.pdf?dl=0>

Transgender Advisory Committee, Out & Equal Workplace Advocates, 2015. *Workplace Gender Identity and Transition Guidelines*. Out and Equal Workplace Advocates. <http://www.outandequal.org/wp-content/uploads/2014/12/Out-Equal-Workplace-Transition-Guidelines-Full-Edition.pdf>

S Mahtani & K Vernon 2010. *Creating Inclusive Workplaces for LGBT Employees: A Resource Guide for Employers in Hong Kong*. Community Business Limited. <http://www.communitybusiness.org/images/cb/publications/2010/lgbt.pdf>

GLHV 2016 *Service risk management framework tool*. See www.glhv.org.au

The Kellogg Foundation (2004). *Logic Model Development Guide*. See <https://www.wkkf.org/resource-directory/resource/2006/02/wk-kellogg-foundation-logic-model-development-guide>

Kotter International (2015), *Kotter's 8 Step Process for Leading Change*. See <http://www.kotterinternational.com/the-8-step-process-for-leading-change/>

J Kotter and H Rathgeber (2016), *Our Iceberg Is Melting* (2nd edn).

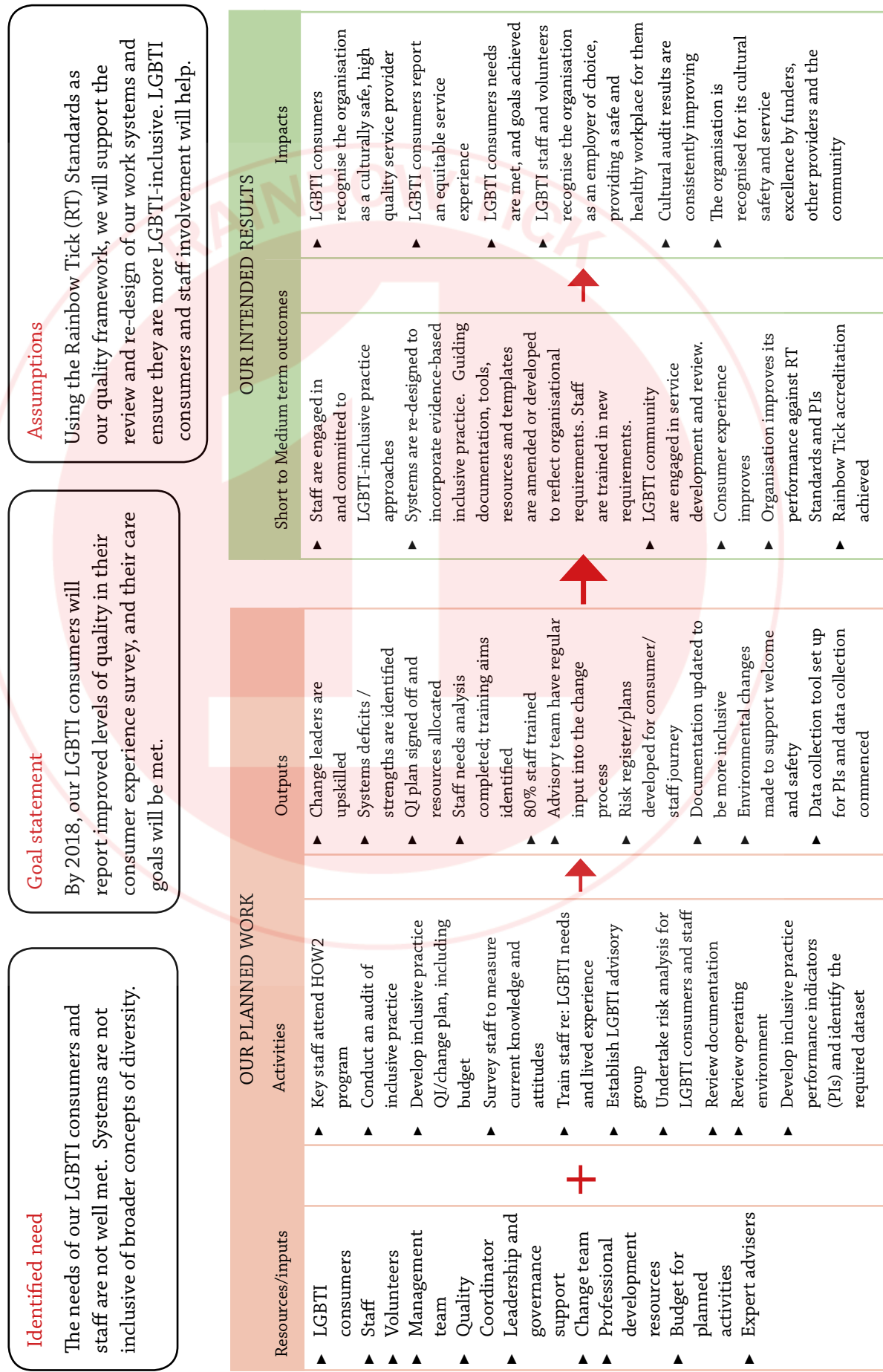
J Kotter and H Rathgeber (2016), *That's Not How We Do It Here!*

Roles and responsibilities

| | |
|----------------------------------|---|
| Governing body/Board | <ul style="list-style-type: none"> ▶ Creating the vision of LGBTI-inclusive practice; being informed; providing leadership; resourcing appropriately; monitoring progress. ▶ Promoting visibility as an LGBTI-inclusive organisation |
| CEO | <ul style="list-style-type: none"> ▶ Implementing the vision; providing leadership; maintaining oversight of systems development and review; fostering QI; monitoring progress. ▶ Enabling participation by LGBTI consumers and community; driving change; promoting the organisation as an employer of choice. |
| Managers | <ul style="list-style-type: none"> ▶ Providing leadership; driving change management processes; supporting and enabling staff and volunteers; engaging consumers. ▶ Monitoring progress; maintaining change momentum; acknowledging and celebrating achievements. |
| Staff/volunteers | <ul style="list-style-type: none"> ▶ Informing/implementing change; supporting fellow staff and volunteers; demonstrating effective inclusive practice in their work with consumers. ▶ Seeking QI opportunities; participating in QI activities to improve practice and outcomes. |
| LGBTI consumers/community | <ul style="list-style-type: none"> ▶ Have confidence that their views and needs are heard and represented at the service governance level. ▶ Have input into evaluating the organisation's performance against these Standards. ▶ Participation in reference groups or other organisational committees relating to LGBTI-inclusive practice. |

Good practice examples

Table 2 - LGBTI-inclusive practice program logic





Standard 2

Workforce development

All staff and volunteers understand their responsibilities to LGBTI consumers and are trained and able to deliver LGBTI-inclusive services.

Context

Cultural change requires building the capability of staff and volunteers. LGBTI training and professional development of staff and volunteers is a core lever for:

- ▶ Achieving LGBTI-cultural proficiency
- ▶ Establishing clear expectations for the professional conduct and behaviours required by the organisation of its staff and volunteers; and
- ▶ Developing an understanding of why LGBTI-inclusive practice is critical to better outcomes for LGBTI consumers.

Indicators may be developed to support the measurement of organisational performance and enhance professional development.

A note about intersections, life stages and settings

Depending on consumer profile and service type, the organisation may need to provide specific training around, for example:

- ▶ Working with the families and partners of LGBTI consumers – families of choice and families of origin, or families and partners of consumers who are transitioning; staff may need to develop advocacy skills to support consumers and/or their family of choice
- ▶ Sexually and gender diverse and intersex older people and their experiences, needs, fears and related issues (E.g. addressing elder abuse, social isolation)
- ▶ Providing an awareness that some older people may explore their sexuality and/or gender identity later in life
- ▶ Supporting younger people to ensure informed consent and choice where a parent or carer is not involved
- ▶ Understanding intersections of multiple identities and their impacts on LGBTI-inclusive service delivery and better outcomes
- ▶ Overcoming LGBTI consumers' fear of discrimination.

Indicator 2.1 *The organisation has a systematic process for assessing the LGBTI-inclusive practice professional development needs of the governing body, leadership team, staff and volunteers.*

Explanatory notes on systems approaches

The organisation undertakes a structured process to gather data on the training needs of the governing body, managers, staff and volunteers, and their current level of understanding of the principles and features of LGBTI-inclusive practice. Useful data to collect might focus on staff awareness, knowledge gaps and preparedness for change.

The organisation analyses consumer experience data to inform needs analysis.

The organisation uses these findings to identify and develop training objectives and plans across all its staff.

Training needs are regularly reviewed, to improve professional development.

Examples of evidence

Survey templates or other data gathering tools.

Governance body/staff/volunteer survey findings regarding values and beliefs that may be used to enhance program development and ensure it is fit for purpose.

Targeted needs analysis report and plan for LGBTI training and professional development – for the governing body, different staff cohorts, volunteers and students.

QI project plans that result from reviewing professional development needs over time.

Governance body/staff/volunteer interviews confirming their needs have been considered.

Indicator 2.2 The organisation provides professional development to the governing body, leadership team, staff and volunteers that includes their legal responsibilities, LGBTI cultural safety and a consideration of the impact of employees' attitudes and beliefs on LGBTI- inclusive practice.

Explanatory notes on systems approaches

The organisation will need to consider the suite of training and professional development packages and other resources, who will provide the various packages and how it will ensure participation by all staff and volunteers. As part of this process, the organisation will need to make a considered assessment of its internal training capability, to ensure the required quality of training and workforce development. Where internal capability is insufficient, or the organisation opts for external training, the organisation carefully considers its selection of training provider. Training and professional development considerations include:

- ▶ the range of staff needs across different roles and their differing understandings of L, G, B, T and I subpopulations
- ▶ managing staff turnover and participation by part-time/after-hours/casual staff and volunteers
- ▶ how this training will be included in a mandated program of training for all staff and volunteers
- ▶ how co-located services are impacted
- ▶ possible staff resistance
- ▶ the credentials of the training provider.

The organisation will also consider what training requirements it requires of third parties to which it may sub-contract work or services.

Suggested basic level training package includes:

- ▶ terminology and issues relating to language
- ▶ exploration of L, G, B, T and I subpopulations, their needs, history and lived experiences
- ▶ legal obligations at personal and organisational levels
- ▶ levels of violence and discrimination experienced by the LGBTI population in Australia and the impact of this on LGBTI people's health and wellbeing
- ▶ likely reluctance to disclose when accessing services, or discomfort/fear when they do disclose
- ▶ documentation relating to LGBTI status
- ▶ risk management and cultural safety issues
- ▶ what LGBTI-inclusive practice involves in both consumer-facing and staff/volunteer-facing work for the range of staff roles
- ▶ organisational expectations and their interface with personal values, beliefs and behaviours
- ▶ how LGBTI-inclusive practice celebrates diversity.

Good practice timeframes for implementation of basic training are: at least 80% of existing staff/ governing body/volunteers receive training within a three-year period; and newly employed staff receive training within the first twelve months, provided LGBTI-inclusive practice is covered in induction processes. A plan is developed to ensure staff who have not attended basic training do so.

Consider ways in which staff can respectfully discuss their values and beliefs relating to LGBTI people and how these impact on service quality.

Consider how LGBTI-inclusive practice reflection is built in to staff supervision sessions and performance management systems more broadly and the inclusion of specific performance indicators. The involvement of staff in systematic internal audits against these Standards may be a valuable adjunct to professional development activities.

The organisation needs to systematically evaluate the effectiveness of its training and professional development program and review ongoing staff and volunteer training.

Some staff may be effected by the professional development and require additional support and debriefing. Incident debriefing should be considered when reviewing training packages and programs and resulting QI activities.

Consider historical and contemporary 'pathologising' of same-sex-attracted, trans and gender diverse people and people with intersex variations.

Examples of evidence

A range of training and professional development packages covering different content areas E.g. sexual orientation, the lived effects of discrimination. LGBTI-specific core training and training appropriate to the diversity of organisational roles. Evidence that training options meet the organisation's documented requirements and are presented by suitably credentialed providers.

Training register and schedules – for governance body, managers, staff and volunteers (consider also co-located staff) – demonstrating 80% or more of personnel have attended at least one basic training session within the required timeframes.

Supervision records show reflection on LGBTI-inclusive practice.

Performance review includes consideration of LGBTI-inclusive practice effectiveness and LGBTI cultural competence.

Staff involvement in compliance audits and review of results.

Evidence of mechanisms used to determine staff knowledge, attitudes and behaviours.

Evaluation reports of the effectiveness of all professional development components.

QI project plans for professional development package improvements.

Personnel at all levels report at interview that they have received training and are able to apply this in practice.

Budget and resources allocated to LGBTI-inclusive practice professional development.

Indicator 2.3 *The organisation keeps up to date with current trends in the field of LGBTI-inclusive service provision and uses this information in the ongoing development of staff training and resources.*

Explanatory notes on systems approaches

The organisation has a 'fit for purpose' approach to gathering new knowledge and considering how this can be built in to systems and practice. This may include, for example, secondary consultation, or the involvement of an LGBTI-consumer reference group.

When new knowledge is sourced, the organisation has planned processes to update professional development packages, as well as activities for new and existing staff and volunteers E.g. an update activity in staff meeting for existing staff or a news bulletin, to share new learnings/practice expectations.

New learnings may also trigger a review of organisational expectations of LGBTI-inclusive practice, and hence adaptation of systems, guiding documentation, role descriptions, etc. The organisation considers whether any planned changes aimed at enhancing LGBTI-inclusive practice require formal training packages to be developed and delivered.

The organisation invites LGBTI specialist services and community members to speak at workforce development sessions, and remunerates invited speakers in accordance with current good practice.

Current events may be a useful mechanism to reinforce LGBTI-inclusive practice messages E.g. legislative change, new policy, topical news items such as a high profile individual coming out or local LGBTI celebrations.

The organisation monitors the uptake and effectiveness of any changes in their LGBTI-inclusive practice processes.

Examples of evidence

Standard agenda items in staff/managers meetings, supervision.

Staff/volunteer news items in newsletter, emails, intranet.

Examples of presentations and resources from LGBTI consumers/group, other expert bodies and evidence that staff attend or access these.

Evidence of changes to systems/guiding documentation/practice based on new learnings.

Training materials for significant new learnings/system changes.

Evaluation reports of any training for, or implementation of, new practice.

Secondary consultation records (which may be integrated in case records).

Nominated LGBTI quality/action group – cultural leadership informing systematic QI.

Indicator 2.4 *The organisation participates in relevant professional associations and other forums aimed at improving the quality of services provided to LGBTI consumers.*

Explanatory notes on systems approaches

The organisation has a systemic approach to promoting participation in a range of forums to enhance LGBTI-inclusive practice literacy, both internally and externally E.g. community of practice, conferences. This approach considers appropriate resourcing for participation and includes participation in designated key staff roles and responsibilities and position descriptions.

Where the organisation holds expertise in a particular aspect of LGBTI-inclusive practice, or is committed to fostering inclusive practice across the sector/service system, it has a planned approach to sharing knowledge.

Examples of evidence

Workforce plan that includes capability building actions for LGBTI-inclusive practice.

Budget for participation.

Records of external professional development, forums, etc. focused on LGBTI-inclusive practice.

Presentations, articles, etc. through internal and external structures.

Outcome

The organisation is LGBTI-culturally competent at all levels – governance, management, staff and volunteers.

The professional development portfolio of the organisation, whether outsourced or provided internally, is dynamic – adapting to changes in organisational knowledge, the professional growth of staff and organisational cultural proficiency over time, and to new learnings that emerge from the translation of research into practice. Professional development planning, implementation and evaluation includes, but is not limited to:

- ▶ initial and ongoing needs analysis of staff and volunteers
- ▶ orientation to LGBTI-inclusive practice relevant to role
- ▶ mechanisms and structures to celebrate diversity events, provide timely updates as new knowledge is gained, or practice change is planned
- ▶ supervision and/or reflective practice sessions
- ▶ discussion in staff performance review processes
- ▶ mechanisms, structures and assigned roles for participation in forums which support practice improvement, including secondary consultation processes
- ▶ mechanisms and structures to collect and analyse evaluation data on the effectiveness of training and professional development.

Training and professional development is augmented by useful and accessible guiding documentation for staff across all processes impacted by LGBTI-inclusive practice.

Core inclusions in training packages are: legislative requirements; an understanding of the lived experience of L, G, B, T, and I subpopulations; intersections and life stages; an understanding of inclusive practice ‘in practice’; cultural safety and risk management; personal beliefs and values and their impact on service delivery.

To comply with this Standard (including organisations presenting for accreditation for the first time), it is expected that more than 80% of staff will have attended basic training within the preceding three-year period and that, for multi-site/multi-program organisations, there is a proportional representation of the trained cohort of staff across sites, services and program areas. All newly-employed staff are trained within twelve months. Strategies and mechanisms exist to maintain knowledge among all trained staff.

For more information

Links to legislation

As per **Standard 1: Organisational capability**.

Resources

GLHV and other LGBTI organisations provide a range of training options which can be customised to organisational needs.

There are a wide variety of videos available to support learning needs, in GLHV’s online library (www.glhv.org.au).

For working with young people, useful resources may be found through the Safe Schools Coalition (see <http://www.safeschoolscoalition.org.au/>) and additional resources can be found at Safe Schools Coalition Victoria (see <https://sscv.org.au>). Another useful source of youth-focused resources is the Rainbow Network (see www.rainbownetwork.com.au/).

For working with older people, resources can be found at Val's Café (see www.valsafe.org.au).

Population specific websites (e.g. <https://oii.org.au/> and www.transgendervictoria.com/) also contain a variety of resources to support training and professional development.

Useful training resources can also be found on YouTube and other similar media.

GLHV's HOW2 is an action learning program for nominated staff, to assist organisations to prepare for, or enhance, their LGBTI-inclusive practice. The HOW2 Program, or programs of similar calibre can support good practice in staff training and professional development. See <http://www.glhv.org.au/how2-create-lesbian-gay-bisexual-trans-and-intersex-lgbti-inclusive-service> for further information.

Roles and responsibilities

| | |
|-----------------------------------|--|
| Governing body/Board | <ul style="list-style-type: none"> ▶ Become informed about LGBTI-inclusive practice and address its own learning needs. |
| CEO | <ul style="list-style-type: none"> ▶ Allocate resources for training and professional development of staff and volunteers. ▶ Establish the expectations for training and ongoing professional development of staff and volunteers and the additional training needs of Human Resource management personnel and ensure participation and effectiveness goals are achieved . |
| Managers | <ul style="list-style-type: none"> ▶ Conduct needs assessment and understand staff and volunteer requirements for training and professional development; address barriers and challenges to participation. ▶ Develop and implement training and professional development plan and prepare/ source packages as required; recruit credentialled training providers as required. Maintain training records. Actively participate in training. |
| Staff/ volunteers | <ul style="list-style-type: none"> ▶ Provide an honest assessment of training needs; identify challenges and barriers to effective participation. ▶ Actively participate in training and professional development activities; implement and integrate into ongoing practice; commit to reflecting on LGBTI-inclusive practice. |
| LGBTI consumers/ community | <ul style="list-style-type: none"> ▶ Provide feedback about their consumer experience, especially relating to suggestions for organisational capability building and the professional development of staff and volunteers. |

Good practice examples

Table 3 - Tips for promoting cultural awareness among your staff and volunteers

If you are providing internal training or seeking external expertise, the following selection criteria may be helpful:

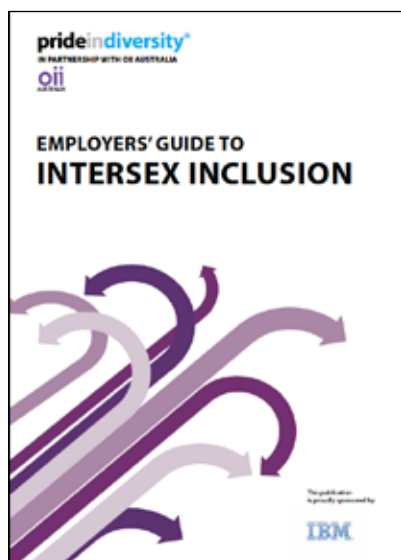
For external training providers, consider:

- ▶ What credentials does the trainer/facilitator have in LGBTI cultural awareness and inclusive practice? What organisational affiliations might they have which give you confidence that they are the right trainers for you?
- ▶ What is the evidence base from which they draw their training materials?
- ▶ What understanding of your organisation does the trainer have?
- ▶ Can they demonstrate their capacity to apply the evidence-base to the range of services you offer, and to the community you serve?
- ▶ If you have presented your needs analysis to them, how will this influence their preparation of sessions for you?
- ▶ What would they include in a package of cultural awareness training for your organisation? (See Indicator 2.2 for good practice content requirements)
- ▶ How will they engage staff, especially those who might be resistant to training?
- ▶ What ideas have they for how you can keep the training live in your organisation?
- ▶ Can they supply referees who will speak highly of similar work for their organisation?

For internal training providers, consider:

- ▶ What training and facilitation skills do members of your staff currently have?
- ▶ Do those with training and facilitation competencies have a positive attitude and 'buy-in' for LGBTI communities and their inclusion?
- ▶ What support will they need to equip them to deliver LGBTI cultural awareness training? (Think about HOW2 Program to support their professional development planning)
- ▶ What does the organisational needs analysis mean for them in terms of planning professional development sessions?
- ▶ What would they include in a package of cultural awareness training for your organisation? (See Indicator 2.2 for good practice content requirements)
- ▶ How will they engage staff, especially those who might be resistant to training?
- ▶ How will you ensure they have capacity as well as capability to take on this new role for your organisation?
- ▶ How will you support them if debriefing or other support is required, as a result of this role?
- ▶ What ideas have they for how you can keep the training live in your organisation?

Professional resource - Employer's guide to intersex inclusion





Standard 3

Consumer participation

LGBTI consumers are consulted about, and participate in the planning, development, and review of the service.

Context

Organisations may have concerns about how they identify and access the views of LGBTI consumers without infringing on their privacy and confidentiality. Further, organisations may not have a large number of identifiable LGBTI consumers and hence find it difficult to ‘hear LGBTI people’s voices’. Organisations can nonetheless access LGBTI consumers using a range of mechanisms, without ‘outing’ them. The organisation may, for example, adapt their existing consumer satisfaction surveys to include LGBTI-specific demographic questions. Organisations can analyse LGBTI consumer data while maintaining respondents’ anonymity, with the added benefit of being able to benchmark planning and service development against the total consumer ‘voice’.

There are a number of other ways that organisations can gain input and advice from LGBTI consumers including inviting members of local LGBTI community groups to attend focus groups or participate in working parties, or seeking advice from LGBTI peak bodies and services and research bodies. Many LGBTI organisations are volunteer-led and unfunded, so consideration needs to be given to how LGBTI community representatives are resourced and remunerated for their participation.

Organisations might consider working collaboratively with other organisations interested in LGBTI-inclusive practice, to share mechanisms and processes for accessing and involving LGBTI consumers.

A note about intersections, life stages and setting

Older LGBTI people may feel especially vulnerable when asked to provide feedback to a health or human services organisation, depending on their past experiences of disenfranchisement, discrimination or harassment. Similarly, **people questioning** their sexual orientation or gender identity may feel vulnerable.

People in **residential settings** may be reluctant to engage in open and honest feedback when they believe that their anonymity or the security of their home are at risk.

Indicator 3.1 *The organisation works with LGBTI consumers and community representatives to identify LGBTI consumers’ needs and develop and continuously improve their provision of LGBTI-inclusive services.*

Explanatory notes on systems approaches

The organisation values the lived experience of LGBTI consumers and the impact that an understanding of this lived experience can bring to organisational capability. The organisation has a clear purpose in involving its LGBTI consumers and communities in service improvement strategies. It communicates this purpose in ways that are accessible to LGBTI consumers and communities. Feedback loops are developed, and the organisation is mindful of not raising expectations it is unable to meet.

An important feature of successful LGBTI-consumer participation is building trust and mutual respect, especially where LGBTI consumers are less visible. For some, negative life experiences or their affiliation with other minority groups have increased a sense or experience of marginalisation and organisations may need to strengthen their participation methods to reach and hear these voices.

Existing narratives from LGBTI people, especially older LGBTI consumers, can be a powerful strategy for building empathy amongst staff and volunteers. In rural or remote areas, special consideration needs to be given to strategies that build trust, so LGBTI consumers are not disenfranchised.

The organisation commits human and other resources to support meaningful and accessible LGBTI-consumer participation (E.g. enabling a trans woman living with a disability to participate).

The organisation might investigate how existing consumer participation mechanisms can be adapted to be more LGBTI-inclusive E.g. inviting LGBTI representatives onto an existing diversity committee or consumer advisory groups or specific, time-limited projects. An alternative approach might be to establish an LGBTI advisory group.

The organisation might contact and build relationships with organisations or services that provide support to LGBTI people in its catchment. These organisations will be valuable sources of information in their own right, as well as enabling connections with the local LGBTI community and consumers.

The organisation will need to consider the multiple identities which co-exist for many LGBTI people in their local community or catchment and, as a consequence, adapt participation strategies, communications, surveys, etc. to ensure that these are language and image appropriate for specific target cohorts.

The organisation might consider holding an LGBTI-specific event and interviewing or surveying those who attend about their needs.

Given the potential disadvantage experienced by LGBTI consumers, consideration will need to be given to respectful remuneration of consumers involved in participation projects or groups, in line with current best practice.

Importantly, the organisation will need to ensure timely and accessible feedback to LGBTI consumers and communities about the outcomes of their participation, and the actions the organisation will take in response.

The organisation will need to consider how it meets the needs of different subpopulations within LGBTI communities.

Examples of evidence

Evidence of strategies to engage and seek input from LGBTI consumer and communities in planning for consumer engagement.

Evidence of organisational planning to connect with the less visible LGBTI consumer – E.g. consider intersections with homelessness, age, language and literacy barriers, rurality, living with disability, identifying as Aboriginal and/or Torres Strait Islander, ethnicity, managing negative experiences associated with stigma and discrimination.

Advertising materials for recruiting LGBTI consumers to organisational committees or working groups.

Position descriptions in which designated responsibility for resourcing and supporting LGBTI consumers' and community participation is demonstrated. This might include a mix of roles such as managers, working group participants, champions or leadership roles or quality roles.

Surveys or other materials which include LGBTI demographic details for gathering data on needs.

Analysis of exit interviews or other strategies that capture feedback on LGBTI consumer experience .

Aggregated data and analysis from needs assessment.

Records (E.g. minutes of meetings, forums) involving LGBTI community members and consumer representatives.

QI plans and reports resulting from LGBTI-specific needs analysis which articulate the specific needs of L, G, B, T, I consumers.

Reports provided to managers/Board relating to LGBTI service governance.

Examples of feedback mechanisms to LGBTI consumers or communities E.g. Quality of Care report, newsletter, article in local newspaper, LGBTI radio, website news item.

Indicator 3.2 *The organisation has a system for identifying and monitoring the changing needs of its LGBTI consumers and evaluating the impact of service improvements on their quality of care.*

Explanatory notes on systems approaches

The organisation demonstrates that it systematically seeks and reviews data from needs analyses and service evaluations from LGBTI consumers to identify changing needs in a timely way. Similarly, the organisation demonstrates a proactive approach to evaluating the process and outcome of all quality improvement activities relating to services, for their impact on LGBTI consumers. Involving LGBTI consumers in evaluation and review processes will strengthen outcomes.

Feedback to LGBTI consumers and communities will be important to: ensure that the results of organisational improvements are communicated in a timely and appropriate way; promote continued engagement with the LGBTI community; and give them confidence in the commitment of the organisation to LGBTI-inclusive practice.

Examples of evidence

Surveys or other materials which include LGBTI demographic details for gathering data on service evaluation.

QI project plans to include analysis of feedback (both positive and negative) from LGBTI consumers.

Evaluation records of programs and services for LGBTI consumers which demonstrate LGBTI consumer/community involvement.

Records (E.g. minutes of meetings, forums) discussing trends in LGBTI consumer or emerging needs, that may include those of different sub-populations and/or service responses to these changing needs.

Records of QI activity evaluations which consider the impacts and benefits for LGBTI consumers.

Reports provided to managers/Board relating to LGBTI service governance.

Examples of feedback to LGBTI consumers and communities E.g. Quality of Care report, newsletter, article in local newspaper, LGBTI radio, website news item.

Indicator 3.3 *As part of its ongoing assessment of consumer experience, the organisation analyses its performance in working with LGBTI consumers and undertakes appropriate service improvements.*

Explanatory notes on systems approaches

The organisation has a systems approach to reflecting on, and evaluating, its performance in working with LGBTI consumers and community – considering all elements of the system. The organisation might consider developing performance indicators to support effective and objective evaluation of its performance.

As a result, the organisation may need to invest in further QI activities to improve its capability in engaging successfully with LGBTI consumers/community.

Examples of evidence

Analysis of feedback (both positive and negative) from LGBTI consumers and QI projects plans resulting from this.

Systems audit and results.

Records of meetings where results are discussed and actioned.

QI plans arising from audit results.

Reports provided to managers/Board relating to LGBTI service governance.

Outcome

LGBTI consumer voices influence service development. Excellence in consumer-centred care means that consumers are integral to all aspects of service delivery systems and the broader strategic direction of the organisation, in addition to being active participants in decision-making for their own care. LGBTI consumers, their staff and volunteers are valued sources of knowledge to inform organisational planning, the implementation of service delivery systems and their evaluation.

Organisations, therefore, will identify and work with LGBTI consumers and community members and LGBTI-specific services and community groups to plan, implement and evaluate the services delivered to ensure that they remain LGBTI-inclusive. Identified changes in LGBTI consumer needs will result in program and service review and improvement.

For more information

Links to legislation

As per **Standard 1: Organisational capability.**

Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013 (Cth) (SDA Amendment Act)

Sex Discrimination Act 1984 (Cth) (SDA)

Each state and territory has its own Anti-discrimination and/or Equality Opportunity legislation, in addition to the Commonwealth legislation listed above.

Resources

The Consumer Health Forum of Australia (see <https://www.chf.org.au/>) and state-based community engagement/participation organisations such as Health Issues Centre (see <http://www.healthissuescentre.org.au/>) have a range of resources relating to consumer and community participation, some of which have an LGBTI focus. For example 'Excluded from the table: LGBT health and wellbeing' in Health Voices, the *Journal of Consumers Health Forum of Australia*, and 'Feedback, Participation and Consumer Diversity', the *Journal of the Health Issues Centre*, *Health Issues*.

An example of one health services activities in establishing an LGBTI community advisory group – see <http://www.healthissuescentre.org.au/images/uploads/resources/Voices-heard-queer-community-advise-health-service.pdf>

The following resources, while not LGBTI specific, offer useful information to support systems for involving LGBTI consumers:

- ▶ Examples of frameworks for consumer participation – see <http://www.healthissuescentre.org.au/images/uploads/resources/Frameworks-for-participation.pdf>
- ▶ A guide to consumer engagement – see <http://www.healthissuescentre.org.au/health-services/consumer-engagement-guide/>

- ▶ Involving-consumers-on-health-service-committees – see http://www.healthissuescentre.org.au/health-services/consumer-engagement-guide/recruiting-consumers/#resource_heading
- ▶ Standard-2-Tip-Sheet-1-Helpful-things-to-know-when-partnering-with-consumers – see <http://www.safetyandquality.gov.au/our-work/accreditation-and-the-nsqhs-Standards/resources-to-implement-the-nsqhs-Standards/#Standard2>
- ▶ Using consumer stories – see <http://www.healthissuescentre.org.au/health-services/consumer-engagement-guide/getting-started-toolkit/>

Examples of stories demonstrating the lived experience of LGBTI people can be found in a number of publications on:

- ▶ Online library, GLHV www.glhv.org.au,
- ▶ Safe Schools Coalition <http://www.safeschoolscoalition.org.au/> and Safe Schools Coalition Victoria <https://sscv.org.au>
 - R Ward and M Scott 2014, Stand Out (see <http://www.safeschoolscoalition.org.au/stand-out>)
- ▶ Val's Café www.valsafe.org.au, including the following:
 - C Barrett 2008, *My People: A project exploring the experiences of Gay, Lesbian, Bisexual, Transgender and Intersex seniors in aged-care services*.

Examples of reports identifying the needs of LGBTI people can also be found on the GLHV website www.glhv.org.au, including:

- ▶ W Leonard, A Lyons and E Bariola 2015, *A closer look at Private Lives 2*.
- ▶ W Leonard et al 2012, *Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians*.
- ▶ L Hillier 2010, *Writing Themselves in 3: The 3rd National report on sexuality, health and wellbeing of same sex attracted and gender questioning young people in Australia*.

A recent report on needs of intersex people can be downloaded free from the OII website:

- ▶ Jones, Tiffany, et al, *Intersex: Stories and Statistics from Australia*. Cambridge, UK: Open Book Publishers, 2016 <https://oii.org.au/30313/intersex-stories-statistics-australia/>

The Williams Institute, UCLA, has a wide range of papers which include information on consumer participation and needs identification for the LGBTI community. See <http://williamsinstitute.law.ucla.edu/>

Roles and responsibilities

| | |
|-----------------------------------|--|
| Governing body/Board | <ul style="list-style-type: none"> ▶ Review and act on outcomes of LGBTI consumer participation in setting strategic directions. ▶ Promote LGBTI consumer participation on the Board, or Board sub-committees. |
| CEO | <ul style="list-style-type: none"> ▶ Adequately resource LGBTI consumer participation. ▶ Establish and/or strengthen relationships with LGBTI community, key elders and LGBTI services/organisations. |
| Managers | <ul style="list-style-type: none"> ▶ Promote understanding of the needs of LGBTI subpopulations and, with staff, develop strategies to meet these needs. ▶ Monitor systems for LGBTI consumer participation and advocate engagement with less visible subpopulations within LGBTI-communities. |
| Staff | <ul style="list-style-type: none"> ▶ Build an understanding of the lived experience of LGBTI consumers and apply this understanding at the individual level in service delivery. ▶ Facilitate LGBTI-consumer feedback and participation at the service interface and build trust. |
| LGBTI consumers/ community | <ul style="list-style-type: none"> ▶ Provide open and honest feedback to the organisation, in the knowledge that your views will be valued and acted upon. ▶ Suggest ways in which the organisation can improve its services and its consumer participation methods/structures. |

Good practice examples

Poster 1 -Celebrating key LGBTI days of remembrance





Standard 4

A welcoming and accessible organisation

LGBTI consumers can easily and confidently access services because the physical and virtual environments, including information, structures, resources and processes, are welcoming.

Context

Accessibility is a dimension of service quality that refers to the extent to which a person or a community can obtain services. Ease of access increases when practice, location, physical and economic considerations – based on needs – are free from discrimination of any kind.

LGBTI consumers may be cautious when accessing a new service for many reasons including:

- ▶ Previous negative experiences with service providers
- ▶ Fear of discrimination, abuse or harassment
- ▶ Fear of being refused a service; and
- ▶ Fear of being outed.

The organisation uses language and visual images in all areas of their service that affirm and value LGBTI persons.

An organisation's website and other web-based information portals will give cues to potential consumers, staff and volunteers about the service, providing a 'virtual' front door to the organisation.

Staff who have embraced LGBTI-inclusive practice will not only demonstrate greater confidence in working with their LGBTI consumers, they will confidently and effectively manage homophobic, biphobic and transphobic responses from other staff, consumers or visitors to their service.

The intent of workplace health and safety legislation is, predominantly, to ensure the health and safety of workers (including employees, volunteers, sub/contractors, trainees and students) in the workplace. However, legislative obligations under the various state and territory Acts also extend to ensuring that the health and safety of others in the workplace (including consumers and other visitors) are not put at risk through the conduct of the organisation.

Organisations need to communicate their LGBTI-inclusive practice and its requirements to referrers and other services operating in the catchment or service platform, as well as to future employees.

A note about intersections, life stages and setting

Promotional materials will vary significantly, depending on the target audience; for example, an approach to same sex attracted young people will look, sound and feel quite different, and use different media, to that aimed at gay or lesbian consumers accessing aged care services. Therefore, organisations offering a broad spectrum of services will face challenges in resourcing a diverse array of promotional and information and education resources, and require a higher level of creativity to optimise engagement.

Some older people may have kept their sexual orientation, gender identity or intersex status private all their lives. They may be especially vulnerable and alienated if the organisation is unable to meet their expectations about privacy and inclusion. Further, older people with dementia (and their families) may require additional support to feel included, valued and safe.

Older people in gay or lesbian relationships may choose (or not) to have their partner acknowledged through access and intake and assessment processes, and may require sensitive support to enable their needs to be met.

Trans and gender diverse persons, especially older people, may feel more vulnerable and require additional support strategies. These may include strategies for dealing with a lack of congruence between their gender identity and physical body.

Home-based services may be more reliant on providing consumer information on LGBTI-inclusive practice in printed form (E.g. through information/welcome/marketing packs).

Where there are co-located services, organisations need to ensure positive and welcoming messages are maintained, particularly when the service they are co-locating with may not share their level of commitment to LGBTI-inclusive practice.

Indicator 4.1 *The organisation welcomes LGBTI consumers through a range of different strategies that are appropriate to different contexts and environments.*

Explanatory notes on systems approaches

The organisation considers how the built environment, its communications and staff convey a message of safety and welcome to potential and existing LGBTI consumers. The organisation needs to be aware of the profile of the LGBTI community in its catchment and target group, and devises appropriate strategies to meet their information needs.

Strategies include, but are not limited to:

- ▶ managing the built environment, including that of multi-site and/or co-located operations, and importantly, front of house areas
- ▶ effectively communicate a message of welcome to potential LGBTI consumers where access and intake processes are managed by phone
- ▶ conveying a message of welcome in all communications - electronic, print, oral – in the physical environment and personal interactions
- ▶ service-appropriate communications (oral and written language and visual imagery) that are respectful and inclusive of LGBTI and other consumer identities
- ▶ staff training and professional development to support respectful and engaging interactions with LGBTI consumers; additional training maybe required for staff at intake, assessment and significant decision points, and when promoting services in public forums
- ▶ consideration of competing priorities E.g. other marginalised and vulnerable consumer populations
- ▶ leadership from the governance body and senior managers.

Organisations should consider involving LGBTI consumers, staff, communities and services in developing and reviewing appropriate strategies and resources to ensure that the welcome is inclusive of all subpopulations and is embedded in organisational systems.

The organisation communicates clearly with all consumers and visitors (including family) about their responsibilities to behave in non-discriminatory ways, that this is an LGBTI-inclusive service, and that homophobia, biphobia and transphobia are not tolerated.

Organisations will need to ensure the physical environment is welcoming and safe E.g. amenities and facilities are appropriate for trans and gender diverse people and people with intersex variations, and facilities provide adequate privacy and security for their needs. This covers toilets, change rooms and showers for consumers and members of the public.

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Examples of evidence

Policy and procedure regarding media and communications demonstrates commitment to LGBTI-inclusive practice.

Some examples of a range of media demonstrating LGBTI-inclusive practice are:

- ▶ web pages
- ▶ staff and consumer information brochures
- ▶ consumer and personnel record templates
- ▶ recruitment templates for staff and volunteers
- ▶ promotional and advertising materials.

Site observations demonstrate a welcoming environment.

Staff training records, which may include specific additional training that is role specific.

Records of meetings etc. where the organisation considers its engagement with LGBTI consumers and communities about a welcoming environment.

Staff, volunteer and consumer interviews confirm that the service is welcoming of LGBTI people.

Indicator 4.2 *The organisation's communication and educational materials are LGBTI-inclusive (E.g. inclusive language and images, and LGBTI specific information where relevant).*

Explanatory notes on systems approaches

The organisation sets clear expectations about better practice and the use of appropriate language and images that demonstrate LGBTI-inclusive practice.

The organisation trains staff in the use of appropriate and LGBTI-inclusive language in all communication, including written and oral.

The organisation undertakes LGBTI consumer engagement and includes LGBTI information in its educational and promotional materials as appropriate.

The organisation involves LGBTI consumers, communities and services in determining and focus testing language, acronyms and images for promotional and educational materials that are targeted at particular segments of the LGBTI community. They also use LGBTI representatives in developing future marketing strategies to ensure positive engagement with LGBTI communities. In doing this, the organisation is mindful of the multiple identities of LGBTI community members.

The organisation regularly reviews its promotional materials to ensure it meets the changing needs of its target LGBTI communities.

The organisation includes images of same sex couples in its promotional and educational materials.

The organisation considers appropriate pronoun use in its promotional materials.

The organisation consults with its community or specialist providers to determine the use of appropriate and acceptable language. Terms in use in the literature include intersex status, intersex traits and people with intersex variations or characteristics.

The organisation recognises that some people with intersex variations do not see themselves as members of the LGBTI community.

Examples of evidence

Knowledge management and documentation policy demonstrating LGBTI-inclusive practice considerations.

Sample of electronic and printed promotional and educational materials across the range of service provision which demonstrate LGBTI-inclusive practice.

Records of consumer participation in the development and review of resources and marketing strategies.

Interviews with LGBTI consumers and staff confirm the resources and other materials provided are LGBTI-inclusive.

Indicator 4.3 *The organisation effectively communicates its services to the LGBTI community.*

Explanatory notes on systems approaches

The organisation has a well developed understanding of its LGBTI community, and has established mechanisms and pathways to communicate effectively. This may include key events, organisations, specialist services, local community groups, etc.

The organisation considers how it can contribute to the celebration of key LGBTI dates and events e.g. local pride events, International Day against homophobia, biphobia and transphobia (IDAHOBIT), Transgender Day of Remembrance (TDOR), Intersex Solidarity Day, and International Celebrate Bisexuality Day. The organisation also considers intersectionalities and how it might contribute to awareness raising E.g. International Day of People With Disability (IDPWD) with an LGBTI focus. The organisation communicates using the LGBTI promotional materials it has developed.

The organisation considers carefully the messages it portrays and does not set up expectations it is unable to meet.

The organisation seeks feedback from LGBTI and broader communities about the appropriateness and impact of its messages.

Examples of evidence

Communications plan or strategy for LGBTI promotions.

Lists of key stakeholders.

Samples of articles and stories in internal and external media about such events and activities.

Plans for, and reports about, events and activities the organisation has attended or conducted to promote its LGBTI inclusivity.

Evaluations of impact of promotional activities and resulting QI plans.

Stakeholder interview confirming acknowledgement of the organisation as a provider of LGBTI-inclusive services.

Outcomes

Current and potential LGBTI consumers are aware of, and responsive to, signals, cues and symbols that demonstrate a celebration of diversity within the organisation. Staff have a sound awareness of, and strategies to address, critical engagement points in the consumer journey – prior to entry into the organisation, during initial orientation/intake and assessment processes, and service delivery.

Communication resources and media targeted at LGBTI consumers and communities demonstrate that the organisation: provides a welcoming and safe place; is willing and has the capability to meet their needs; and has networks and systems in place to support referral to other LGBTI-inclusive services as required.

The organisation promotes its service excellence and inclusivity to LGBTI consumers and community.

The organisation considers carefully that messages and media reflect the profile and diversity of LGBTI consumers and communities in its catchment area.

The organisation has integrated LGBTI-inclusive practice considerations into workplace health and safety systems (see **Standard 1**).

For more information

Links to legislation

No additional legislation.

Resources

Y G Ansara, 2013. *Inclusive language guide: Respecting people of intersex, trans and gender diverse experience*. National LGBTI Health Alliance. http://lgbtihealth.org.au/sites/default/files/Alliance%20Health%20Information%20Sheet%20Inclusive%20Language%20Guide%20on%20Intersex%2C%20Trans%20and%20Gender%20Diversity_0.pdf

The following resource is a useful youth-focused example of the importance of language in LGBTI-inclusive practice:

- ▶ R Ward 2014, *Homework is so gay: how do we challenge homophobia in schools* (video presentation – see <http://www.safeschoolscoalition.org.au/homework-is-so-gay-how-do-we-challenge-homophobia-in-schools>)

Population-specific publications include:

- ▶ Victorian Equal Opportunity and Human Rights Commission 2014, *Guideline: Transgender people at work*.
- ▶ M Carpenter & D Hough 2014, *Employers' Guide to Intersex Inclusion*.
- ▶ OII and ACON 2014, *Making your service Intersex friendly*.

The following two resources, while not LGBTI specific, offer useful information about involving consumers in organisational publications and consumer information materials:

- ▶ Standard 2 Tip-Sheet 5 Preparing written information for consumers that is clear, understandable and easy to use – see <http://www.safetyandquality.gov.au/our-work/accreditation-and-the-nsqhs-Standards/resources-to-implement-the-nsqhs-Standards/#Standard2>
- ▶ Standard 2 Tip Sheet 6 How to get feedback from consumers on patient information publications - see <http://www.safetyandquality.gov.au/our-work/accreditation-and-the-nsqhs-Standards/resources-to-implement-the-nsqhs-Standards/#Standard2>

There are also a number of sources of consumer-focussed brochures and resources that may be appropriate to your service mix, E.g.

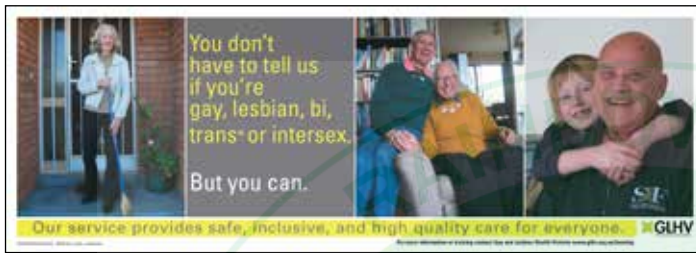
Victorian Equal Opportunity and Human Rights Commission, 2014. *Information for patients*. See www.humanrightscormission.vic.gov.au

Roles and responsibilities.

| | |
|-----------------------------------|---|
| Governing body/Board | <ul style="list-style-type: none"> ▶ Commit resources and provide leadership for developing relationships with LGBTI communities. ▶ Understand service governance trends and indicators relating to accessibility. |
| CEO | <ul style="list-style-type: none"> ▶ Ensure resources are appropriately distributed to build and sustain effective relationships through LGBTI-related promotions and activities. ▶ Provide leadership and promote the organisation as LGBTI-inclusive within the broader service system. |
| Managers | <ul style="list-style-type: none"> ▶ Develop, monitor and evaluate the effectiveness of LGBTI engagement and access processes. ▶ Support staff in implementing marketing and engagement processes, including attendance at key promotional events. ▶ Establish, support and resource appropriate project and reference groups which include consumer voices. |
| Staff | <ul style="list-style-type: none"> ▶ Engage positively with potential and existing LGBTI consumers when they access services and through social and opportunistic marketing. ▶ Actively participate in events and activities which promote the organisation to existing / potential LGBTI consumers / community / services. |
| LGBTI consumers/ community | <ul style="list-style-type: none"> ▶ Provide feedback about the effectiveness of promotional activities and suggest other opportunities for engagement. ▶ Participate in activities where LGBTI consumers co-design and partner with organisations. E.g. QI and other projects. |

Good practice examples

Poster 2 -Welcoming posters and signs





Standard 5

Disclosure and documentation

LGBTI consumers, staff and volunteers feel safe to provide personal information, including their sexual orientation, gender identity and/or intersex status, because they know information will be treated respectfully and that there are systems in place to ensure their privacy.

Context

Consumers, staff and volunteers need to be able to trust that the organisation will treat their information with respect and that there are system in place to assure their privacy. The consumer should understand clearly why the organisation requests different types of personal information, and what impact the giving, or withholding, of that information has on the capacity to provide safe and optimal care.

Disclosure in this Guide does not refer to the sharing of information as it does in privacy legislation (see *Cth Privacy Amendment (Enhancing Privacy Protection) Act 2012*, the *Cth Privacy Act 1988*, and *Australian Privacy Principles*). Rather, it refers to the ways in which LGBTI people let others know their sexual orientation, gender identity or intersex variation. LGBTI people affiliated with different CALD communities use different terms to describe disclosure including 'coming out', 'welcoming in' and 'letting people in'.

Disclosure has the potential to significantly impact on an LGBTI person's safety, health and wellbeing, and their social connectedness. LGBTI consumers need to know that a consumer-centred approach and the increasing use of on-line record systems usually means that information in case records is shared within the organisation, and hence available to any staff who are involved in their care. This may create real tensions for the LGBTI consumer regarding confidentiality and unintended disclosure, especially in regional and rural areas.

Recently, the Commonwealth has augmented its privacy legislation with guidelines for Australian Government departments and organisations about recognition of a person's sexual orientation and gender identity in documentation. Whilst not legislatively binding on other organisational types, this may be a useful reference for improving knowledge management systems and specifically record keeping about individuals, whether they be consumers, staff or volunteers.

Consumers have the right to choose whether they disclose a range of information about themselves, and to understand the implications of providing that information – or not. Consumers also have the right to determine how information is recorded and to whom that information is made available; again, the impact of their choices, both positive and negative, needs to be clear to the individual. Many LGBTI consumers are only too well aware of the risks of disclosure, and the organisation needs to consider carefully how they might create an environment where consumers who wish to disclose feel confident to do so.

Some mandated documentation does not include respectful sexual orientation, gender identity, intersex variation and/or relationship options in its data set. Advocacy may be required to enable the organisation to respectfully and appropriately record personal information or provide 'opt out' choices, where this information is required for service provision or organisational functions. Regardless of whether or not questions are routinely asked about a consumer's sexual orientation, gender identity or intersex status the organisation still requires a planned and consumer-focused approach to the possibility of disclosure.

Disclosure by a family member or others needs to be managed sensitively and in accordance with the express wishes of the LGBTI consumer; this may need some considered advocacy and explanation to the individual consumer's family of choice or origin. In other situations, the family of origin may not be aware of their relative's sexual orientation, gender identity or intersex status; this too needs careful consideration, although the best interests of the LGBTI consumer are always paramount.

A note about intersections, life stages and setting

The language of disclosure, whether intended or unintended, will vary for **different cultures and life stages**. 'Coming out' and 'outing' are not culturally appropriate terms for many – 'Welcoming people in' may be a more acceptable term.

Vulnerable groups within LGBTI communities including **young people who may be questioning their sexuality or gender identity** or **older LGBTI persons** may need particular and sensitive responses if they disclose.

Unintended disclosures or outing by others may have additional impacts on LGBTI people in **residential or group settings**. It is important that the organisation considers this as part of its risk profile for LGBTI consumers.

Indicator 5.1 *The organisation has a policy on when it is and is not appropriate to collect information on a consumer's sexual orientation, gender identity, intersex status and/or relationship status.*

Explanatory notes on systems approaches

To meet all indicators in this Standard, an organisational policy and procedure will need to cover:

- ▶ minimum legislative requirements consistent with *Australian Privacy Principles, Relationships Acts* (where relevant) and other prevailing legislation
- ▶ other relevant and mandated external requirements or guidelines
- ▶ a considered approach to: what information needs to be collected to provide a service – from whom, when, how and why; how information is stored, kept secure and up-to-date; and how information is shared, where relevant
- ▶ how to gain accurate consumer information respectfully and confidentially
- ▶ an approach to managing sensitive information including, at a minimum: sexual orientation; gender identity; intersex status; difference of body; and, relationships
- ▶ whether information of a sensitive nature can be stored such that it becomes available only to those who need and are approved to know and, if so, how this occurs
- ▶ meeting the best interests and wishes of the LGBTI consumer, including how personal information is recorded, how relationships are recorded and how this information is used and shared
- ▶ language use and 'pronoun cueing' to avoid misgendering a consumer, staff member or volunteer
- ▶ environmental considerations E.g. safe spaces for intake, needs identification, assessment, case management, care and case review
- ▶ minimum training needs of all staff who may have contact with consumers. This training should include: information collection in a sensitive and respectful way; responding to disclosure in a positive and respectful manner; and an awareness of potential triggers which may traumatise or re-traumatise a consumer
- ▶ managing conflict between an LGBTI consumer and family or other consumers arising from intended or unintended disclosure or inadvertent outing by others.

Organisational use of aggregated data or reporting to third parties will need to be covered within organisational policy and procedures, being mindful of the potential to 'out' people in minority groups. De-identification of all individuals may not be possible because of the characteristics of the data set and the number of people included in data collection.

The policy might also consider mechanisms to facilitate social connectedness with the LGBTI community or meet other special needs of the consumer or partner.

The organisation needs to consider a complementary document which describes consumer rights and responsibilities, which addresses sensitive information, privacy and confidentiality.

The organisation's approach recognises that sexual orientation, gender identity and intersex status are independent personal attributes. Intersex is a protected attribute under the Commonwealth Sex Discrimination Act (2013) as a gender classification 'X', which can be Intersex or agender. Individuals may identify as *Male, Female, Both, Neither, Between* or *All*. The organisation allows the use of non-binary options.

Examples of evidence

A specific policy and procedure on the collection of information on a consumer's sexual orientation, gender identity, and intersex status, and key relationships *or* the inclusion of these considerations in a broader privacy/consumer-record policy or equivalent.

A consumer-oriented document which describes rights and responsibilities demonstrating LGBTI-inclusive practice in information management.

Samples of case record documentation which includes respectful recording of sexual orientation, gender identity, intersex status and relationships where these are relevant, and emergency contacts; records identify from whom the information was collected.

Risk register which includes risks relating to the management of sensitive consumer information.

Staff training records relating to collecting information on a consumer's sexual orientation, gender identity, intersex status and relationships.

Staff and consumer interviews confirming practice complies with organisational policy.

Consumer record audit demonstrating compliance with stated policy.

Indicator 5.2 *The organisation only collects information about a consumer's sexual orientation, gender identity, intersex status and/or relationship status from the consumer themselves or from their nominated representative.*

Explanatory notes on systems approaches

Organisational policy and procedure needs to define the expected approach to collecting information from the consumer or their nominated representative. This might include a procedure for when an advocate might be required E.g. an older LGBTI consumer with dementia who has no formal representative, intimate partner or nominated support person.

Staff are trained and able to demonstrate these procedures in practice.

T

The organisation has considered in its policy how it will manage documentation for its gender diverse consumers.

I

Staff have a good understanding of the definitions and implications of sex markers – biological descriptors, legal status, and their interface with identity – and manage this sensitively and respectfully. Organisational procedures support this. The organisation advocates for change where external requirements are discriminatory or not respectful of people with intersex variations.

Examples of evidence

Policy and procedures that address who is authorised to collect information on a consumer's sexual orientation, gender identity, intersex status and relationships (this may be included in a broader policy on information privacy/records management).

Staff and consumer interviews confirming practice complies with organisational policy.

Consumer-record audit demonstrating compliance with organisational requirements, including data fields which identify who collected the consumer's personal information, and from whom.

Supervision records which demonstrate reflection on practice.

Indicator 5.3 *The organisation has processes to ensure that LGBTI consumers understand that information about their sexual orientation, gender identity or intersex status is confidential and that they will be consulted on how and why this information is recorded, stored and shared.*

Explanatory notes on systems approaches

The organisation's documented approach takes into account the best interests of the LGBTI consumer. Organisational approaches to how staff provide information to consumers regarding their privacy and confidentiality includes sexual orientation, gender identity, intersex status and relationships appropriately. This might include:

- ▶ an explanation about what information is collected; when, how and why it is collected; and how it will be used, to enable safe, appropriate and acceptable quality of care
- ▶ a sensitive approach to collecting accurate personal information and emergency contact details that does not require disclosure
- ▶ discussion about the LGBTI consumer's preferences in relation to how their information is collected and recorded
- ▶ a transparent and explicit approach to discussing and managing the use and sharing of this information with other workers within the organisation (especially where multidisciplinary records are maintained), and to external service providers, where referrals or reports are made.

Examples of evidence

Policy and procedure demonstrating sufficient guidance for staff to respectfully articulate privacy and confidentiality processes to LGBTI consumers.

A consumer-oriented document describing rights and responsibilities demonstrating LGBTI-inclusive practice in information collection, storage, use and disclosure.

Staff and consumer interviews confirming practice complies with organisational policy.

Consumer record audit demonstrating compliance with organisational requirements, and that sharing of information is always documented in records.

Risk register and treatment plans considering the impact of disclosure/non-disclosure in scenarios where the risk to an LGBTI consumer is high.

Supervision records which demonstrate reflection on practice.

Indicator 5.4 *Staff understand the significance to LGBTI people of disclosing their sexual orientation, gender identity or intersex status and that the organisation has strategies to ensure that staff respond in a respectful and positive way when consumers, other staff or volunteers disclose.*

Explanatory notes on systems approaches

Staff should be aware of the likelihood that they are providing services to LGBTI consumers, regardless of whether consumers have disclosed information about their sexual orientation, gender identity, intersex status or relationships. Assumptions should never be made. Similarly, staff may be working alongside colleagues who may or may not have disclosed information about sexual orientation, gender identity or intersex status.

Staff training, professional development and supervision enable positive and respectful responses to disclosures which may be intended or unintended. Staff support is made available to consumers, staff and volunteers where disclosure has not been a positive experience.

It is likely that a consumer accessing an organisation promoting itself as LGBTI-inclusive is more confident to disclose, in the belief that it is safe to do so. Therefore it is incumbent on the organisation to ensure the safety of its LGBTI consumers through having appropriate systems in place (including systematic monitoring), implemented by trained staff.

Risk management processes cover responsiveness to a range of disclosure scenarios, together with appropriate organisational responses.

Examples of evidence

Staff training records regarding responding to disclosure.

Content of training and professional development programs and other activities for staff and volunteers relating to responses to disclosure.

Supervision records demonstrating reflection on responding to disclosure.

Risk register and treatment plans that include responding to disclosure and managing difficult disclosure scenarios.

Indicator 5.5 The organisation has systems for collecting, storing, using and sharing LGBTI staff and volunteers' personal information, including their sexual orientation, gender identity, intersex status and/or relationship status.

Explanatory notes on systems approaches

The organisation is aware of its legislative obligations relating to personnel and volunteer record keeping and builds these requirements into its human resources system.

The organisation has a systematic approach for managing personnel records, actioned by appropriately trained staff. The organisation consults with LGBTI staff and has considered carefully what information it needs to collect, and only collects and securely stores information required for the primary purposes of the human resource system.

The organisation will consider its processes for police/working with children (WWC)/vulnerable persons' checks and other similar requirements, to ensure that unintentional disclosure does not occur. Where only internal options for the application and processing of such checks occurs, the risk of unintended disclosure is high; better practice would be to allow the person to complete the process themselves and provide the results to the organisation.

Information is only collected from the individual staff member or volunteer, and not from third parties or by making assumptions.

Individual staff members are aware of the information that will be collected, and why. Staff members are able to define how their information is recorded, have the capacity to correct or update personal information as required and can decide who has access to that information (beyond legislative obligations).

The organisation regularly monitors its system for personnel records and conducts record audits. The organisation keeps up to date with guidelines relating to good practice in record keeping for LGBTI personnel, and reviews its documentation and processes when: legislation changes; new learnings emerge; or, other improvement opportunities are identified.

As noted above, care needs to be taken in police and other checks, to ensure that a history of living in another gender is not unintentionally made known and the person's privacy infringed.

Examples of evidence

Human resource policies and procedures, templates and tools relating to personnel records that comply with legislative requirements, are respectful of LGBTI staff and volunteers and protect their privacy and confidentiality.

Managers and human resources personnel interview/s (where relevant) demonstrate an understanding of how to manage sensitive personal information.

Staff and volunteer interviews demonstrate sensitive management of their personal information and that their needs have been met and they feel respected in the process.

Personnel record templates and checklists.

Observation of secure storage of personnel records, including appropriate access procedures.

Audit of a sample of personnel records of staff and volunteers.

Audit results of the organisation's monitoring of records.

QI plans and activity reports arising from system review/record audits.

Outcomes

LGBTI consumers, staff and volunteers feel safe and have confidence in the way their information is managed by the organisation. Any disclosures they make are done so willingly and with confidence that their privacy is safeguarded and their confidentiality respected and protected. The organisation collects information about consumers only when it is necessary for the purpose of providing a service to that consumer. The organisation has a sound understanding of the personal and health information it needs to collect, and why.

Given that information about sexual orientation, gender identity, or intersex status is highly personal and sensitive and its disclosure holds potential risks to the individual, the organisation has systems in place to manage disclosures in a positive and respectful way. Further, the organisation presents an environment in which a consumer, staff member or volunteer feels confident to disclose, should they choose to do so, and know that their personal information will be confidentially and respectfully handled. The organisation is mindful that LGBTI consumers may be fearful of being inadvertently 'outed'.

For more information

Links to legislation

Depending on service type, there may be a range of legislation which determines aspects of practice and required consumer/staff documentation. Examples include:

- ▶ Relevant Commonwealth and State privacy legislation (including health records legislation)
- ▶ *Privacy Amendment (Enhancing Privacy Protection) Act 2012* (Cth) and the *Australian Privacy Principles* contained within this Act.
- ▶ *Privacy Act 1988* (Cth)
- ▶ *Relationships Act 2011* (Qld)
- ▶ *Relationships Act 2008* (Vic)
- ▶ *Relationships Act 2003* (Tas)
- ▶ *Civil Partnership Act 2008* (ACT)
- ▶ *Relationships Register Act 2010* (NSW)
- ▶ *Acts Interpretation (Registered Relationships) Regulations 2008*
- ▶ *Statutes Amendment (Domestic Partners) Act 2006* (SA)

However, it is important to note that not all states have legislation relating to relationships.

Resources

Depending on service type, there may be a range of external guiding documents which determine aspects of practice and required consumer/staff documentation. Examples include:

- ▶ Australian Government 2013 (updated 2015), *Australian Government Guidelines on the Recognition of Sex and Gender*
- ▶ The Australian Human Rights Commission (see <https://www.humanrights.gov.au/publications/sexual-orientation-sex-gender-identity?source=our-work>) has a number of resources which cover documentation and disclosure, including:
 - ▶ *Resilient Individuals: Sexual Orientation Gender Identity & Intersex Rights* (2015)
 - ▶ *Sex Files: the legal recognition of sex in documents and government records* (2009)
 - ▶ *Sogi's Story* (2014)
- ▶ M Carpenter & D Hough 2014, *Employers guide to Intersex inclusion*. See www.oii.org.au
- ▶ Victorian Equal Opportunity and Human Rights Commission and Transgender Victoria 2014, *Guideline: Transgender people at work – complying with the Equal Opportunity Act 2010 in employment*. See www.humanrightscommission.vic.gov.au

The Williams Institute, UCLA, has a wide range of papers which include information on documentation and disclosure. See <http://williamsinstitute.law.ucla.edu/>

Program and funding guidelines, as relevant

Roles and responsibilities

| | |
|-------------------------------|---|
| Governing body/Board | <ul style="list-style-type: none">▶ The Board considers trends or issues relating to LGBTI consumers' privacy protections as part of its service governance responsibilities and monitors legal compliance. |
| CEO | <ul style="list-style-type: none">▶ Ensures privacy and confidentiality policy and procedures, and their implementation, protect the rights, health and wellbeing of LGBTI consumers.▶ Advocates for change to external policy requirements, to be more LGBTI-inclusive. |
| Managers | <ul style="list-style-type: none">▶ Implement LGBTI-inclusive practice and monitor that it is consistent with policy and procedures.▶ Support staff to understand their obligations to LGBTI consumers; investigate and manage poor performance/breaches. |
| Staff | <ul style="list-style-type: none">▶ Understand the lived experience of LGBTI consumers and create safe spaces for consumers; respond positively and respectfully to disclosure. |
| LGBTI consumers/ community | <ul style="list-style-type: none">▶ Understand and feel confident to exercise their rights regarding privacy, confidentiality and disclosure.▶ Provide feedback to the organisation on ways in which it can improve its systems for disclosure and documentation. |

Good practice examples

Poster 3 - Word cloud and LGBTI legal reform



Victorian gay and lesbian couples now have the same rights as heterosexual couples to authorise medical treatment, have access to information about their partner's health, and hospital visitation.

FOR MORE INFORMATION GO TO
www.glvh.org.au
OR
www.over-the-rainbow.org.au



Standard 6

Culturally safe and acceptable services

Services and programs identify, assess, analyse and manage risks to ensure the cultural safety of LGBTI consumers.

Context

An inclusive organisation is one where all people can feel not only safe, but where their uniqueness and the culture and traits of their 'tribe' are valued and affirmed. In Australia, cultural safety and the related concepts of cultural security, competency and more recently humility, have been applied to the development of Aboriginal and Torres Strait Islander inclusive mainstream services. However, the concepts are now being applied in the provision of inclusive services to other minority populations, including LGBTI people. LGBTI-cultural safety involves LGBTI people not only feeling safe when accessing services but having their sexual orientations, gender diverse identities and intersex variations valued and affirmed.

The LGBTI community is not homogenous. The needs of different LGBTI people vary according to their sexual orientation, gender identity and intersex variation and to their affiliation with other minority populations, including Aboriginal, multicultural and faith-based LGBTI people and LGBTI people with disabilities – an individual's multiple identities. Providing a safe and high quality LGBTI-inclusive service involves recognising the complexities of any LGBTI person's needs, remembering that the aim is to be respectful and affirming of each individual.

Cultural safety focuses on:

- ▶ professional empathy
- ▶ reflective practice
- ▶ an understanding of identity and culture; and
- ▶ addressing the impact of systemic discrimination on the health and wellbeing of LGBTI people.

Cultural safety is enabled when service providers work together with their consumers, organisations and communities to proactively understand and manage risk, across all dimensions of identity and their intersections.

Cultural safety is demonstrated in organisations where there is strong leadership supporting the development of LGBTI-inclusive practice; where staff consider mindfully how they engage with other staff, consumers and volunteers; and when staff reflect on the impact their personal beliefs and values have on the services they provide.

Acceptability is a dimension of service quality, and is explicitly defined by consumers – it is measured by the degree to which a service meets or exceeds the expectations of informed consumers, and is key to consumer-centred care. Consumer experience data, including complaints, give a strong indication of the acceptability of services to consumers. If a service is to be acceptable to the LGBTI community, it must be seen to be culturally safe and appropriate.

This Standard underpins an organisation's capacity to achieve the other five Standards. It is expected that, as organisations implement systems change, their understanding of cultural safety and cultural and multiple identity risk management grows. Cultural safety cannot be achieved until inclusiveness has been embedded in all systems.

A note about intersections, life stages and setting

Recognition of LGBTI consumers' **multiple identities** (and their intersections) is critical in developing a cultural safety lens through which an organisation develops, implements and evaluates its services and programs. This enables an understanding of the impact of life stages and settings on different identities – both positively and negatively.

All LGBTI people who have suffered harm as a result of health interventions are more vulnerable and risks to them need to be carefully identified, analysed and managed. This may include **trans and gender diverse people** and those with **intersex variations** who have suffered inappropriate surgery.

In **bed-based settings**, the built environment and management protocols may also contribute to increased alienation and marginalisation E.g. segregation into male and female wards/rooms.

An understanding of LGBTI history and the lived experience of **older LGBTI people** is important to enhance staff understanding of consumers' perceived cultural safety, especially in residential care or home-based settings. Older people may well have perceptions about aged care services which evoke fear and disempower them.

A keen awareness of the power dynamics at play in consumer-provider relationships is important. For example, LGBTI people who do not feel culturally safe may choose not to be out as consumers when accessing services. LGBTI consumers in aged care settings may be more vulnerable to abuse or discriminatory behaviours from other consumers, or their visitors.

Older LGBTI consumers may acquire age-related or other disabilities and chronic illnesses, and the compounding effects of marginalisation increase their health and wellbeing risks.

Older LGBTI people may face increased social isolation if they feel the need to hide their sexual orientation, gender identity or intersex status.

Timely advanced care planning for older LGBTI people is an important risk management strategy for end of life care, especially where there is conflict between family of origin and family of choice, or between family of origin and the LGBTI consumer.

In **rural settings**, the risks may relate more directly to personal relationships between consumers and providers.

For younger people, or those who identify with other minority or marginal populations, the organisation may need to consider risks of family violence if the person is not 'out' at home.

Indicator 6.1 The organisation understands the needs of LGBTI consumers and addresses these needs in the design and delivery of services and programs.

Explanatory notes on systems approaches

Cultural safety becomes an integral part of the planning framework and systems of the organisation and is understood by all staff. Further, the management of cultural safety considers the many potential intersections between multiple identities and associated cultures (including, but not limited to, identifying as Aboriginal and Torres Strait Islander, ethnicity, age, faith, rurality and living with disability).

As part of the organisation's structured approach to service planning, explicit consideration of the needs and risks of different groups within LGBTI communities are included in the systematic development, delivery and evaluation of services and programs. This is likely to influence: service design; facility design; service promotion and access to services; establishment of staff competencies, credentials and scope of practice; coordination and integration of services and programs; and, performance and outcome measures. An LGBTI checklist for service development and review would be useful.

The organisation considers its built environment and the risks inherent in the layout and workflow of the environment in which care is provided.

The organisation uses a number of strategies and sources (including LGBTI consumer participation activities) to develop a comprehensive understanding of LGBTI consumers' needs and the unique issues and experiences of each of the subpopulations (see **Standard 3** for further discussion around consumer participation).

Using recognised quality and safety frameworks may assist in building organisational learning: consumer-centred care models, driven by information and organised for safety (ACSQHC 2010); quality dimensions such as effectiveness, efficiency, appropriateness, access, acceptability and safety (VQC 2005); and, analysis of a consumer journey.

As services come up for review, the needs of LGBTI consumers are considered, and quality improvement planning is implemented as required.

Examples of evidence

Policies and procedures for service and program planning, which explicitly identify the need to be LGBTI-inclusive and, where relevant, LGBTI-specific; this may include an LGBTI-inclusive practice checklist and LGBTI consumer involvement in planning and review.

Needs analysis reports for LGBTI sub-populations, with evidence that this is regularly reviewed and updated.

Records of engagement with identified stakeholders that inform an understanding of needs E.g. LGBTI consumers, LGBTI groups and services.

Examples of service and program plans which demonstrate LGBTI considerations.

Examples of program and service reviews which demonstrate an evaluation of LGBTI inclusivity.

Examples where complaints or other feedback have resulted in prompt action to improve services and reduce risks.

QI plans and activity reports arising from program and service reviews.

Management and Board reporting relating to service planning and review that demonstrate LGBTI-inclusivity.

Indicator 6.2 Individual intake, assessment, care planning and case management processes and documentation are LGBTI inclusive.

Explanatory notes on systems approaches

The organisation develops, implements and monitors processes and documentation for access, intake, needs identification, assessment, care planning, case management and review which positively engage LGBTI consumers (see also **Standard 5: Documentation and disclosure**, as these systems are linked). Examples include:

- ▶ consideration of collecting gender identity and/or sex marker information
- ▶ how staff frame questions such as requests for details of emergency contacts
- ▶ informal information gathering processes
- ▶ considerations for carers, partner and family of choice
- ▶ service risk specific to the LGBTI consumer and their presenting needs.

The organisation considers any additional training needs of staff in specialist positions such as front-line/reception, intake and assessment positions, and resources this appropriately.

The organisation keeps its referrers and other stakeholders informed about its LGBTI-inclusive practice approach and any relevant requirements for referrals. Equally, intake, assessment and care planning staff are knowledgeable about other services and their capability in providing LGBTI-inclusive services, where external referrals are necessary. This information needs to be shared with other staff who may make referrals at other points in the consumer journey.

The organisation monitors its access, intake, needs identification, initial assessment, care planning, case management and case review processes to ensure they are LGBTI-inclusive.

The organisation systematically reviews its consumer documentation across the consumer journey, to ensure all documentation supports LGBTI-inclusive practice and reflects current understandings of good practice.

The organisation undertakes quality improvement activities where deficits are identified in practice.

The organisation ensures that sub-contracted or brokered services meet the requirements of this Standard.

Examples of evidence

Policy, procedures and other resources which support LGBTI-culturally appropriate intake, needs identification, assessment, care planning or review, case management and referral.

Samples of intake, needs identification, assessment, care planning and case management templates across the service mix of the organisation, demonstrating LGBTI-inclusive language use and approaches.

Samples of communications with key referring bodies.

List of organisations with known LGBTI-inclusive practice capability, and referral protocols.

Staff and consumer interviews confirming that intake, needs identification, assessment, care planning and case management processes are inclusive of LGBTI consumers.

Records of review of intake and assessment, care planning and case management processes and documentation, and resulting QI activity.

Service governance records or reports demonstrate LGBTI-inclusive practice at all points of the service continuum.

Indicator 6.3 The organisation's service delivery risk management system includes strategies to identify and manage potential risks to the cultural safety of LGBTI consumers.

Explanatory notes on systems approaches

Systems for 'clinical' or 'service delivery' risk management explicitly identify and manage risks to LGBTI consumers in line with the services provided. In identifying potential risks, it is also useful to consider risks that need to be addressed in achieving each of the Rainbow Tick Standards. Risks should be considered at all stages of the consumer's pathway through the service and from all sources and systems organisation-wide. Staff are mindful of heteronormative service planning methodologies when planning or reviewing services and programs.

Staff require an awareness of how their personal values and beliefs about LGBTI people impact on the quality of service they provide, and potentially increase risk to LGBTI consumers. They need to consider whether their beliefs put them at odds with organisational expectations of the professional behaviours and actions required for LGBTI-inclusive practice.

Training is provided to staff to support effective and timely risk management. Staff surveys which identify challenging personal attitudes and beliefs may be useful in developing appropriate training materials.

Consider the risks associated with historical discrimination that include harassment, bullying, and stigma and reduced access to services. These risks are compounded for LGBTI people who experience other forms of marginalisation such as homelessness, unemployment, living with disability and social isolation. The effects of intersecting experiences of marginality or multiple minority identities are not well understood and careful consideration needs to be given to how services address this issue.

G

Consider the risks to gay men who may face discrimination because service providers mistakenly believe all gay men are HIV positive, or that they might 'catch' HIV from HIV positive consumers.

GLB

Consider the health and wellbeing risks to those who may engage in same sex relationships, although they may not identify as gay, lesbian or bisexual.

T

Consider the risks associated with social exclusion, violence and difficulties in expressing affirmed gender.

For services undertaking physical examinations or providing personal care, consider the inherent risks for consumers with differences in body.

Risks to trans, gender diverse and intersex persons occur when they have to educate service providers who lack knowledge about their specific issues, especially when combined with a lack of access to well-informed or specialist services.

Risks may be associated with the perceived need to hide one's gender identity to avoid discrimination and reduced quality of care.

Consider any risks inherent for your service in terms of common health issues for trans and gender diverse people, including but not limited to:

T

- ▶ high cost of medical treatments and support needs
- ▶ gendered access to some pharmaceutical items
- ▶ burdensome administrative procedures for name and gender/sex marker changes
- ▶ disrespectful or discriminatory health services (including eligibility barriers)
- ▶ poor service pathways, health service coordination and/or integration, especially in rural areas
- ▶ long waiting times and their impact on health and wellbeing
- ▶ lower rates of regular health screening
- ▶ social isolation.

For trans and gender diverse people experiencing homelessness, there are additional risks around accessible, appropriate crisis accommodation and social housing options.

For some service types, the risk of undue pressure on parents or people with intersex variations to proceed with 'normalising' surgical and other interventions (i.e. losing bodily autonomy) needs to be considered.

Also, consider the risk inherent in making assumptions about the gender identity and sexual orientation of people with intersex variations.

I

The organisation is mindful of the impact on a person born with an intersex variation having to educate service providers, often repeatedly.

Examples of evidence

Guiding documentation for planning at all levels of the organisation (including workforce planning) reflecting risk management requirements for LGBTI/diversity inclusivity (i.e. considering multiple identities).

Program and service records demonstrating effective risk management in action.

Risk register, which demonstrates the organisation identifies and assesses risks across the client journey.

Risk management plans addressing Extreme/High LGBTI cultural safety risks, at a minimum.

Risk reports to management team and governance body.

QI project plans/activity reports emerging from risk analysis.

Interviews with governing body confirming an awareness of risk appetite relating to inclusive practice, LGBTI specific risks and risk management outcomes, and that these are monitored regularly.

Interviews with CEO/managers/staff demonstrating risk management in action.

Staff can provide examples of LGBTI specific risks identified and managed in their service areas.

Indicator 6.4 The organisation has processes in place to identify and respond to breaches of the cultural safety of LGBTI consumers, staff and volunteers by other staff, consumers, volunteers or visitors.

Explanatory notes on systems approaches

Systems for identifying and responding to alleged breaches of the cultural safety of consumers or staff are in place. These systems should recognise that breaches may be made by staff, consumers, visitors and volunteers, and that any breach impacts on the health and wellbeing of the person whose safety has been infringed. The organisation actively engages in counselling, debriefing and other support activities when incidents and breaches occur.

The organisation communicates its concern about, and management of, breaches in a range of ways across all stakeholder groups (including in its training and professional development of staff). Staff are empowered to respond promptly to cultural safety breaches and are supported by their management team.

The organisation is aware of its legislative obligations regarding discrimination and its vicarious liability means that the organisation is responsible for the actions of its employees (in addition to the personal liability of that employee in the matter). The organisation recognises it has a duty to act, rather than react, and develops processes in advance to deal with breaches of LGBTI-cultural safety.

Examples of evidence

Incident and investigation reports relating to allegations and/or breaches (or near misses) of LGBTI cultural safety.

Debriefing and support records where cultural safety breaches occur.

Trend reports to senior managers and governing body.

Potential QI project plans emerging from near misses or actual breaches.

Nominated Cultural Safety Officer or equivalent, known by staff and consumers, has responsibility for reporting potential and actual breaches and risks.

Staff supervision and training records reflect a sound understanding of (potential) breaches and risks.

Supervision records reflect discussions about cultural risk and safety.

Interview with governing body demonstrating awareness of breaches, and resulting actions.

CEO and senior manager interviews confirming organisational approach/response, including examples where breaches have occurred.

Staff interview confirming knowledge of processes in place.

Consumers, volunteers and staff at interview demonstrate that they are able to report alleged breaches and are confident that appropriate action will be taken.

Indicator 6.5 *The organisation disseminates information about LGBTI cultural safety across its programs and services and to other organisations.*

Explanatory notes on systems approaches

Communication systems ensure that the cultural safety of services and programs and human resource management is communicated across the organisation. Structures and processes are in place to communicate LGBTI-cultural safety externally to existing and potential consumers, visitors and staff, as well as the broader community and service delivery system (including major referral organisations). This communication needs to be realistic about how well embedded LGBTI-inclusive practice is; it may be more useful to communicate 'working towards LGBTI-inclusive practice'.

Processes exist to respond to and protect against discrimination, bullying and harassment of LGBTI consumers or staff by other consumers and visitors.

Examples of evidence

Cultural safety policy and procedures which articulates LGBTI considerations, if not covered elsewhere in policy documentation.

Guiding documents for program and service planning which demonstrate the inclusion of cultural safety processes.

Communications from leaders and managers promoting LGBTI-cultural safety and what this means for staff, volunteers and all consumers.

Consumer rights and responsibilities documentation demonstrating that the organisation upholds consumers' right to a culturally safe and respectful service provided by culturally competent staff and volunteers.

Program and service promotional materials contain information about cultural safety.

Interviews confirming managers, volunteers and staff understand LGBTI-cultural safety and can provide examples of relevant practice.

Consumer and stakeholder interviews confirming that the cultural safety message is heard and understood.

Outcomes

Consumers experience a safe, affirmative and empowering service, provided in safe spaces. The organisation celebrates the richness of diversity in its consumers and the value this brings to the organisation and its community, and to enabling better outcomes for LGBTI consumers. The organisation protects the rights, and promotes the health and wellbeing of LGBTI consumers, staff, volunteers and communities through:

- ▶ Embedding equity and an understanding of LGBTI needs and cultural safety in planning, implementation and evaluation, and across all linkages to other workplace systems
- ▶ Acknowledging that LGBTI people have multiple identities including Aboriginal LGBTI people and LGBTI people with disabilities - inclusive services need to recognise this multiplicity and that LGBTI people from other marginalised groups may experience additional risks
- ▶ Ensuring services are provided by culturally competent staff and volunteers
- ▶ Ensuring that the service environment is seen as a safe and welcoming space for LGBTI consumers
- ▶ Undertaking regular risk management processes to ameliorate risks to LGBTI consumers and provide a supportive environment for them
- ▶ Responding promptly and effectively to all allegations of breaches to cultural safety of LGBTI consumers by staff, consumers, visitors or volunteers
- ▶ Promoting the organisation's commitment to LGBTI-cultural safety and the acceptability of services to all consumers, community, referring bodies and other stakeholders.

For more information

Links to legislation

Anti-discrimination legislation, as identified in **Standard 1: Organisational capability**.

Resources

AS/NZS ISO 31000:2009 Risk management - Principles and guidelines.

A range of resources have been developed for clinical (or service) governance in Victorian community health services. These are applicable and adaptable to LGBTI-inclusive practice, especially those relating to risk management, (clinical) leadership and (clinical) supervision. See <http://healthcaregovernance.org.au/research>, especially the section headed *Managing clinical risk*.

There are other clinical risk management models applied in various health and human services sectors that can be extrapolated to include LGBTI consumer issues.

The Canadian Rainbow Health Coalition (2005), *Social Justice framework for GLBTT-SQ Wellness*. See http://www.glhv.org.au/sites/www.glhv.org.au/files/socialjusticefram_can.pdf

Specific clinical risk - Victorian Department of Health (2013) *Decision-making principles for the care of infants, children and adolescents with intersex conditions*. Available from <http://www.health.vic.gov.au/diversity/glbti.htm>

Roles and responsibilities

| | |
|-----------------------------------|--|
| Governing body/Board | <ul style="list-style-type: none">▶ Service governance includes review of organisational performance regarding cultural safety of LGBTI staff, consumers and visitors.▶ Decision making about risk appetite considers LGBTI cultural safety. |
| CEO | <ul style="list-style-type: none">▶ Leadership; oversight of cultural safety and risk management systems; monitoring organisational reporting and identifying/reporting trends.▶ Oversight of communication strategy for cultural safety. |
| Managers | <ul style="list-style-type: none">▶ Implementing systems for LGBTI-cultural safety and risk management, including breach investigation.▶ Performance management - supervision, performance review of staff and volunteers includes cultural competency. |
| Staff | <ul style="list-style-type: none">▶ Identifying and analysing risks to the cultural safety of LGBTI consumers; identifying potential breach scenarios.▶ Reflecting on practice and improving culturally safe service delivery; seeking support where required, to ensure cultural safety. Addressing promptly any observed breaches of cultural safety. |
| LGBTI consumers/ community | <ul style="list-style-type: none">▶ Consumers are confident in their cultural safety when accessing services in the organisation.▶ Consumers are empowered to report perceived breaches to their cultural safety and are informed of the outcome of investigations. |

Good practice examples

Case study - Cultural safety for people with multiple identities...and their multiple needs

A young wheelchair user books in for a Pap smear at a health service and enquires about a range of physical access issues, assistance filling out forms and asks if there is a queer or LGBTI practitioner available. On arrival it is clear that the height of the reception desk makes communication difficult.

At their appointment the examination table is too high (and does not lower), making it difficult for the young person to transfer from their wheelchair and no lifting equipment is provided. The young person is adamant that they can climb onto the examination table with a little support and do so. The practitioner struggles to perform the Pap smear because the young person is having difficulty keeping their legs apart; the receptionist is called in to assist. The service did not follow up on the inquiry about a queer practitioner. When the procedure is finally completed, the young person appears visibly distressed.

The client calls back to say that they felt uncomfortable with the way they were treated and that the lack of assessable equipment contributed to their discomfort. The organisation treats this as a formal complaint. During the investigation that follows, the organisation considers:

- ▶ Is there easy-to-find information about access issues on our website, and in our information for consumers?
- ▶ How can we improve the wheelchair user experience at reception, to ensure privacy and confidentiality and respectful communication, and in the consultation space, to ensure a positive outcome?
- ▶ Are there procedures to ensure an appropriate response when a consumer asks about whether an LGBTI practitioner is available? How does LGBTI-inclusive practice support this?
- ▶ What processes are in place to ensure that a consumer's dignity is maintained, and that services are provided in a respectful, professional and skilled manner that takes account of the whole person – their many identities and needs?

An audit was conducted as part of the investigation, looking at the built environment, furniture and equipment, staff training, as well as a review of relevant systems. As a result of implementing a quality improvement plan, the organisation has:

- ▶ Involved the consumer in developing inclusive strategies and practices, and fed back to the consumer progress against the resulting improvement plan
- ▶ Implemented new processes for reception staff and intake workers regarding inclusive practice, recognising people's multiple needs and building capability in providing a safe space and high quality, sensitive services for vulnerable consumers
- ▶ Provided additional training in multiple identities and needs, for reception, intake and service delivery staff, to enable them to carry out the new procedures
- ▶ Updated its consumer-facing information (print, web and telephone messaging) to improve accessibility and equity messaging
- ▶ Purchased additional up-down tables for shared consulting rooms
- ▶ Submitted plans for renovating the reception space to be more inclusive and confidential
- ▶ Incorporated reflective practice about diversity and inclusion into staff supervision sessions
- ▶ Created a program of diversity awareness activities to keep multiple identity thinking on the agenda.

6. Glossary

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| Affirming gender | The process a trans or gender diverse person undertakes to live as their true gender. This may include medical treatment (surgery, hormone therapy and other treatments), a change of name, using a different pronoun, and changing sex on identification documentation such as a birth certificate, passport or drivers licence. This process is also referred to as Gender Affirmation (see Transition below). |
| Asexual | A person who does not experience sexual attraction to others. |
| Biphobia | The fear, hatred or intolerance of people who are bisexual, or perceived to be bisexual, that often leads to discriminatory behaviour or abuse. |
| Bisexual/bi | A person who is sexually and/or emotionally attracted to people of more than one sex. Often this term is shortened to 'bi'. Related terms include pansexual , and hetero/homoflexible . |
| Bisexual erasure | Bisexual erasure or bisexual invisibility involves a failure to recognise bisexuality in general or individuals who are bisexual. Bisexual erasure can involve a failure to consider that someone who is in a relationship with a person of the same or opposite sex may be attracted to people of more than one sex. |
| Brotherboy | See Sistergirl in this glossary. |
| Cis/Cisgender | Cisgender describes a person whose gender conforms to the dominant social expectations of the sex they were assigned at birth. |
| Cisgenderism | Cisgenderism describes beliefs and practices that privilege cisgender people at the expense of people whose gender does not conform to the dominant social expectations of the sex they were assigned at birth. Cisgenderism devalues people whose experience of their embodied gender does not fit within a binary model of sex and gender. |
| Coming home and Coming in/ Inviting people in | Coming home and Coming in are terms preferred by some people to Coming out (see below) because they don't pressure individuals to publicly declare their sexual identity, gender identity or intersex variation. Some people from non-Anglo cultural backgrounds prefer these terms because they don't rely on dominant, western identity categories. They give them greater choice and flexibility in how they describe themselves and in who they invite in and seek support from. |
| Coming out | The process through which an LGBTI person comes to recognise and acknowledge to themselves and/or others, their sexual identity, gender identity or intersex status. Coming out is never a once-off event. Rather, it is a repetitive process where LGBTI people have to make decisions if, when and with whom to be out to in every new personal, social or work situation. |
| Cultural safety / security (competence) | Cultural safety and security acknowledge and affirm cultural differences while at the same time addressing the power imbalances that exist between marginal and dominant groups. They involve addressing the risks to minority individuals and groups that this power imbalance can bring. An organisation or practitioner develops their cultural competence so as to provide cultural safety for individuals and communities, through an approach to service delivery and professional practice that is responsive to the beliefs, values and practices of different groups or populations. The term is often used to highlight differences between the values and practices of minority and marginal groups and those of the dominant culture. While the term has most commonly been applied to racial, ethnic and religious |

minorities, it has recently been applied to sexual, sex and gender identity diverse communities and to the provision of LGBTI-inclusive, culturally safe services. Related terms include **cultural awareness**, **cultural proficiency** and more recently **cultural humility**.

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| Disability | Disability results from interactions between a person's impairment, understood as functional limitations, and the social, physical and attitudinal barriers they face. Addressing disability involves removing these barriers and minimizing the impact of living with an impairment on a person's life. |
| Discrimination and Indirect Discrimination | Discrimination is when you treat, or propose to treat, a person unfavourably because of a personal attribute or characteristic. Under Commonwealth legislation it is illegal to discriminate against someone on the basis of their sexual orientation, gender identity or intersex status. Indirect discrimination is when you include an unreasonable requirement that is likely to disadvantage someone on the basis of one or more protected attributes. |
| Equity | Equity is about fairness, and making sure all people have access to the same opportunities. This does not involve treating everyone the same. Rather, it involves recognising that everyone is different and providing individuals and communities with the things they need to ensure that everyone has the same opportunities. |
| Gay | A person whose primary emotional and sexual attraction is toward people of the same sex. The term is most commonly applied to men, although some women use this term. |
| Gender diverse | A broad term that encompasses a diversity of gender identities and gender expressions including: bigender , trans , transgender , genderqueer , gender fluid , gender questioning , gender diverse , agender and non-binary . Gender diverse refers to identities and expressions that reject the belief that gender is determined by the sex someone is assigned at birth. |
| Gender Dysphoria /Gender Identity Disorder | Gender Dysphoria or Gender Identity Disorder is a medical diagnosis given to trans and other gender diverse people who are experiencing discontent and distress resulting from 'gender identity issues'. The term is seen as pathologising by many because it implies that trans and gender diverse people are 'disordered'. |
| Gender expression (Gender conforming and non-conforming) | The way someone chooses to publicly express their gender, through name, pronoun, clothing, haircut, mannerisms etc. Gender conforming refers to behaviour and modes of presentation that match the dominant social expectations of the sex someone was assigned at birth. Gender non-conforming involves behaviour and modes of presentation that do not match the dominant social expectations of the sex someone was assigned at birth. |
| Gender identity | Gender identity has a specific meaning under State and Commonwealth Equal Opportunity and anti-discrimination legislation. In broad terms, however, it refers to a person's deeply felt sense of being a man or a woman, both, neither, or in between. For example, an individual who has no gender identity or a gender identity that is neutral may refer to themselves as agender or gender free . Some people's gender identity may vary according to where they are and who they are with. |

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| Genderqueer | A person whose gender identity is not limited to or by the binary categories of male or female. Genderqueer people may identify as masculine, feminine, bigendered or partially male or female . Some genderqueer people may be third-gendered or reject gender roles altogether (see Gender Diverse above). |
| Gender questioning | The process of questioning the belief that gender and gender identity are necessarily determined by the sex someone is assigned at birth. People who are gender questioning may express their gender in ways that do not match the expectations of the sex they were assigned at birth or they may reject gender categories all together. |
| Gender Reassignment Surgery (GRS) | A surgical procedure where an individual's body or sexed anatomy is aligned with their gender identity. Also known as sex reassignment surgery (SRS) or genital confirmation surgery (GCS). |
| Heteronormativity and Heterosexism | Heteronormativity is the belief that everyone is, or should be, heterosexual and cisgender and that other sexualities or gender identities are unhealthy, unnatural and a threat to society. Heterosexism describes a social system built on heteronormative beliefs, values and practices in which non-heteronormative sexualities and gender identities and people with intersex variations are subject to systemic discrimination and abuse. |
| Homophobia | Fear, hatred or intolerance of people who are same-sex attracted or are perceived to be same sex attracted, including lesbians, gay men and bisexuals, that often leads to discriminatory behaviour or abuse. |
| Inclusive practice/ service provision | The provision of services that is respectful and aware of the culture and beliefs of the recipient. This includes the provision of services to LGBTI people that recognise and affirm the values and practices of the LGBTI community. |
| Internalised biphobia /homophobia/ transphobia | The internalisation by LGBT people of heterosexist beliefs, values and practices that can lead to feelings of reduced self-worth, shame and sadness. |
| Intersectionality | Intersectionality understands that identity, a person's sense of 'who they are', is not singular but rather an effect of multiple, intersecting social categories. These categories are effects of complex socio-historical processes and reflect deeply entrenched relations of power and inequality. For example, many LGBTI people also identify as Aboriginal, religious, having a disability, and more. For any individual, these categories are not discrete but mutually constitutive. For some people, they are mutually reinforcing; for others, there may be tensions or contradictions between different categories that leads to a fractured or dissonant sense of identity. |
| Intersex and Intersex status | Intersex status has a specific meaning under State and Commonwealth Equal Opportunity and anti-discrimination legislation. Intersex, however, refers to a person who is born with sex characteristics (including genitals, gonads and chromosome patterns) that do not fit typical binary notions of male or female bodies. |
| Lesbian | A woman whose primary emotional and sexual attraction is toward other women. |
| Misgendering | Describing or addressing someone using language that does not match that person's gender identity or expression. For people with intersex variations, this may include a presumption that they have a non-binary gender identity, or that they identify exclusively as a man or a woman. |

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| Non-binary | Non-binary refers to a model of the relationships between sex and gender that does not assume a radical division between sex (a person is either male or female but not both or neither) and gender (a person is masculine or feminine but not both or either). People who are non-binary may have sex characteristics that do not fit a binary model of male or female or may express their gender in ways that do not match the dominant social expectations of the sex they were assigned at birth. |
| Polyamory | Polyamory is the practice of, or desire for, intimate relationships involving more than two people with the knowledge and consent of everyone involved. Sometimes referred to as multiple ethical relationships . |
| Pronoun cueing | Using words and actions to send a 'cue' about someone's gender. This is a proactive and respectful way of making people aware of someone's gender who might otherwise be misgendered. Examples include using "She" or "The woman who was speaking yesterday..." to talk about a woman who had been misrecognised as male by friends or co-workers. |
| Quality improvement | The continuous review and evidence-based improvements to professional practice, system performance and consumer outcomes based on the input and efforts of a broad range of stakeholders including: healthcare professionals, consumers and their families, researchers, funders, policy makers, planners and educators. |
| Quality system | A whole-of-organisation approach that aims to provide the best service for each consumer. It involves the integration of organisational systems including governance, planning, values and behaviours, data, change management, and evaluation. |
| Queer | Queer is often used as an umbrella term that includes non-heteronormative gender identities and sexual orientations. The term has also been used as a critique of identity categories that some people experience as restrictive and limiting. For some older LGBTI people the term is tied to a history of abuse and may be offensive. |
| Same-sex attraction /attracted | Sexual and/or emotional attraction toward people of one's own sex. This includes lesbian, gay and bisexual people and people who may be questioning their sexuality, or do not want to label themselves. The term has also been used to describe young people whose sense of sexual identity is not fixed and experience sexual feelings toward people of their own sex. Others prefer the term <i>same gender attracted</i> . |
| Service/ clinical governance | A framework that holds the governing body, managers and staff of an organisation jointly responsible for minimising the risks to consumers, safeguarding their quality of care, and continuously improving the quality of services to create an environment of service excellence. |
| Sex/ Sex characteristics | A person's physical characteristics relating to sex, including genitalia, chromosomes or hormones and also secondary sex characteristics that emerge at puberty. |
| Sexual orientation | Describes a person's sexual or emotional attraction to another person based on that other person's sex and/or gender. The term is restricted in law to sex only and refers to attraction to persons of: the same sex (gay and lesbian); different sex (heterosexual); or persons of both the same and different sex (bisexual). <i>Pansexual</i> is a term that is used to describe someone who is sexually and emotionally attracted to other people regardless of their sex, gender or gender identity. |

Sistergirl/Sistagirl Some Aboriginal, Torres Strait Islander and South Sea Islander communities use various terms to describe or identify a person assigned female or male at birth and identifying or living partly or fully as another gender. In these communities, Sistergirls have a distinct cultural identity and often take on female roles including looking after children and family. Other communities will use different terms to describe gender diversity. These include **Brotherboy** which is sometimes used to describe an individual assigned female at birth who has a male spirit. However, in other Aboriginal, Torres Strait Islander and South Sea Islander communities Brotherboys is used as a generic term to describe a group of men who relate to each other – ‘my brothers’ – and similarly Sistergirls is used to describe a group of women.

Systems

A dynamic and purposeful collection of interrelated components that work together to achieve some objective, while adapting to an ever-changing environment.

Trans/ Transgender

A person whose gender identity or expression is different from that assigned at birth or those who sit outside the gender binary. The terms male-to-female and female-to-male may be used to refer to individuals who are undergoing or have undergone a process of gender affirmation.

Transgender and trans* are older terms and may now be seen as less inclusive than *trans and gender diverse*.

Transition

The process by which a trans or gender diverse person affirms their gender. Transition may include some or all of the following: cultural, legal or medical adjustments; telling friends, family and/or colleagues; changing one’s name and/or sex on legal documents; hormone therapy; or, surgical intervention. For some *trans and gender diverse* people the social context of transition may be more important than the physical aspect of transitioning.

Transphobia

A fear, hatred or intolerance of people of who are transgender, or perceived to be transgender, that often leads to discriminatory behaviour or abuse.

7. Acronyms

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|--------------------------|---|
| AHRC | Australian Human Rights Commission |
| CQI | Continuous quality improvement |
| OII | Organisation Intersex International Australia |
| LGBT | Lesbian, gay, bisexual, trans and gender diverse |
| LGBTI | Lesbian, gay, bisexual, trans and gender diverse and intersex |
| OAIC | Office of the Australian Information Commissioner |
| QIP | Quality Innovation Performance |
| SDA | Sex Discrimination Act 1984 |
| SDA Amendment Act | Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013 |
| SSA | Sam sex attracted |
| SSAGDI | Same sex attracted, gender diverse and intersex |
| SSASGD | Same sex attracted and sex and gender diverse |
| TGD | Trans and gender diverse |
| TGV | Transgender Victoria |
| VEOHRC | Victorian Equal Opportunity and Human Rights Commission |

8. Additional resources

Resources listed under each Standard are not repeated here. This section provides additional resources to assist organisations develop and implement LGBTI-inclusive practice.

GLHV resources

GLHV (see www.glhv.org.au) has an online library of resources which can be searched by topic, audience and/or search term. On the top right of any GLHV website page, look for the Resource Navigator, or go direct to www.glhv.org.au/library and search from there.

GLHV also maintains a playlist of LGBTI videos to support training and professional development needs of organisations. These can be found at https://www.youtube.com/playlist?list=PL9SGDZpzc_rL2ieSfFAsqXXcg7sYmG3aY&feature=em-share_playlist_user

In addition to GLHV's resources, many other websites materials have been used in the writing of this Guide. These sources are listed below, alphabetically, under relevant topic headings.

International resources

Internationally, a number of institutions have demonstrated expertise in LGBTI-inclusive practice including, but not limited to:

- ▶ The Williams Institute, UCLA – see <http://williamsinstitute.law.ucla.edu/>
- ▶ Stonewall – see <http://www.stonewall.org.uk/>
- ▶ Kinsey Institute, Indiana University – see www.kinseyinstitute.org
- ▶ Equality Network, Scotland – see <http://www.equality-network.org/>

Bisexual people

- ▶ Bisexual Alliance Victoria – see <http://www.bi-alliance.org/>

Consumer-focussed resources

Many organisations and government departments produce consumer resources to support LGBTI-inclusion. Examples are:

- ▶ VEOHRC – see <http://www.humanrightscommission.vic.gov.au/index.php/our-resources-and-publications/know-your-rights-brochures>
- ▶ OAIC – see <https://www.oaic.gov.au/individuals/>
- ▶ AHRC – see Face the facts section <https://www.humanrights.gov.au/face-facts-lesbian-gay-bisexual-trans-and-intersex-people>

Older people

Val's Café operates to support research and LGBTI-inclusive practice in aged care settings – see www.valscafe.org.au

- ▶ C Barrett 2008, *My People: A project exploring the experiences of Gay, Lesbian, Bisexual, transgender and Intersex seniors in aged-care services*.

Families

Information about and support for Rainbow Families can be found at

- ▶ Victoria - Rainbow Families Council – see <http://www.rainbowfamilies.org.au/>
- ▶ NSW/ACT - see <http://www.rainbowfamilies.com.au/#intro>
- ▶ Queensland – see www.rainbowfamiliesqld.org/
- ▶ Tasmania – see <https://www.rainbowtas.org/rainbowfamilies/rainbowfamilies.html>

Human Rights

All Australian human rights commissions have information resources available; see:

- ▶ Australian Human Rights Commission <https://www.humanrights.gov.au>
- ▶ Victorian Equal Opportunity and Human Rights Commission www.humanrightscommission.vic.gov.au/
- ▶ ACT Human Rights Commission <http://hrc.act.gov.au/>
- ▶ Asia Pacific Forum of National Human Rights Institutions (2016) *Promoting and Protecting Human Rights in relation to Sexual Orientation, Gender Identity and Sex Characteristics*. Sydney, Australia: Asia Pacific Forum of National Human Rights Institutions, www.asiapacificforum.net/resources/manual-sogi-and-sex-characteristics/

Intersex people

- ▶ Organisation Intersex International Australia Limited (OII Australia), www.oii.org.au
- ▶ The Androgen Insensitivity Syndrome (AIS) Support Group Australia Inc., www.aiisga.org.au

Language and documentation

- ▶ The Australian Government Guidelines on the Recognition of Sex and Gender (<https://www.ag.gov.au/Publications/Documents/AustralianGovernmentGuidelinesontheRecognitionofSexandGender/AustralianGovernmentGuidelinesontheRecognitionofSexandGender.PDF>)
- ▶ The National LGBTI Health Alliance. *The Inclusive language guide: Respecting people of intersex, trans and gender diverse experience*, www.lgbtihealth.org.au

Legislation

- ▶ Australian Human Rights Commission (2015) *Resilient Individuals: Sexual Orientation, Gender Identity and Intersex Rights National Consultation Report*, Ch. 13, www.humanrights.gov.au/sogii

Implementing LGBTI-inclusive practice will also involve an organisation assessing its compliance against other legislation, including but not limited to:

- ▶ *Fair Work Act 2009* (Cth)
- ▶ Privacy legislation at both Commonwealth and state levels
- ▶ Work health and safety legislation which applies in the state/s in which an organisation operates
- ▶ Relationships legislation, where this exists, in the state/s in which an organisation operates

LGBTI-inclusive practice

Victorian Department of Health and Human Services (2016) *Rainbow eQuality: LGBTI inclusive practice guide for health and community services*, <https://www2.health.vic.gov.au/about/populations/lgbti-health/rainbow-equality>

The National LGBTI Health Alliance produces a range of resources to support LGBTI-inclusive practice, <http://lgbtihealth.org.au/>.

LGBTI people at work

ACON has developed a number of resources to support LGBTI-inclusive employment practices; some developed in partnership with LGBTI peak bodies such as TGV or OII. ACON also operates the *Pride in Sport* and *Pride in Diversity* programs, including the Australian Workplace Equality Index, www.prideindiversity.com.au

- ▶ ACON – www.acon.org.au
- ▶ TGV – www.transgendervictoria.com
- ▶ OII Australia – www.oii.org.au

Mental health

- ▶ National LGBTI Health Alliance – www.lgbtihealth.org.au/mindout
- ▶ Beyondblue – <https://www.beyondblue.org.au/who-does-it-affect/lesbian-gay-bi-trans-and-intersex-lgbti-people>
- ▶ Qlife – <http://qlife.org.au/>

Quality improvement methods

- ▶ A range of easy to read resources relating to change management and quality improvement, <http://www.kotterinternational.com/>.
- ▶ A range of resources on quality improvement in Australian Health settings, <http://www.cathybalding.com/>
- ▶ Program logic and evaluation resources, <https://www.wkkf.org/resource-directory/resource/2006/02/wk-kellogg-foundation-logic-model-development-guide>

Trans, gender diverse and gender non-conforming people

- ▶ Transgender Victoria – www.transgendervictoria.com
- ▶ YGender – <https://ygender.org.au>
- ▶ A Gender Agenda – www.genderrights.org.au
- ▶ The Gender Centre Inc. (NSW) – www.gendercentre.org.au

Young people

Several websites have information and resources about and for young people; some of these are settings-based e.g. safe schools.

- ▶ Safe Schools Coalition Victoria – www.sscv.org.au
- ▶ Rainbow Network – www.rainbownetwork.com.au
- ▶ The HEY Project – www.heyproject.org.au

With thanks — Valued contributors

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