

Beyond:

'we treat everyone the same'

A report on the 2010 – 2011 program:
How² create a gay, lesbian,
bisexual, transgender and intersex
inclusive service

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Centre for Excellence in Rural Sexual Health
CERSH

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transgender and intersex inclusive service.

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Glossary of terms

Bisexual

A person who is sexually and emotionally attracted to men and women.

Coming out

The process through which a GLBTI person comes to recognise and acknowledge (both to self and to others) his or her sexual orientation, gender identity or intersex status.

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 identity

A person's sense of identity defined in relation to the categories male and female. Some people may identify as both male and female, while others may identify as male in one setting and female in other. Others identify as androgynous or intersex without identifying as female or male.

Homophobia

The fear and hatred of lesbians, gay men, bisexual people and of their sexual desires and practices.

Intersex

A biological condition where a person is born with reproductive organs and/or sex chromosomes that are not exclusively male or female. An incorrect term for intersex is hermaphrodite.

Lesbian

A woman whose primary emotional and sexual attraction is toward other women.

Queer

An umbrella term that includes a range of alternative sexual and gender identities, including gay, lesbian, bisexual and transgender.

Sexual orientation

The feelings or self-concept, direction of interest, or emotional, romantic, sexual, or affectional attraction toward others.

Transgender

A person who does not identify with their gender of upbringing. The terms male-to-female and female-to-male are used to refer to individuals who are undergoing or have undergone a process of gender affirmation (see Transsexual).

Transphobia

Fear and hatred of people who are transgender.

Transsexual

A person who is making, intends to make, or has made the transition to the gender with which they identify.

1. Introduction

In 2010-2011 Gay and Lesbian Health Victoria (GLHV) ran a program aimed at assisting health and human services organisations develop practices and protocols that are inclusive of gay, lesbian, bisexual, transgender and intersex (GLBTI) clients. This report documents the achievements of the program and the wonderful work done by some of the program participants in effecting change within their respective organisations.

The report begins by describing the context that led to the development of the program. It outlines the program's key components and the barriers and enablers to the development of GLBTI-inclusive practice. Then the report presents seven case studies, stories written by program participants themselves that describe the process and outcomes of organisational change. The final section reflects on the participants and facilitators experiences and 'what it takes' to achieve GLBTI-inclusive practice by outlining a program logic model.

The context

One of the most frequent requests to GLHV is from GLBTI community members who want a list of health and human services that are GLBTI-inclusive. Many are aware that services can show they are GLBTI 'friendly' by placing a rainbow flag on their door or website, or by listing their service in GLBTI media. However, increasingly members of the GLBTI community want assurances that services understand and will be responsive to their needs. The number of these requests has escalated significantly since the 2008 report: *Well Proud: A guide to gay, lesbian, bisexual, transgender and intersex inclusive practice for health and human services* (Department of Health Victoria)¹. These government guidelines outline the evidence relating to the needs of GLBTI people and present generic recommendations for GLBTI-inclusive practice.

Following the release of *Well Proud*, GLHV noticed an increase in enquiries from service providers who were aware of the need for GLBTI-inclusive practice, but were unsure where or how to start. In response to the increasing requests about GLBTI-inclusive services, GLHV developed an audit tool to enable organisations to check their performance against standards for GLBTI-inclusive practice. The audit was adapted from the Rainbow Tick – a set of national standards developed by GLHV in consultation with the Quality Improvement and Community Services Accreditation (QICSA) (see attachment one).² The standards were adapted from the generic recommendations in *Well Proud* to include a series of practical strategies and quality based practice indicators of GLBTI-inclusive practice. The six GLBTI-inclusive standards are:

- 1 Access and intake processes
- 2 Consumer consultation
- 3 Cultural safety
- 4 Disclosure and documentation

¹ Department of Health Victoria. (2008). *Well Proud: A guide to gay, lesbian, bisexual, transgender and intersex inclusive practice for health and human services*. Available from: www.health.vic.gov.au/glbtimeac/resources.htm.

² The project received funding from the Victorian Department of Health.

- 5 Professional development
- 6 Organisational capacity

The guiding principle underlying the audit (and the Rainbow Tick Standards) is that GLBTI-inclusive practice requires organisational change; that is, it requires a systemic approach. The systemic approach recognises that professional development is an important component of change, but on its own is not sufficient to sustain change. Professional development needs to be supported by policies, procedures and structures that are endorsed by management, as shown in Figure One below.

Figure One: Relationship between professional development and GLBTI-inclusive practice



Feedback on the audit tool developed by GLHV showed that the tool was simple to use and guided organisations on how to develop an action plan for improvements. In response to the audit, GLHV experienced an increase in the number of organisations seeking support to work through the practical steps required to implement their action plan. To meet this need GLHV developed the training program: How² create a GLBTI-inclusive service.

About the How² program

The How² program involves a series of workshops over a 12 month period to coach participants through the practical steps involved in enhancing GLBTI-inclusive practice in their organisation. The workshops aim to support participants to plan, implement and evaluate changes in their service including:

- 1 Auditing the service against the Rainbow Tick Standards
- 2 Consulting consumers
- 3 Educating colleagues
- 4 Developing and implementing an action
- 5 Managing obstacles
- 6 Evaluating changes.

The first workshop outlines strategies for a needs analysis and then each following workshop addresses one of the six standards by exploring practical strategies for change. Phone support was provided to

participants between workshops to assist the change process. Each workshop was evaluated and participant's suggestions for improvement incorporated into the program.

The inaugural program was run in 2010 with a call for expressions of interest from health and human service organisations that:

- 1 Want to become GLBTI-inclusive (or more GLBTI-inclusive)
- 2 Have the capacity to provide time release for one or more staff to attend the program
- 3 Are willing and able to empower staff attending the program to implement changes
- 4 Have the capacity to support staff attending the program.

Ten participants, from a broad range of health and human services, enrolled in the first program. Six months into the program, conversations with the Centre for Excellence in Rural Sexual Health (CERSH) identified an opportunity to bring the program to rural Victoria with the support of CERSH. The support offered by CERSH included: localising content of the program to the needs of rural services; co facilitation of each workshop; phone and email support between workshops and a financial subsidy that enabled organisations to double their registrations. Eight organisations enrolled in the rural program; most organisations sent two participants and one organisation sent four. The partnership with CERSH was pivotal in ensuring rural access and resulted in the development of a paper on the application of the Rainbow Tick Standards to rural services (see extract: rural considerations, attachment 2). The success of the partnership with CERSH is also apparent in the number of rural services that have contributed a chapter to this report.

Eighteen organisations enrolled in the two programs and 10 completed the program. Valuable lessons about 'what it takes' to achieve GLBTI-inclusive practice were learned along the way. Many of these lessons are outlined in the stories presented by program participants. However, some of the lessons are sensitive and can only be shared in a broad way (rather than attributed to a particular organisation). In addition, many important learnings came from organisations that did not complete the program and that did not present an organisational story. To share these lessons, the following section looks at barriers and enablers to change, across the program.

2. Barriers and enablers to change

A number of barriers and enablers to GLBTI-inclusive practice were identified through feedback from program participants. Each workshop began by providing participants with the opportunity to debrief on challenges they were experiencing, as well as the opportunity to share strategies, information and resources. A summary of the barriers and enablers described by participants and identified by the facilitators is presented in the following section.

'We do that already; we treat everyone the same'

The most common (and unsurprising) barrier encountered by program participants was resistance from colleagues. What was surprising was that this resistance had a universal language. In response to presentations about GLBT-inclusive practice, many participants reported that colleagues espoused their support and then added: *we do that already, we treat everyone the same*. This belief often shifted in response to presentations on evidence about the health and wellbeing of GLBTI people and an overview of what GLBTI-inclusive practice is. Additionally, the most successful strategy to shift awareness and break down stereotypes was providing access to narratives about the experiences of GLBTI people. This occurred through stories from research, or first hand accounts of GLBTI staff, family members, or clients. The power of stories to generate empathy and support for change was particularly noted in rural areas.

'We're good at this'

A similar challenge emerged in some organisations where there was an existing activity or project addressing the needs of GLBTI clients. In some cases, organisations were well recognised for their work with GLBTI clients and this translated into a belief that GLBTI-inclusive practice would be relatively simple. However, difficulty making the transition to implementing GLBTI-inclusive practice across all organisational systems was reported in some cases. The organisational audit provides a valuable opportunity for organisations to check their progress against the six standards. In future programs, participants will be invited to document their progress against the standards after each workshop to challenge assumptions and to increase the opportunities for reflection.

GLBTI champions

Several participants were GLBTI people who were open about their sexual orientation or gender identity in their organisation. Prior to enrolling in the program, several were successfully working as change agents. Many were recognised as having a good understanding of the health and wellbeing of GLBTI people as well as related supports and services. These participants often approached their managers for permission to participate in the program and saw the program as providing the opportunity to formalise and resource their existing role.

The selection of GLBTI people as program participants also included a level of complexity that needs to be considered. At times GLBTI champions reported feeling overburdened by being labelled the 'GLBTI worker' and meeting high organisational expectations to work with GLBTI communities without

adequate support. Some GLBTI champions also reported feeling that perceptions of their role allowed other workers to opt out of responsibility for GLBTI-inclusive practice. In some cases the GLBTI champion was seen as 'pushing their own barrow', rather than facilitating a process that the whole organisation needed to engage in. At times this meant that GLBTI-inclusive practice was not taken seriously, or embedded into organisational systems. In many cases, GLBTI champions were exposed to homophobic or transphobic remarks from colleagues or members of the local community – particularly in rural areas. For two participants, inadequate support and the challenges this presented for them personally meant that they were unable to continue participating in the program. Others reported that colleagues said that they could not make negative remarks about GLBTI-inclusive practice because of the risk of offending the GLBTI staff member.

In a small number of cases GLBTI staff, or staff who were known to have GLBTI family members, felt pressured to participate in the program. In some circumstances these participants struggled personally with homophobic responses from colleagues with little organisational support. The program did not have the capacity to provide the support these participants needed and encouraged participants to do what they needed to do to look after themselves. One participant withdrew from the program and another rang in sick prior to each workshop.

GLBTI staff members who take on the role of change champions need to be supported by senior management to ensure they have resources, support and 'traction' for improvements. This support also needs to ensure the personal safety of GLBTI staff members. It is important to check that GLBTI employees, or staff with GLBTI family members, feel ready and able to take on the role of GLBTI-inclusive practice champion. It is also important that in rural regions, developing and maintaining GLBTI-inclusive practice is not driven by a small number of GLBTI champions but is taken up as a systemic, organisation wide approach that builds a range of champions across the service.

Timing and safety

Some organisations carefully considered the risks to the cultural safety of GLBTI people as part of their change process. Particular attention was paid to the risks associated with promoting their organisation or service as GLBTI-inclusive before organisational systems were put in place. However, this was one area where particular support was required to ensure potential risks were identified. For example, a number of organisations ordered posters from GLHV to put in their foyer – to send a message of welcome to GLBTI clients. However, the program highlighted the importance of first ensuring that professional development and organisational systems were in place to help staff respond appropriately to GLBTI clients who disclosed their sexual orientation or gender identity in response to these posters.

The message about potential risks was particularly important in relation to standard four on disclosure and documentation. A number of participants reported that, because they did not explicitly ask clients about sexual orientation or gender identity, they did not have to address staff responses to disclosure. However, the likely effect of organisations promoting their activities to become more GLBTI-inclusive will be a perception amongst GLBTI clients that it is safe to disclose.

In addition, a number of participants identified the importance of ensuring their organisation had the capacity and resources to sustain GLBTI-inclusive practice initiatives to ensure the process is not abandoned leaving GLBTI clients and staff who have disclosed in a vulnerable position.

A key strategy to ensure the safety of GLBTI clients and staff is to systematically plan the process of GLBTI-inclusive practice. It is also important that organisations do not promote their service as GLBTI-inclusive until they have systems in place to ensure that they are. Future programs will take participants through the pragmatic steps involved in localising a register of risks for their organisation.

Sharing the load – engaging supporters

Generally speaking, the participants who achieved substantial change against each standard were those who had good organisational support and in particular, real support from senior staff. In these organisations the program participant was often a member of a high level committee that offered substantial support and shared the responsibility for change. In some cases support was espoused but did not occur in practice. Strategies to share the load and ensure success were given additional consideration in rural areas. The expression of interest form called for participants who were team leaders and managers. In addition, CERSH subsidized every second participant and requested a minimum of two staff from each organisation attend to ensure that mutual support and collective influence were possible. The expression of interest form strongly encouraged organisations to support workers to attend who had the capacity - through their commitment, access to agency resources and high level decision-making - to effect changes within their organisation.

A further strategy to build support for change was to engage supporters beyond the walls of the organisation. Two participants established local GLBTI-inclusive practice networks to share information, resources and support.

Learning what we know

A number of participants commented on the importance of the needs analysis - the Rainbow Tick audit and survey. The process of undertaking the needs analysis generated conversations amongst the staff members about their values and beliefs, particularly where staff comments were sought (through open questions in surveys or face to face feedback). Encouraging feedback about GLBTI-inclusive practice required setting parameters, particularly asking staff to own their feedback by prefacing their feedback with: 'I think that ...'. Once boundaries were set, participants reported that providing staff the opportunity to voice their concerns, values and beliefs provided a surprising opportunity for the organisation to learn about 'what we know'. A number of participants utilised homophobic and transphobic responses from colleagues to highlight to their executive the importance of the project – particularly the importance of the organisation clarifying to staff what was expected in the delivery of services to GLBTI clients. A number of participants were surprised to receive homophobic and transphobic comments from the executive.

Linking GLBTI-inclusive practice and diversity

In some rural areas there was a belief that because local numbers of GLBTI people were small, strategies for GLBTI-inclusive practice needed to be pulled into broader diversity activities. This worked well in some circumstances, particularly where it allowed GLBTI consumers to participate in a diversity committee without having to 'out' themselves. However, in other organisations GLBTI-inclusive practice was lost in a broad-brush approach. Where GLBTI-inclusive practice sits in a diversity framework it is important to consider how the integrity of the particular needs of GLBTI people is maintained.

Courage and quality improvement

It takes courage for an organisation to embrace GLBTI-inclusive practice. It requires the organisation identify what it is not doing well and what it needs to improve. It also often involves seeking feedback from stakeholders and risking criticism. There was significant variation in the capacity of participants to embrace this critique. In some cases adverse feedback from clients was embraced and was the catalyst for participation in the program. In other cases organisations appeared to struggle to acknowledge the gaps in their service. For some rural services, being embedded in the local community resulted in the service being sensitive to local criticism of their services. This impacted on their commitment to publically promote and support their GLBTI community and respond to issues of discrimination and homophobia. The peer support component of the program provided participants with a safe and confidential place to debrief and share such challenges.

We hope that the spirit of this report is apparent; that is, a valuing of the importance of sharing challenges alongside achievements. We believe that discerning consumers are not impressed by sugar-coated rhetoric and spin from organisations that gloss over problems and tout the organisation as being 'the best ever'. We believe that discerning consumers can identify a 'learning organisation' by listening for messages that an organisation is aware of its limitations, has a commitment to quality improvement, and is happy to talk about actions to address these gaps and shortcomings.

We believe that the organisations that have contributed a chapter to this report demonstrate the courage required to become GLBTI-inclusive.

3. Stories from the field

This section presents stories from program participants about change in their organisation. Program participants were invited to contribute a chapter to this report to enable other health and human services to see how GLBTI-inclusive practice could be achieved. The process of writing was invaluable. It provided the opportunity to explore participants understanding of the standards at a deeper and more pragmatic level. It also provided the opportunity to give participants feedback about how further improvements could be made. In future programs, participants will be invited to document their achievements as their project progresses to generate shared understandings earlier.

Participants who expressed interest in writing about their project for the report were given a writing template. This included describing their organisation and why they wanted to become more GLBTI-inclusive. The participants were also invited to describe their needs analysis, their progress against each of the GLBTI standards for inclusive practice and to describe their outcomes. While the chapters have been edited in consultation with participants, we have been very careful to preserve the individuality and characteristics of each organisation. The chapters have been contributed by the following organisations:

- 1 Grampians Community Health, Stawell
- 2 City of Stonnington Aged Services, Melbourne
- 3 Breast Screen Victoria
- 4 Primary Care Connect, Shepparton
- 5 Gateway Community Health, Wodonga
- 6 Mitchell Community Health Service, Broadford
- 7 Ovens and King Community Health Service, Wangaratta.

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Grampians Community Health (GCH) formerly Grampians Community Health Centre Inc, has operated since 1986 and provides a multi-disciplinary approach to psychosocial health in line with a Social Model of Health philosophy including the social determinants of health as stated in the Ottawa Charter. GCH is embedded in and operates from a number of sites servicing primarily the local government areas of Northern Grampians Shire, Rural City of Ararat, Pyrenees Shire and Horsham Rural City.

Staff at GCH work in many areas including: Drug & Alcohol Counselling & Withdrawal services, Social Work, Community Nursing, Community Psychiatric, Youth Work, Supported Accommodation, Family Violence, Community Development, Health Promotion and Education, Palliative Care and complex service delivery for Senior Adults, people with disabilities and their carer's. The organisation's vision is to promote vibrant, healthy communities in collaboration with the communities we service.

Since its inception, GCH has had a long history of advocating on social justice issues especially in rural areas. We have worked on many projects with the GLBTI community and with GLBTI clients. However, until now these projects have been ad hoc and based on need and available resources at the time. We identified the opportunity to take a more systematic approach to GLBTI inclusive practice. We also identified that, while we have a rainbow sticker on all our front doors there was no formal process by which we evaluate the extent to which our services were GLBTI inclusive.

In 2009 a number of factors raised our awareness of the importance of increasing the number and range of strategies to support young GLBTI people in our catchment. This included anecdotal reports from local youth workers, counsellors and school chaplains about an increase in homophobic bullying. In response, GCH staff consulted young GLBTI people in the area and confirmed an increase in bullying related to sexual orientation and gender identity. We were concerned that there were no social networks, inadequate resources, and little or no support or information for the GLBTI community to combat this issue. Our concerns were exacerbated when a Transgirl at a local primary school experienced transphobia. The discrimination was also extended to the girl's family who ultimately moved to another town to find more support. We felt compelled to redress the inadequacies of resources and supports, both to the GLBTI community and for the GCH professional staff who wanted to support GLBTI clients. Staff at GCH reported that they needed additional training to be able to support clients to manage the homophobia or transphobia they encountered in the community.

Alongside the increase in bullying, the analysis of our community health nurse statistics showed a 30% increase in young people visiting for information about sexual orientation and gender identity. The final catalyst came from a local pilot child youth mental health project, which revealed that GLBTI youth had one of the highest risks of mental health issues in our region.

The stated principles of GCH include recognition of the importance of valuing diversity. The organisational definition of diversity includes sexual orientation and notes that a failure to embrace diversity would be discriminatory. In the context of an increase in homophobia in the community, the organisation wanted to clearly define what and how the principle of diversity means in practice. In particular – how the principle of diversity translates to current staff, organisational policies and practice and the local community. These issues were being discussed by the organisation as the How² program was being advertised and consequently our CEO supported our organisation in participating.

Aims of the project

As an organisation, we had two aims. The first was to improve our capacity to be more GLBTI inclusive and the second was to create a social climate where rural GLBTI people are accepted and supported in our community. After the first How² workshop we also set ourselves an organisational goal to implement 50% of the Rainbow Tick standards and indicators within a 12 month time frame.

Project processes

GCH has a unique collaborative management model approach. All managers, including the CEO, meet fortnightly and have equal vote to decide the organization's strategic direction. We also have a board member/manager buddy system where each manager meets a board member-buddy monthly to discuss emerging needs, introduce innovative ideas, and receive feedback from the board member. This organisational structure often leads to groundbreaking practices in the management of community health. The processes enable us to respond to and work alongside our community within a quick timeframe, and these responses are often innovative.

The collaborative management model meant the proposal to improve GLBTI inclusive practice had some form of support at all levels of management. GCH were sole funders of the project and allocated both people and financial resources to the project. The project was coordinated by the Community Development and Health Promotion Manager; as well as the Community Development and Health Promotion team, an organisational point of contact for emerging mental health and wellbeing issues across all generations in our community. The project coordinator was also supported by and reported directly to the Quality internal reference group (QIRG) whose aim is to continually improve and review our organisational practice and policy.

In relation to our needs analysis, initially our understanding of where we were at as an organisation came from one-on-one conversations with staff. The project coordinator meet with staff informally to identify what information they had about GLBTI inclusive practice, their feelings about becoming more GLBTI inclusive and their perspectives on the need for training and resources. The general consensus was that staff wanted to help our GLBTI community but weren't sure how. We saw that participating in the How² program would give us systems and guidelines to develop more GLBTI inclusive services, which would then in turn help our community. It was at this needs analysis stage that our focus turned from looking at the problems for GLBTI people in our community to looking at ourselves.

The first step in the needs analysis was to understand how GLBTI inclusive our organisation was by auditing the organisation using the Rainbow Tick Organisational Audit developed by Gay and Lesbian Health Victoria. The approach to the audit needed to bear in mind that GCH has multiple sites across

the region and nine different teams. It was expected that there would be significant differences in the audit across these sites. We had to decide whether to baseline our data for one site, one team, or as an organisation. We decided to take a complete organisational approach; scoring each indicator for the whole organisation. If there was a deficit in one service, we wouldn't award a point for the organisation. Our overall score was very low.

The next step in the needs analysis was to conduct a staff survey using the Rainbow Tick staff survey. We put out hard copies of the survey across all sites and had 35 responses, representing about 25% of staff. The survey revealed that 100% of participants rated every standard and indicator as 'extremely important'. The survey results made conducting an accurate needs analysis a challenging task. Informal conversation with staff identified more diverse perspectives. In reality there were many differing personal opinions about GLBTI clients and lots of room to improve as an organisation. This was, in part, at odds with the results of the staff survey.

The results of the organisational audit and staff survey were presented to the monthly staff meeting and the Quality Internal Reference Group. Staff were shocked that the audit score was so low and expressed a genuine desire to work together and become leaders in GLBTI inclusive practise.

The GLBTI project became somewhat of a high profile rolling stone within the organisation and the community. While in these initial stages the project was not widely publicised, news of the project spread through word of mouth. As a consequence, staff from GCH and other services began to approach the project coordinator with personal stories about GLBTI people as well as their views on GLBTI inclusive practice. Some of the personal stories included one staff member who asked: *My uncle wants to have a sex change; does that mean I call him a he or a she?* Another staff member told the project coordinator: *My son's best friend hung himself because he was gay.* In addition to these personal experiences a number of staff made comments about GLBTI clients and the organisations work to become more GLBTI inclusive, these included:

- 1 *Some people have no opportunity of ever meeting other gay people locally*
- 2 *If we are seen to be more supportive of the GLBTI community, are we seen to be gay ourselves?*
- 3 *I understand gays and lesbians, but I don't think transgender is right, especially for kids.*
- 4 *There just aren't that many gay people here*
- 5 *I have gay friends and have dealt with gay clients and respect them so I don't understand what the special needs are*
- 6 *We always treat everyone the same*
- 7 *Will supporting a gay and lesbian group be seen as a match making exercise?*
- 8 *What if there are paedophiles?*

In addition to these conversations with staff the project coordinator also met with a number of community groups and individuals. These consultations helped to clarify issues from the perspective of the community, including social disconnection, homophobic violence and abuse, ignorance about Trans people and transphobia within the GLBTI community.

The needs analysis clarified the importance of developing professional strategies to become more GLBTI inclusive. It also reinforced the importance of more formalised strategies to support GLBTI people in the community.

Progress against GLBTI inclusive practice standards

Action was taken to make improvements in relation to each of the standards. Some of the strategies are still being implemented.

Standard one: access and intake

In our initial audit of our reception areas we noted that each site had a rainbow sticker on all entry points. There were no specific posters welcoming GLBTI people and only one service brochure had specific information for GLBTI people. Each GCH site has now been provided with posters welcoming GLBTI people and several brochures on service and health information have been created or acquired that specifically target our GLBTI community.

Intake workers participated in the training provided by Gay and Lesbian Health Victoria to explore the use of GLBTI inclusive language at intake.

We reviewed the current intake information and resources for our intake workers and found reference to a social group and websites that were no longer in existence. The information about GLBTI services in our area was also incorrect. In updating current and relevant information, we identified that there were plenty of resources for gay and lesbian community members but hardly any resources for gender questioning, transgender or bisexual people. We also updated intake information to include professional secondary consults specifically for GLBTI issues. Again we found there were many services and professional organisations for the gay and lesbian people but not so many for our transgender and bisexual people.

The actions taken to become more GLBTI inclusive are reported in our annual report, quality of care report and in our service directory. All these documents can be accessed by the general public and we hope that inclusion of information about GLBTI inclusive practice will send a message of welcome to GLBTI people.

The audit identified that our community wellbeing resource centre had outdated and limited GLBTI books and resources. Since then library resources now include a wide range of GLBTI specific books, health information, guides, newspapers and media for all ages. Many books were donated from GLBTI members and other health professionals. Others were acquired by GCH based on needs identified by staff. These resources include information for GLBTI members as well as family members and children. A GLBTI consultative group established (see standard 2) has created a library of GLBTI movies and TV series that are not currently shown on mainstream television. We also approached GLBTI magazines to deliver publications to our sites, and although we offered to pay postage they would not deliver in rural areas. However, a community organisation in Melbourne that receives hard copies of the GLBTI press regularly posts magazines and newspapers to us.

The training for intake workers will be included as a section in the mandatory training for all intake workers. More information is also currently being sought on appropriate resources for our transgender and bisexual community. The intake workers have also requested information to support clients who

come out late and information on how to support GLBTI people who have mental illness. Further actions include a complete website redesign to ensure that information for GLBTI people is available.

Standard two: consumer consultation

GCH has many community consultative groups, and uses a community development model for the majority of projects and service delivery. When we began this project we knew from staff that there were GLBTI community members but there were no social networks or formal networks. This provided a challenge knowing how to reach GLBTI people in the community, particularly given the potential in the rural community.

To raise awareness of our work and to identify interest in establishing a local GLBTI consultative group, we partnered with a local artist and created an art project called: 'Rainbow Love'. The project was an interactive evolving community sculpture, which started out as an empty metal sculpture construction of letters that make up the word 'love' (see figure one below). Community members were invited to write their message of support or hopes for the future for the GLBTI community on a ribbon and then tie it to the sculpture. In the 18 months since the sculpture was created it has been exhibited in over seven regions across rural and regional Victoria and accumulated over 5000 messages of support for the GLBTI community (see figure two below).

Figure One and Two: love sculpture with messages of support for the GLBTI community



As the sculpture toured local communities and galleries we advertised for expression of interest in a local GLBTI consultative group. We also gave these flyers to staff for themselves, friends, family and clients and advertised in local media. The project coordinator also gave a number of radio interviews on the mental health and wellbeing issues for our GLBTI community. Slowly we started to receive calls from GLBTI people. Each individual had a story to tell and wanted to be active in making change in the community but had real concerns of safety, confidentiality and anonymity. To address this we began the process by meeting with members of the group individually. When the group was ready to meet as a collective we developed group 'rules' that outlined the importance of confidentiality. The rules were discussed at the first meeting, with the project coordinator highlighting that in a small rural town it was particularly important to protect confidentiality. The group were prepared for the likelihood that they would run into each other in the street and how important it was not to acknowledge the GLBTI consultation group in that setting. The group also discussed the importance of protecting the identity of some Trans members who were not known as Trans people in the local community.

We ended up with a consultative group of 35 people including eleven gay men, twenty lesbians, three transgender and one intersex people. The group ranged in age from 18 to 60 and were located across the central Grampians and Wimmera region. Perhaps the community art project gave us the opportunity to build relationships with the local GLBTI community – showing that we were serious about GLBTI inclusive practice. One local gay man approached the project coordinator and asked whether GCH had received funding for the project. When he was told that we hadn't he said he would participate. The man went on to explain that in his experience some organisations set up GLBTI consumer consultation for the duration of project and then leave consumers 'high and dry' when the funding is finished.

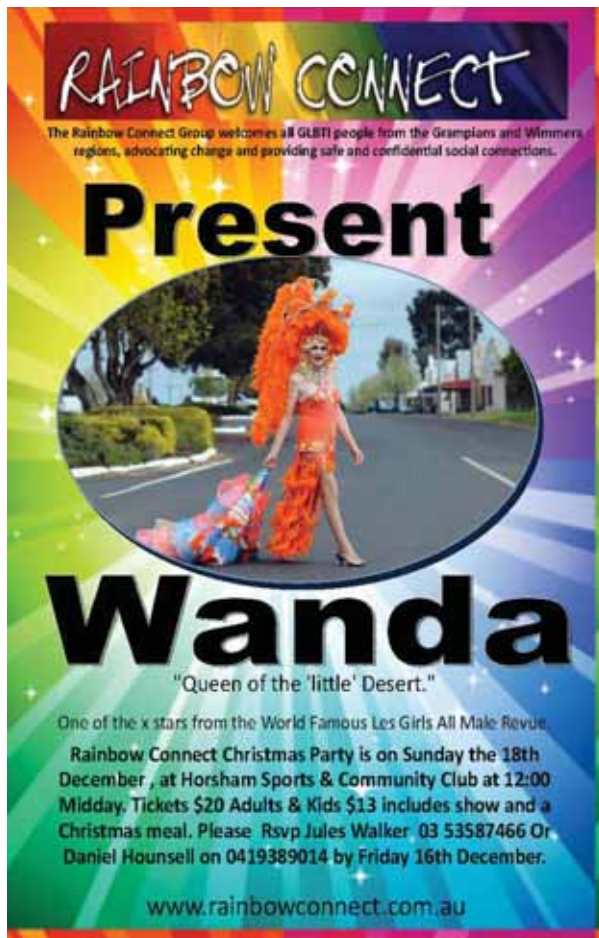
We ran the consultative group with experienced facilitators who had GLBTI training, and had knowledge of GLBTI mental health and wellbeing issues. Despite the experience of the facilitators we found we were unprepared for the diversity of the GLBTI group and the feedback they shared. The consultative group became a learning experience for the organisation and for other group members. As one member pointed out: *How can we even have a collective voice if we don't understand each other?* [We need to ask] *What letter are you in this alphabet community and what are the issues for each letter?* We also discovered there wasn't only diversity in "GLBTI" but there was diversity within each of these groups that were described by a letter. For example, within the Trans community there were many different groups with different needs, issues and our members used the terms no-op, pre-op, post-op etc.

As a group we took the time over several meetings to understand all the subgroups of GLBTI people, with members giving presentations on the issues that related to them. It was through this process we all went on a learning journey and developed trust, respect and a deeper understanding of what it means to be GLBTI in a rural community. It was only then that we were able to truly consult and ask group members: what do you think as a community health organisation we need to do better and what can we do to improve our community?

The group identified a number of opportunities for us to improve. For example, our posters welcoming gay and lesbian people did not send a message of welcome to those who were bisexual, transgender or intersex. As we went through our processes one by one we found there was a lot more we could do to be truly GLBTI inclusive. Some changes could be easily made and others needed to be referred back to the appropriate people in the organisation that were responsible for that area.

The group now has its own facebook page with 161 members and its own website (See: www.rainbowconnect.com.au). The group continues to meet to drive change in our community with a special focus on youth. A focus on young people has become the common ground that unites our diverse group as one voice for our GLBTI community. The group got together recently for an end of year Christmas break up to celebrate our achievements (see figure three).

Figures Three & Four: Invitation for Rainbow Connect Christmas Party and Flyer for the GLBTI inclusive practice network



During this process one local newspaper vox popped what our organisation was doing and the responses from the community were 100% positive.

The community consultative group has been an invaluable initiative. Most of the learnings for the organisation have not come through staff training, but from the group.

There has been considerable interest in the outcomes from the consumer advisory group from our local community and within our organisation – as well as more broadly. We identified the opportunity to build on this by inviting other organisations (who may not yet have access to GLBTI consumers) to meet with our consumer group. We have also identified the opportunity to take a lead role in facilitating the development of other local organisations to become more GLBTI inclusive. To achieve this we have advertised for other interested organisations to join a local GLBTI inclusive practice network. A flyer has been developed (see figure four above) and disseminated through our networks and the local community.

Standard three: cultural safety

The organisation was concerned for the cultural safety of GLBTI people – within the service as well as within the community. As reported previously, the impetus for participating in the How² program came from concerns about increased reports of homophobia in the local community and a study that confirmed that local GLBTI people had increased levels of mental ill health. The development of the service to become more GLBTI inclusive was a key strategy to improve the cultural safety of local GLBTI people. An additional strategy was to engage the local community to provide education and support for GLBTI people.

The audit of the cultural safety of GLBTI clients was conducted to identify any additional safety concerns. GCH has been accredited by CHASP/QICSA for well over 23 years. As part of this process cultural safety plans have been developed, continually reviewed and monitored regularly with policies to support them. We asked for feedback from our quality group, staff and GLBTI consultative group what risks they thought GLBTI clients might encounter and what cultural safety would look like. A diverse range of answers were provided. Risks identified included the safety of members of the GLBTI consultative group and the potential to encounter discrimination if staff, other clients or members of the local community identified them as GLBTI. The strategies to manage this risk were discussed in standard two.

A second risk that was identified was the risk that staff may assume that all GLBTI people are the same. The GLBTI consultative group thought it was important to clarify the needs of each subgroup within the GLBTI community – and not assume that everyone was the same because they are GLBTI. One example given was a belief that all Trans people are either gay, lesbian or bisexual. In reality, some local Trans people do not identify with the GLBTI community and just want to be accepted for the gender they are.

A further risk was that the organisation would be promoted as GLBTI before organisational systems and staff education had been provided. The organisation was aware of this and have promoted the work towards becoming more GLBTI inclusive, rather than statements that we are GLBTI inclusive.

The audit included a meeting with the quality committee to identify what existing systems were in place to address the cultural safety of GLBTI people. We found that there was explicit reference to the needs of GLBTI people (staff and clients) in the following documents and systems:

1. Policies including: Access for All; Client and Staff Wellbeing; Clinical Risk Management; Conscientious Objection; Staff Code of Ethics
2. Intake Pack: including confidentiality policy, consumer rights information etc
3. Intake guidelines
4. Integrated service delivery
5. Sound Employment Practice
6. Clients Rights & Responsibilities
7. Privacy and FOI
8. Discrimination, Bullying & Harassment.

Other internal policies have explicitly reflected GLBTI inclusiveness throughout, and consequently no changes were recommended as a result of the audit. However, our other systems for cultural safety such

as cultural action plans and expected professional development did not reference GLBTI people in any way.

Through our GLBTI community consultation what was significant was the amount of GLBTI clients who had not accessed GCH services or if so had never disclosed their sexual orientation or gender identity through fears and feelings of vulnerability and being unsafe. As GCH were doing this voluntarily it earned a lot of respect within the GLBTI community and word soon spread and our relationships with the community strengthened.

We plan to continue to review potential risks to the cultural safety of GLBTI clients as our work progresses. It could be expected that more GLBTI clients would feel safe disclosing their sexual orientation or gender identity as they receive the message from staff that sexual and gender diversity is valued. We see that we need to continue to monitor this and provide staff with education to ensure that they continue to protect the cultural safety of GLBTI clients that disclose their sexual orientation or gender identity. With the benefit of staff and community feedback we now have an action plan that seeks to specifically address the cultural safety of GLBTI people in the areas of:

1. Staff professional development
2. Creating a welcoming environment
3. Further policy reviews
4. Support for GLBTI staff
5. Systems for feeding back information from the GLBTI consultative group to the organisation
6. A process for GLBTI clients to provide feedback & evaluation on their service experience
7. How to advertise our efforts to the GLBTI community.

Standard four: disclosure and documentation

The audit clarified that GCH does not formerly collect client information about gender identity or sexual orientation from clients. However, this standard was important because we are promoting ourselves in the community as GLBTI inclusive – meaning some GLBTI people might then feel safer and more confident disclosing their sexual orientation or gender identity. Therefore it is important that staff are confident and able to respond appropriately when a client discloses. Living and working in rural communities, GCH staff are well trained in, and have a deep understanding of the broader confidentiality issues. As an organisation we have strong policies and systems in place regarding client rights and responsibilities, privacy, confidentiality, record keeping and staff code of ethics. However, the audit identified that none of these policies or systems provided specific guidance for staff on how to respond to disclosure.

Staff suggestions for this standard in the future include advocating to the state government to include questions relating to sexual orientation and gender identity on the assessment (PCP/SCTT) tools. Staff also identified the importance of providing specialised training for intake staff on respectful approaches to data collection and appropriate responses to disclosure. The group is also considering the opportunity to document the processes for documentation and disclosure for staff to ensure they are clear about the potential risk and their responsibilities.

Standard five: professional development

It was hoped that the staff survey would assist the organisation to identify the training needs of staff. However, the survey showed that while staff believed that GLBTI inclusive practice was important – some staff believed that the organisation was already GLBTI inclusive because it 'treated everyone the same'. The survey raised discussion about how staff felt about caring for a GLBTI person. For example there were staff who reported specific examples of GLBTI clients who were happy with our service and others who felt that there were no GLBTI people in the local community.

In a follow up to the staff survey, the project coordinator worked with Gay and Lesbian Health Victoria to provide a training program to staff. The session was attended by nearly 40 staff including a representative from all teams including administration and several managers. This training session provided an outline of the health needs of GLBTI people, the importance of GLBTI inclusive practice and the progress of the organisation. The session also provided staff with the opportunity to document their suggestions for improvements and their concerns for the organisation and the community.

After the training and looking at the GLBTI inclusive practice standards staff realised we could make many improvements and that 'treating everyone the same' wasn't respectful or appropriate. A number of staff approached the project coordinator, passionate about making positive change in the organisation. Many staff offered to be part of a working group that would support the project coordinator.

Since our first organisational training session, some staff and teams have participated in further training, tailored to their specific area. Our induction/orientation process includes training on GLBTI as part of the Health Promotion induction training "who is our community". The GLBTI project has been presented to our board members and our GLBTI staff working group continues. In addition we are now playing a leadership role in our local community, presenting to, supporting and encouraging other organisations, services, schools and sporting clubs to undertake GLBTI training and become GLBTI inclusive.

We plan to incorporate a GLBTI training component in other areas including: training for intake workers and volunteers – including members of our board. Training around the needs of GLBTI people and GLBTI inclusive practice will also become part of the organisation's series of mandatory sessions.

Standard six: organisational capacity

Key achievements to develop the capacity of the organisation include the establishment of a GLBTI consultative group and a staff GLBTI working group to drive changes in different sites and teams. The audit clarified a close connection between GLBTI inclusive practice and the organisational values, philosophy and policies. The actions taken and further actions planned have been incorporated in our quality plans.

Another key factor in the future development of the organisation has been securing organisational support to undertake Rainbow Tick accreditation. We hope that being surveyed by external assessors will help us to identify other ways to become more GLBTI inclusive.

To assist in planning for ‘what it takes’ for our organisation to be GLBTI inclusive we have developed a program logic model for the project (see figure five below).

Figure Five: program logic model

Priority area	Mental Health & Well Being			
Target Group	Gay, Lesbian, Transgender & Intersex (GLBTI) community in Grampians and Wimmera Region			
Goal	To create a climate where rural GLBTI people are included and can access health services without discrimination			
Objective 1	To change GCH organisational practice and policy to include 50% of the recommendations outlined in the Rainbow Tick Standards by Dec 2011			
Inputs	→ Activities	→ Outputs	→ Impacts (shorter-term)	→ Outcomes longer-term)
HP Staff Time GCH Staff time and facilities, Staff Working Committee Adult GLBTI Reference Group Youth GLBTI Reference Group Advisory Committee - Gay and lesbian Health Victoria, QISCA, Latrobe University	Attend GLBTI inclusive practice workshops at Gay and Lesbian Health Vic Conduct a GLBTI inclusive practice audit Survey staff to measure their understanding of the importance of GLBTI inclusive practice Organise GLBTI Training for key staff to attend Establish GLBTI Working Committee Establish a GLBTI Community Consultation Committee Provide advice, support, resources to Quality Committee on developing organisational policy Engage GLBTI adults in development of Youth Policy Engage GLBTI youth in development of Youth Policy	Score on the GLBTI inclusive audit practice Number of staff attending training Changes in staff survey scores Number of key team representatives involved in staff working group Number of recommended best practice areas quality committee agree to incorporate in response to policy Number of GLBTI community engaged in project	50% of the Rainbow Tick Standards have been adopted and implemented in organisational policy and QISCA workbooks Increase in GLBTI inclusive practice score from 1 to 15 after 12 months Changes in organisational practice implemented in response to policy	Increased awareness amongst GLBTI community of GCH's commitment to inclusive practice Reduced incidence of discrimination against GLBTI people in Grampians and Wimmera Region

Outcomes

The outcomes of this project have been a significant and positive change in our organisation and the wider community. Over 50% of the Rainbow Tick standards and indicators have now been adopted. We have reviewed our policies with a GLBTI inclusive practice lens and developed an action plan that is now included in our QICSA workbooks and quality plan. The Rainbow Tick Organisational Audit was repeated almost a year after the needs analysis and our rating shifted from a score of 1/25 to a score of 16/25.

Recommended changes in our organisational practice will be implemented in policy. There has been an increased awareness amongst the GLBTI community of GCH's commitment to GLBTI inclusive practice, and we continue our efforts to spread this awareness and reduce the feelings of fear and vulnerability within the GLBTI community to accessing health services. It is our constant goal to reduce the incidence of discrimination against GLBTI people in Grampians and Wimmera region, and through our organisational changes and community plans we hope to continue to make a positive difference in the lives of our GLBTI community members.

I would encourage all organisations wanting to be GLBTI inclusive to actively 'listen' to their staff and community, and allow their project plans to be sufficiently evolutionary to accommodate the curved balls that get thrown your way. To meet your community needs it is essential that these needs are articulated and incorporated within the doctrines of established ideology and practice. The positive effects of GLBTI inclusive training on staff attitudes and professional practice cannot be highlighted enough and I would recommend this training to any organisation seeking to establish best practise within their professional arena. Only when we have implemented best practice within our organisations to overcome homophobia and heterosexism, will the issues associated with victims of these discriminations and abuses begin to be resolved in our wider community.

City of Stonnington Aged Services, Melbourne



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The City of Stonnington is located in Melbourne's inner south-eastern suburbs, alongside the Yarra River and a short distance from the centre of Melbourne. Covering an area of 25.62 square kilometres, the city takes in the suburbs of Prahran, Windsor (part), South Yarra (part), Toorak, Armadale, Malvern, Malvern East, Kooyong and Glen Iris (part). The City is primarily a residential area, with some commercial, industrial, office and institutional land uses. It is well known for its shopping and lifestyle precincts, its parks and gardens, leafy streets and historical architecture.

The estimated population of the City of Stonnington in 2011 was 100,536. It is anticipated that the municipality will experience a population growth of approximately 9% over the next 10 years. Stonnington has a relatively young population, with 50% of residents younger than 35 years. Older people (55 plus) make up 24% of the population. The majority of households are families, a third of the community live alone. Stonnington's residents are often on the move with about 50% of residents having moved in the past five years. Stonnington has a culturally and economically diverse population. The housing stock ranges from some of Melbourne's finest mansions to large blocks of public housing, an indication of the community's contrasting lifestyles, aspirations and expectations.

Stonnington is made up of people from more than 135 countries who speak more than 108 languages, with the top four non-English languages being Greek, Chinese, Russian and Indonesian. Nineteen per cent of the community were born in non-English speaking countries. Stonnington is quite well known for its queer history and has long been the home to many GLBTI people and has many well-known clubs, businesses and establishments that support the GLBTI community, particularly throughout the Commercial Road precinct.

The Council's vision is that Stonnington will be a place of community, individuality and business, where an environment is created that fosters the hope, wellbeing and aspirations of all people.

The City of Stonnington Aged Services provides a comprehensive range of home and community based services aimed at supporting, maintaining and enhancing abilities and independence at home and in the community. Services provided by Stonnington Aged Services include those under the Home and Community Care (HACC) program and are jointly funded by Local, State and Federal governments. In

2012 the Department of Health implemented Diversity Planning requirements for HACC funded services. Diversity planning processes identified a number of groups across Victoria that may experience barriers to accessing services, including GLBTI people.

Stonnington Aged Services is committed to the provision of services in a fair, equitable and inclusive manner to all eligible residents within the municipality and in doing so recognise and acknowledge the diverse Stonnington community and the range of needs and characteristics within the community. This includes, but is not limited to, cultural diversity, sexual and gender diversity, age, health, socio-economic status, faith and spirituality, and those of Aboriginal or Torres Strait Islander background. This diversity is considered in relation to service provision and planning.

Stonnington Aged Services is a large team, made up of around 100 staff, lead by a management team, however the majority of staff provide a direct care role to approximately 2000 clients. There is also an assessment and intake team, who are most often the first line of service contact and provision. The Aged Services team also has service support officers, who are the link between the client and the careworker, and a team of community support staff who develop and implement a range of community based activities and programs to maintain people's abilities and social connectedness.

A client centred approach is the foundation of our work, that is where each client and their needs are determined on an individual basis and the necessary care and support within our resources is provided. Aged Services does not provide a one size fits all method where clients are treated "the same".

The City of Stonnington Aged Services has been working over the past two years to develop, provide and promote GLBTI inclusive services. As part of consultation and research for the Older Persons Strategy 2008 – 2012, Council conducted a street survey amongst its residents to determine perceived service gaps and the needs of older people living within the municipality. Feedback from that survey indicated that Council should further develop its Aged/HACC Services to make them more accessible and responsive to older GLBTI people. As a result of the survey feedback and a general awareness of the local community profile structure, we began some research into determining and meeting the needs of older GLBTI people in Stonnington.

Initially the research was conducted by the assessment team, who looked at the aspects surrounding assessment practice and service provision as they might relate to older GLBTI people. In response, an Aged Services GLBTI Action Plan was developed. However, following consultation with Gay and Lesbian Health Victoria we identified that the action plan needed to encompass all of Aged Services and not only the assessment process. Utilising the research conducted by the assessment team, the project was given to the Project Support Officer to lead and expand. While we were aware of what we needed to do, we were not entirely sure how to go about it. The How² program seemed ideal and timely and Stonnington Aged Services signed on to participate.

Aims of the Project

In its infancy, and following some research into the needs of GLBTI older people, we identified a broad aim prior to our participation in the How² program. The aim was to make Stonnington Aged Services known and accessible to older GLBTI residents. We had initially identified a number of areas that we believed would help make our service accessible to GLBTI people, including:

- 1 Staff training
- 2 Service development
- 3 Service promotion and marketing to the GLBTI community
- 4 Identify and meet service gaps.

The How² program provided us with direction and a structured approach that we hoped would culminate in providing inclusive services to GLBTI people accessing Stonnington Aged Services.

Project

The project was structured around the Aged Services GLBTI Action Plan (see details in standard 6). This action plan became the map and foundation of our journey and was updated along the way to reflect identified needs, gaps, and good practice information. Following our commencement and participation in the How² program we began to timeline and plan our process using the action plan as our guide. The Manager Aged, Diversity and Health directed the project from the outset, with support from the Project Support Officer to co-ordinate and carry out the overall activities. The larger Aged Services team worked together on many aspects of the project and provided ongoing involvement, input and support.

The needs analysis included the Rainbow Tick audit and a staff survey. We audited only Aged Services, rather than the whole organisation. The Manager and the Project Support Officer conducted the audit from an overarching, strategic perspective. This took a number of sessions to complete. Given the systems and processes put in place both in local government and in the provision of HACC services, we found that the service seemed, on the surface, quite GLBTI inclusive. While we didn't meet all the indicators, the audit provided us with a great baseline and helped us to identify areas for improvement and growth. Particular areas where we identified gaps were around consumer consultation and service promotion to older GLBTI residents.

Next, the Rainbow Tick staff survey was implemented. The survey was done in a consultative manner beginning with a briefing session for staff where we went through each question and invited staff to go away and consider our achievements. Staff submitted their completed survey and many provided additional ideas and information about how they perceived we could become more GLBTI inclusive.

The audit and survey results were then combined into a document that listed gaps and vital ideas for improvement. Interestingly the findings from the audit and survey were not dissimilar, particularly in relation to the gaps. Overall it was an extremely positive and worthwhile exercise that helped to determine exactly where we and the team perceived the service was along the path to a GLBTI inclusive service. The information from the audit and the survey, particularly the suggestions and recommendations from staff, was used to update our action plan.

Throughout this whole process it was vital for Aged Services to have the support of senior people within the organisation. This was achieved with the support of the General Manager Social Development who was a senior champion within the Executive Management Team and Council.

Progress against the GLBTI Inclusive Practice Standards

Standard one: Access and intake process

Our intake service receives referrals direct from consumers, or from friends and family (with consent), as well as from health professionals or service providers. The information is collected from the individual or provided by the referring organisations utilising the INI/SCTT (Initial Needs Identification/Service Co-ordination Tool Template) form, which is the required Department of Health template. This template does not include the capacity to gather information about sexual orientation or gender identity. However, our intake and assessment staff have undertaken training specific to the needs of GLBTI people (including general and assessment focused) to help ensure that a message of welcome is sent to GLBTI clients at the point of intake and assessment.

While intake is office based, assessments are conducted in the client home. All assessment officers wear a rainbow pin on their lanyard or identification badge to send a message of welcome to GLBTI clients. Aged Services also operates a number of centres with activity and centre based meals programs where trained staff, who have completed GLBTI training also wear the Rainbow Pin. A range of posters and the flyer about our GLBTI feedback process are displayed sending a message of welcome and inclusivity to GLBTI clients. These posters are also displayed in our offices to increase and maintain staff awareness.

Information regarding GLBTI inclusive practice is provided to key agencies, health organisations, general practitioners in the municipality and local media. GLBTI specific strategies are included in the Aged Services Business Plan. Information is provided to residents in Council community publications including: the Council's newsletter; Aged Services client newsletter; and the Aged Services Social Support activity program newsletter.

A Statement of Commitment to diversity has been developed and embedded in our documentation and communication, to send a message of inclusiveness to GLBTI people. The Statement is included on the Aged Services website page, and in a range of client literature and documentation. This includes: our service information handbook (translated into a number of languages); our client newsletter; our page on Council's website; the Social Support activity program newsletter and our service brochure.

Internal communication channels have been developed to promote our work to become more GLBTI inclusive. This includes the provision of information on our intranet, in our staff bulletin and to our executive management team and other relevant meetings and units. We present at key events within the municipality and in 2012 had a stall at Midsumma Carnival to promote our services to the GLBTI community and seek consultation with GLBTI people.

A communications strategy has been developed. Initiatives to date have included the development of a brand or image for GLBTI information, providing information in Council publications, as well as the development of networks and information provision to GLBTI agencies and organisations.

Standard two: consumer consultation.

Stonnington Aged Services provides a number of communication and consultation avenues for all clients to provide feedback on service provision. This feedback is used to inform service planning and development. These avenues include client surveys, client feedback forms and careworker feedback processes. The initial impetus to become more GLBTI inclusive came from a street survey amongst residents to determine service gaps and the needs of older people living within the municipality.

Aged Services has called for Stonnington GLBTI residents 55 years and over (including current clients) to provide feedback to assist with our plans to become more GLBTI inclusive. Information about the consultation processes has been disseminated through a range of Council publications on multiple occasions. A flyer has also been developed (see figure one below) and included in an information kit disseminated to local general practitioners and key agencies and as well as at Midsumma Carnival.

Figure One: flyer for GLBTI consultation



GLBTI

The City of Stonnington's Aged Services Department is working with Gay and Lesbian Health Victoria to strengthen its service delivery to gay, lesbian, bi-sexual, transgender and intersex (GLBTI) residents aged 55 years and over.

Council wants to hear from GLBTI residents 55 years and over, so you can help us plan our services to ensure they are appropriate, accessible and inclusive.

It's easy to get involved and provide your valuable feedback to Council – all contact and feedback is treated confidentially and participants can remain anonymous.

If you are interested, you can either email your comments to glbti@stonnington.vic.gov.au or contact Pauline Crameri at Aged Services on (03) 8290 3598.



A brief GLBTI survey has been developed for any people contacting us as a result of the flyer. To date four clients and one community member have responded to the invitation. All have agreed to participate in a further communication and/or discussion group.

While not specifically a challenge, one of the major aspects of the project that we didn't consider was the need for patience in seeking feedback from older GLBTI people. We placed information in a number of our publications calling for feedback that allowed for total anonymity and provided a number of avenues for participation. Despite several attempts we had no response. However, after disseminating this invitation repeatedly over a twelve month period, we slowly started to receive a few calls. To date we have had four responses. While not a mountain of response, we believe the process was about building trust, and by placing this information multiple times in our client and resident's newsletters, GLBTI people finally felt confident to participate.

When we attended the Midsumma Carnival, residents told us they were really proud to see the Stonnington banner at the event, and many non-residents stopped by our stall and remarked that they wondered where their own Council was. People thought it was fantastic we were there and felt that our presence at Carnival demonstrated our commitment to providing GLBTI inclusive services.

Aged Services will continue to undertake research into the needs of older GLBTI people to inform service planning and improvement. This will include developing a survey to gain feedback from key GLBTI agencies and organisations to assist with service monitoring, planning and improvement.

Standard three: cultural safety

The Statement of Commitment identifies how we plan and provide services and our commitment to equity and diversity in the process. The Statement also articulates our commitment to cultural safety.

All clients receiving services or participating in activities provided by our services receive our client information booklet. The booklet outlines client, and the services/staff rights and responsibilities, including the importance of respecting other clients and staff members. In addition Aged Services is developing a service information DVD for clients, and information regarding Rights and Responsibilities will be included, though these are not GLBTI specific and relate to all clients. The information provided is currently being reviewed to determine how the service meets and demonstrates cultural safety needs.

The staff induction program includes information on human rights and equal opportunity and information on client rights and responsibilities is outlined in the staff manual. Key staff have attended training from the Victorian Equal Opportunity and Human Rights Commission with training to be rolled out to all staff throughout 2012. Information on values is included in regular professional boundaries training for staff and the annual staff development program. All staff have received information on working with GLBTI clients, with the majority of the team having undertaken specific training on working with GLBTI people and the issues involved. Staff must work according to the Organisation's values and policies such as the staff Code of Conduct, and Equal Opportunity and Respect in the Workplace Policy.

The City of Stonnington has a risk register which includes processes and details relating to service provision to Aged Services clients. Aged Services has an incident reporting process, and a feedback mechanism which can manage any breaches of client cultural safety. In addition, both the Council and Aged Services have a detailed complaints mechanism to respond to complaints including issues of cultural safety. Any staff breaches of the cultural safety of GLBTI clients would be investigated through Council's Human Resources process.

Standard four: disclosure and documentation

A government mandated tool is used for the assessment process and does not include questions about sexual orientation or gender identity. However, the dissemination of information about GLBTI inclusive practice and the wearing of rainbow pins by assessment staff are likely to send the message to GLBTI clients that they are welcome to disclose their sexual orientation or gender identity. To ensure that staff have the skills and knowledge to respond appropriately to disclosure, training has been provided. Intake and assessment staff have received substantial training in data collection, interviewing techniques, and the needs of GLBTI people. Information about sexual orientation and gender identity is only collected if the client wishes to disclose and only recorded with the consent of the client.

Standard five: professional development

Aged Services staff have received information and training relating to the needs of GLBTI people. This has included a general session to all staff in the department, followed by a formal training session to the majority of Aged Services staff. The Assessment team has received a specific GLBTI training program relating to the assessment process, and a seminar by Transgender Victoria was provided for assessment staff and the management team. Ongoing information is distributed to all staff through staff meetings and newsletters to ensure they understood the process for creating GLBTI inclusive services.

The training provided by Gay and Lesbian Health Victoria to the Aged, Diversity and Health team in the early stages of the project provided a foundation for understanding staff professional development needs. It provided the opportunity for staff to ask questions and was instrumental in setting the scene regarding GLBTI people. The session described the health status of GLBTI people and outlined how historical experiences of discrimination may hinder older GLBTI people from seeking services such as ours. The training sessions addressed stereotypes and assumptions about GLBTI people and were complimented by professional boundaries training that addressed personal versus professional values. In each session staff were assisted to acknowledge their own values and understand the importance of working to the values of the organisation. Staff have also attended Val's Café sessions run by Gay and Lesbian Health Victoria for those providing services to older GLBTI people. We have also established a GLBTI resource library to inform and resource staff.

Over the course of the project we have developed GLBTI networks and participated in a number of forums to update our understanding of the needs of GLBTI people. More recently we have received requests from other services and organisations to present on the work we are doing. This has included a number of requests from Gay and Lesbian Health Victoria to present at their training on GLBTI ageing and GLBTI inclusive practice. Building networks in this manner provides us with further opportunities to update our knowledge.

Standard six: organisational capacity

The journey to become more GLBTI inclusive began with feedback from a street survey that identified the opportunity to better meet the needs of older GLBTI consumers. This feedback resulted in the development of an action plan which was supported by Council's senior management team. The plan included the following actions:

1. Enrol in the How² program
2. Conduct the Rainbow Tick audit to clarify existing practice
3. Develop a consultation strategy including: inviting GLBTI people accessing HACC services to provide feedback; and consulting the GLBTI community to inform service planning
4. Develop a Statement of Commitment for Aged Services
5. Develop a training program to provide staff with knowledge of GLBTI people and their needs and upskill staff to work effectively with GLBTI clients
6. Review assessment processes, tools and care plans and roll out any necessary changes or modifications
7. Develop a communications strategy including the promotion of Stonnington Aged Services to the GLBTI community and our GLBTI inclusive service provision in the GLBTI media and local papers
8. Conduct an evaluation of the project
9. Undertake a self evaluation audit in preparation for the future Rainbow Tick
10. Undertake the Rainbow Tick processes when it became available.

The action plan became the map and foundation of our journey and has been updated along the way to reflect identified needs, gaps and good practice information. It was also updated as a result of the findings from the audit and staff survey. Following our participation in the How² program we began to timeline and plan our process using the action plan as our initial guide. Attending the How² sessions was important and we found that there was much to learn from others participating and the mentoring, information and presentations provided by Gay and Lesbian Health Victoria at each workshop.

Conducting the Rainbow Tick audit and staff survey enabled us to determine how we could build the capacity of our service. Strategies are included in the Aged Services GLBTI Action Plan. The audit and survey will be repeated in 2012 to check our progress and identify further opportunities to improve. In early 2012 we were named as one of the four organisations nationally to pilot the accreditation against the Rainbow Tick Standards. In June QICSA will send external assessors to review our progress against the standards. This assessment by independent auditors is expected to provide us with further insights as to how we can further develop the capacity of our service to become more GLBTI inclusive.

GLBTI actions are reflected in the Council Plan, and Aged, Diversity and Health Business Plan. Aged Services will also ensure that diversity information including GLBTI information is reflected in our service documentation and processes such as position descriptions, service agreements and HACC Tender Panel, as these are renewed, reviewed and/or printed.

Recognition of the work being done at Stonnington Aged Services is growing. Increasingly, we receive requests from other councils to share our learnings. An informal network is being fostered and while we are taking on a role in supporting other organisations we also expect this network will build the capacity of our service as well as build the capacity of other services accessed by our clients.

Outcomes

There have been a number of challenges and surprises along our journey thus far. Working with Gay and Lesbian Health Victoria has been fantastic. So much support, guidance, advice and practical knowledge and resources has made our journey smooth and directed. Our learning was supported in the most genuine, non judgemental way.

There is so much still to do, this is only part of the journey. We plan to repeat the audit and staff survey in 2012. It will be interesting to determine how, or if, perceptions have changed. Processes certainly have.

GLBTI inclusive practice is time consuming and requires commitment and resources. Despite this, there are a number of achievements that we are particularly pleased with. These include having committed and caring staff who have a new level of awareness, skills and understanding about GLBTI people that they can use in their work. Another achievement was receiving the support of the City of Stonnington's General Manager of Social Development, who championed the project at senior level in the organisation. However, our greatest achievement is that we have also become more inclusive of the GLBTI people in our community. Making a difference to someone's life, maybe someone who has experienced prejudice, intolerance and injustice for much of their life, is our greatest achievement.

Maybe word is getting out about the work we are doing. Feedback from assessment staff recently suggested some new clients were open and "outed" themselves. Perhaps this is a result of GLBTI people in the community recognising the work we are doing to become more GLBTI inclusive. Also the fact that four GLBTI community members completed our GLBTI consumer feedback survey suggests that some GLBTI people feel confident and comfortable to make their identity known to us.

For other organisations beginning the journey to become GLBTI inclusive, the biggest piece of advice is to be patient, committed and enthusiastic. There is much to learn and for us it has been a fun, rewarding experience so far.

Breast Screen Victoria

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Breast cancer is the most common cancer affecting women in Victoria, with more than 3000 women being diagnosed each year. BreastScreen Australia is a population screening program that aims to reduce deaths from breast cancer through early detection of the disease. BreastScreen Australia invites women aged 50-69 to have a free screening mammogram every two years. Whilst current evidence suggests that the benefit of routine screening mammography is greatest in the 50-69 years age group, women in their 40s and over 70 are also eligible for free screening mammograms with BreastScreen Victoria.

BreastScreen Victoria (BSV) is an accredited part of BreastScreen Australia, and is jointly funded by the Victorian and Commonwealth Governments. BSV is made up of two components: the Coordination Unit and regional Screening and Assessment Services.

In 2010/2011 BSV performed a total of 207,655 mammograms. This is the highest number of screens in the history of the Program. Yet the participation rate for the state was 53.8% against a national target of 70%. The BSV Board has identified as a priority further improving women's access to and experience of breast screening, so that we can achieve higher participation rates.

BreastScreen Australia's National Accreditation Standards identify four outcomes critical to a high quality program:

1. Maximise participation and ensure equitable access for women
2. Maximise cancer detection while minimising harm
3. Ensure that services are acceptable and appropriate to the needs of women
4. Ensure services are well managed.

We collect information from the women who attend screening and assessment to monitor our performance against these outcomes. However, we do not ask women to identify their sexual orientation or gender identity. So we don't know the proportion of lesbian, bisexual or transgender (LBT) women who attend for screening or assessment.

The Nurse Counsellor Quality Group requested training to help BSV's Nurse Counsellors better understand the needs of LBT women at assessment. The role of Nurse Counsellors is to support women recalled for further assessment after a suspicious mammogram. The assessment visit takes several hours, and may cause considerable anxiety for women. A woman recalled to assessment is encouraged to bring a partner or support person. However, standard practice is for the partner or support person to remain in the waiting room while the woman undergoes her tests.

A number of Nurse Counsellors reported requests from LBT women that their same sex partner be allowed to accompany them throughout their assessment visit. Another issue identified was that staff were unable to provide information about breast cancer risk and screening recommendations to transgender women recalled to assessment. Furthermore, transgender women reported feeling uncomfortable and anxious about disclosing information about their gender identity to staff.

To address some of these issues Gay and Lesbian Health Victoria (GLHV) was approached to deliver a professional development workshop for Nurse Counsellors on the needs of LBT women at assessment. A workshop was attended by nine Nurse Counsellors in 2009 and received positive feedback from the participants (see photo below).

Figure One: presentation by Gay and Lesbian Health Victoria



At the time, Gay and Lesbian Health Victoria was undertaking a review of the literature on the risks of breast cancer for lesbians. The review by Banjit (2009) identified possible concentrations of risk factors among lesbians (see: www.glhv.org.au/breastcancerlitreview). Gay and Lesbian Health Victoria developed a successful application to the Australian Lesbian Medical Association and the AIDS Council of New South Wales for a grant to work with BSV to develop services that were more inclusive of lesbian and bisexual women. The work also necessarily included transwomen. The collaboration was reported on in the Southern Star Observer in March 2010 (see <http://www.starobserver.com.au/news/australia-news/victoria-news/2010/03/10/research-needed-into-lesbian-breast-cancer/35307>).

Aims of the project

The aims of the project are to:

1. Increase our understanding of LBT women's knowledge of breast cancer and screening and their participation and experiences in the Program.
2. Build strong relationships and partnerships with GLBTI organisations and communities
3. Provide services that better meet the cultural values and needs of LBT women.
4. Increase awareness within BSV services of the needs of LBT women.

5. Provide information and advice to LBT women on breast health, breast cancer and screening.
6. Increase awareness of and participation in breast cancer screening by LBT women.

Project process

The project coordinator was the Public Relations Officer in the Communications Unit of BSV with a particular responsibility for communicating with the LBT community. To date, the project has primarily involved understanding the needs of LBT women and the project coordinator has reported on this directly to the CEO. However, as the report goes to print, a project advisory group has been established to identify the most appropriate strategies for improvements.

A needs analysis was undertaken through a survey of LBT women and through community consultation (described in standard 2). The survey was developed in consultation with GLHV, community groups and experts in lesbian health. The aim of the survey was to understand what LBT women over the age of 40 years understood about their risk of breast cancer, what their screening patterns were and what they knew of BSV. The survey included the following questions:

1. What age group are you in?
2. Would you describe where you live as being? (list provided)
3. Do you speak a language other than English at home?
4. How would you describe your sexual orientation?
5. How would you describe your gender identity?
6. What do you think the risk factors for breast cancer are? (list provided)
7. When did you last have a mammogram?
8. If you have had a mammogram, which of the following best describes the reason you had your most recent mammogram (routine screening, family history or diagnostic).
9. If you have had a mammogram, which best describes the type of service you used last time? (BSV, doctor's referral or private screening).
10. If you have had a mammogram, where did you go for your most recent mammogram? (list provided)
11. How likely is it that you will have a mammogram in the future?
12. How do you see lesbian's risk of breast cancer (relative to that of straight women)?
13. How do you see transgender women's risk of breast cancer (relative to that of other women)?
14. How do you see bisexual women's risk of breast cancer (relative to that of straight women)?
15. Where do you access information about breast cancer and breast screening? (list provided)
16. What do you think BreastScreen Victoria could do to be more inclusive of lesbian, bisexual and transgender women?
17. Would you like to make any comments?

The survey was uploaded to survey monkey and promoted through JOY FM (Gay and Lesbian radio) and through the GLBTI press. Hard copies of the survey were also distributed at Midsumma Carnival (an

annual GLBTI Festival in Melbourne). The survey was completed by 105 women. Forty-eight percent of the respondents were in the BSV target age group of 50-69 years and identified as lesbian (79%) and female (93%) with a smaller number identifying as transgender females (4%) or gender queer (2%).

In response to the question about breast cancer risk factors, most women (94%) identified family history – which is actually only a minor risk factor. Only 51% identified increasing age as a risk factor - though this is the most significant risk factor. Other surprises included incorrect perceptions that the following were risk factors: smoking (51%) and knock or bump to the breast (26%). The risk factors and responses are shown in table one below – with items highlighted in yellow being factors that are not a risk.

Table One: LBT women’s knowledge about risk factors for breast cancer

<i>Answer Options</i>	<i>Response Percent</i>
A family history of breast cancer	94%
Hormone replacement therapy (HRT)	55%
Smoking cigarettes	51%
Increasing age	51%
Being overweight or obese	35%
Not having given birth to children	29%
Getting a knock or a bump to the breast	26%
Breast implants	20%
Excess alcohol consumption	16%
Using antiperspirants or deodorants	9%
Other	4%
Having large breasts	1%
Having an abortion	0%

Half (51%) of the women surveyed had had a mammogram in the past 2.5 years – a figure similar to the state average and 37% of women said that they had never had a mammogram. Most women (>90%) thought that lesbians and bisexual women had the same level of risk of breast cancer as heterosexual women. There were a range of views on the relative risk for transgender women, with 26% of respondents saying that transgender women are at lower risk of breast cancer than other women. The four transgender women who completed the survey rated their risk as the same as other women, but expressed some uncertainty about this.

The woman’s doctor was the most common source of information on breast cancer and screening, followed by articles in newspapers or magazines. These results are similar to recent surveys of straight women. The main barriers women identified to attending BreastScreen were staff ignorance of LBT women’s needs, or failing to provide a welcoming and LBT inclusive service. These barriers were seen as greater for transgender women. The most frequent suggestions for services improvement were advertising in GLBTI media, staff education, and more inclusive signage at BreastScreen clinics.

Progress against GLBTI inclusive practice standards

Standard one: access and intake

BSV Information Officers have provided posters welcoming LBT women in all fixed screening clinics. In 2012 we plan to develop a fact sheet for lesbians and bisexual women on breast cancer risk and screening, as well as information for trans people about breast screen. These resources will be available on our website and in print. We also hope to include some testimonials on our website from LBT women who attend screening and/or were diagnosed in the program.

A training session was held in 2009 for Nurse Counsellors on the needs of LBT women at assessment. As described in standard four and six, BSV will continue working on organisational systems to ensure that access and intake processes are LBT inclusive.

BSV has undertaken a number of activities to promote its services to the LBT women. This has included a 12 week radio campaign on JOY FM that began in Breast Cancer Awareness month in 2010. The campaign included an interview with BSV's CEO and promoted the participation of BSV in the Midsumma Carnival day in 2011 (see standard 2). In 2012, BSV sponsored a film about a lesbian's experience of breast cancer at the Melbourne Queer Film Festival. We will continue our sponsorship of the MQFF and other relevant events to increase awareness of breast cancer risk and screening in the GLBTI community.

Standard two: consumer consultation

Our major achievement to date has been the development of an online survey of LBT women. Other strategies have included participating in a stall at Midsumma Carnival, a Lesbians and Breast Cancer Forum as well as a Forum on underscreened women.

Our participation in Midsumma involved having a stall, established to provide information about BSV services, to seek feedback from women about what BSV needed to do to be more inclusive, and to encourage women to complete the survey. A staff member from Gay and Lesbian Health Victoria also participated. As shown in Figure two below – the stall provided paper and arts materials and invited Carnival participants to write, draw or paint a message to BSV or a message about LBT women and breast cancer.

Figure Two: BSV stall at Midsumma Carnival



A common response from LBT women as they walked past and saw the stall was: *Ooh!* This response was discussed with one participant who reported that the stall reminded her that she needed to have a

mammogram but had been *'putting it off'* because she *'didn't want to know.'* In all 34 responses were recorded from LBT women at Carnival – most were written feedback and three were images. These responses were coded into eight categories that included: gratitude, age, cost, pain, equity, difference, the role of GPs, and messages to peers. Examples of these codes and the art work developed by women are presented in the following section.

Gratitude

Many participants took the opportunity to question BSV about the cost, procedure and their own risk factors. This was particularly the case with a number of trans women. In addition, a number of transmen enquired about their risk of breast cancer, post transition. Generally, people expressed gratitude that BSV had made the effort to be there and noted:

1. *I think it's good that you are here.*
2. *They [BSV] do a good job.*
3. *I am really glad you are here.*
4. *Keep up the great work*

Age, cost and pain

Several participants made comment about the cost of mammograms. One woman reported that she had an annual mammogram in a private clinic and that it cost her \$600, another reported that she didn't realise that BSV was a free service. The issue of cost was also raised by an older woman who reported: *Women have to pay for BreastScreen after 70 years. I think that is ridiculous!* The issue of age was also raised with one participant who noted that women over the age of 70 don't get reminders for breast screen, but felt they should. Another participant asked that the efforts to be LBT inclusive would also encompass younger women: *Please promote breast health awareness to younger lesbians.*

One participant noted that pain was a barrier to regular mammograms. The participant reported: *I've had lots of those (breast screens)–not at BreastScreen Victoria. And it hurts a lot because my breasts are small.* This provided the opportunity to discuss how to reduce pain and outline strategies utilised at BSV to minimise pain and discomfort to women.

We have equality – inclusive practice is not an issue

One of the surprising themes in the responses was from four women who reported they didn't see the need for the project. Some felt that recent CentreLink changes (recognising same sex relationships) meant that services would not discriminate against LBT women. Others agreed:

1. *Now with Centrelink they have to accept same sex couples. If they don't 'girl' will they hear about it.*
2. *I think women are smart enough to use the services. It's not necessarily an issue for lesbians.*
3. *Homophobia is not an issue in health services- it just needs to be addressed when/where it occurs.*
4. *I have never felt excluded.*

While BSV has not received a report of homophobia or transphobia from a client, one of the aims of the project was to make LBT women more aware that the service was inclusive - to encourage participation.

A breast is a breast – no difference

Similarly, three participants reported that they didn't see a particular need for LBT women to have breast screen because they didn't believe that there was a difference in risk. These women also felt that LBT women would not feel that they were unwelcome because of their sexual orientation or gender identity. For example, one participant wrote: *I'd never thought about lesbians having more risk, or not feeling not as welcome.* Another asked whether it was true that lesbians had a higher risk of breast cancer, reporting that she had 'heard something about the link' on JOY FM. Finally, another participant highlighted the belief that there was no difference stating: *For me it's not different—a breast is a breast is a breast.*

The role of GPs

Three lesbians reported misconceptions that lesbians do not require pap smears or mammograms. One participant reported: *I have friends who think they don't have to have a pap smear because they are lesbian. It's the same with breast cancer.* One participant reported that this misconception had come from her GP and said: *GPs need to be proactive and informed- my GP didn't think I needed a pap smear.* Another reported similarly: *I was told that as a lesbian I don't need a pap smear. There's ignorance I guess it is the same for breast screen.* These findings are significant given that most women reported that GPs are an important source of information about breast screen. One participant suggested that to increase awareness of the importance of mammograms for LBT women that BSV could distribute posters in: *queer friendly clinics eg Northside, VAC, Prahran Market clinic targeting lesbians.*

Messages to peers - Just do it

Ten of the women that approached the BSV stall developed messages for other LBT women about the importance of breast screen. The messages are listed below and Figure three and four show two of the images developed.

1. *Just do it – get screened*
2. *Lesbians should be better at this than any other group – checking each other's breasts*
3. *Don't be complacent*
4. *If you like boobs–look after your own–get screened*
5. *It's important that queer women do this definitely.*
6. *We still have the same organs–we need to be screened.*
7. *We both check our breasts.*
8. *Breast is best.*
9. *Keep em nice, check em twice – whole body health is true health*
10. *Don't be a mickey mouse about breast screen – do it now.*

Figure Three and Four: messages to LBT women



In the year after Midsumma Carnival, BSV participated in a Lesbians and Breast Cancer Forum facilitated by Gay and Lesbian Health Victoria (see figure five). The Forum included presentations by a researcher on the rates of breast cancer in lesbians, stories from two lesbians with breast cancer and a presentation on this project by BSV.

Figure Five: flyer for the lesbians and breast cancer forum

GLHV **BreastScreen** **Australian Lesbian Health Association** **acon**

Lesbian Forum
Lesbians and breast cancer: what's the difference?

You are invited to a forum for lesbians to discuss breast cancer. Participants will hear from a range of speakers and will be invited to help identify what breast screening and breast cancer services need to do to make sure services are inclusive of lesbians.

Date: Thursday 8th December 2011
Time: 4 - 6pm
Location: Gay and Lesbian Health Victoria at 215 Franklin Street Melbourne (next to the Victoria Market)

Part one: speakers

- Dr Rhonda Brown, Deakin University: the evidence about lesbians and breast cancer
- Maura Connelly, Breast Screen Victoria: breast screening and what lesbians know
- Kay Gravell, Melbourne Institute of Creative and Experiential Arts Therapy: one woman's journey
- Carol-Ann Allen, Psychotherapist and counsellor working within the lesbian community

Part two: feedback from participants

After hearing from the speakers, participants will be invited to help identify what breast screening and breast cancer services can do to make sure that their service is inclusive of lesbians. This will involve facilitated discussion and the opportunity to document suggestions for services.

Why participate?

Feedback from this forum will be used by Gay and Lesbian Health Victoria to develop a package of information for breast screening services on the needs of lesbians. We invite all lesbians to join us (you don't have to have had breast cancer to participate).

RSVP to
 Catherine Barrett at Gay and Lesbian Health Victoria on: 03 9285 5297 or: c_barrett@latrobe.edu.au to receive a forum information sheet and consent form. If you are unable to attend the forum but would like to tell us what you think contact Catherine for information about a written submission.

This project is a collaboration between Gay and Lesbian Health Victoria and Breast Screen Victoria and has received funding from the Australian Lesbian Medical Association.

The Forum was widely promoted and attended by eight women. While the numbers were small, the promotion of the forum in the GLBTI community provided another opportunity for BSV to demonstrate its commitment to LBT inclusive services.

A further opportunity to explore the needs of LBT women came through a Forum held by BSV. The Forum was conducted in 2012 to explore women's first screening experience, and what BSV can do to encourage more women to return to screening. The Forum included a range of diverse groups and an invitation was extended to Gay and Lesbian Health Victoria to attend to represent the needs of LBT women. The Forum resulted in putting these needs on the agenda.

Standard three: cultural safety

The 2009 training session for Nurse Counsellors was provided to increase their understanding of the cultural values, norms and needs of LBT women at assessment, and how these may differ from our standards assessment processes. The establishment of a working party – with a range of experts aims to further identify how BSV can ensure the cultural safety of LBT women attending breast screen.

Standard four: disclosure and documentation

BSV does not ask women for information about their sexual orientation or gender identity. However, women recalled to assessment are invited to bring their partner or a support person with them. Women who bring a same sex partner with them are likely to be identified as lesbian or bisexual. In addition, trans women who are recalled for assessment may be asked to provide additional information relevant to their breast cancer eg: the use of hormone therapy or the presence of breast surgery or implants. In these cases women are likely to disclose that they are trans.

Consequently, while we do not directly ask about sexual orientation or gender identity it is likely that this information will be revealed for women who are recalled for assessment. Given being recalled is a particularly stressful time (women often think this means they have cancer) it is important that disclosures about sexual orientation or gender identity are responded to in affirmative and valuing ways at this time.

Our client registration form and assessment consent forms include information about the confidentiality of women's personal information, and how we use this information for quality improvement. In addition, future professional development planned will help to ensure staff understand how to respond to disclosure. Furthermore, information and posters in clinic waiting rooms, particularly assessment centres will assist in sending the message to LBT women that diversity is valued.

Standard five: professional development

The training that was initially provided by Gay and Lesbian Health Victoria was very well received by the Nurse Counselors. On-going training for Nurse Counsellors and other assessment centre and screening clinic staff will be needed to ensure that service provision is respectful of the values and norms of LBT women. This training will be developed and delivered in collaboration with GLHV, Transgender Victoria and other relevant GLBTI organisations and will be informed by an advisory group described in the next standard.

Standard six: organisational capacity

The work undertaken by BSV to date has been to explore the needs of LBT women and has been coordinated by the Public Relations Officer in the Communications Unit of BSV. Discussions about the progress of the project have identified the opportunity to identify a Nurse Counsellor position with responsibility for staff training on LBT inclusive practice. In addition BSV will establish an expert advisory group to further develop the capacity to provide LBT inclusive services. Individuals and groups have been approached and the group will include:

1. A representative of BSV's Research Committee
2. A representative from Gay and Lesbian Health Victoria

3. A representative from Transgender Victoria
4. Representation from the Zoe Belle Gender Centre
5. The Senior Policy Advisor on GLBTI Health & Wellbeing at the Department of Health, Victoria
6. A researcher in epidemiology of lesbians and cancer
7. A GP with expertise in lesbian health
8. BSV operational and communication staff.

The advisory group has been asked to consider a number of activities, including providing advice on the education of staff to ensure LBT inclusive services. The group will also assist BSV to explore the feasibility of identifying a BSV service that can be promoted as LBT inclusive. The initial focus on developing one particular service could assist BSV to understand how to further develop other services. The advisory group will also assist BSV to develop information for LBT women on breast screen. The information for lesbian and bisexual women would aim to encourage them to have regular mammograms. The information for trans people will outline cancer risk and provide screening information. The group would also assist BSV to develop a policy on transgender eligibility for breast screening.

Outcomes

The first aim of the project was to increase our understanding of LBT women's knowledge of breast cancer and screening and their participation and experiences in the Program. The 2010/11 on-line survey provided some information on LBT women's knowledge of breast cancer risk and screening and their participation in screening. While the sample size of women surveyed was small (105 women), results for questions on cancer risk factors and screening history were similar to larger surveys of Victorian women we had conducted. In particular almost half the women did not consider age as a risk factor for breast cancer and only just over half were regularly attending screening.

There is a challenge for BSV to identify ways of proactively seeking feedback from LBT women about their screening experience and attitudes, given that we do not routinely collect any identifying information from women.

The second project aim was to build strong relationships and partnerships with GLBTI organisations and communities. There has been progress on this with a strong relationship with GLHV. The formation of an advisory committee in 2012 will expand and strengthen these relationships.

The third project aim was to provide services that better meet the cultural values and needs of LBT women. This process has begun, with the education of nurse counsellors – which also assisted us to meet our aim of raising awareness within our services of the needs of LBT women. The establishment of an advisory group and a LBT specific service will be significant steps towards meeting this aim.

The aim of providing information and advice to LBT women on breast health, breast cancer and screening was achieved, in part, through our attendance at Midsumma Carnival and will be advanced further through the development of resources for LBT women. A key strategy for moving forward with all these aims is the establishment of the advisory group.

Primary Care Connect, Shepparton

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Primary Care Connect (PCC) is a community health service based in Shepparton, a town in North East Victoria. PCC provides outreach services to the Greater Shepparton area, as well as the neighbouring Moira and Strathbogie shires. As an organisation, PCC strives *"to work with our community to provide primary health care services that strengthen the ability of individuals and families to make choices that will improve their health and wellbeing"*.

PCC delivers many diverse programs across three major areas, which are: Primary Health; Counselling Services and Alcohol and Other Drug Services. In 2008, the estimated resident population for Greater Shepparton was 60,162. Greater Shepparton has a considerably diverse population, whereby 3.2% of residents identify as Aboriginal and/or Torres Strait Islander, comparable to the Victorian figure of 0.6%¹. In addition, nearly 11% of the population were born overseas, with the top three languages spoken at home, excluding English, being Italian (3%), Arabic (1.25%), and Turkish (1.1%)².

In terms of overall socio-economic status, in 2006 the Local Government Area of Greater Shepparton was ranked nineteenth out of eighty areas across Victoria, according to the Social Economic Index for Areas (SEIFA) Index of Relative Social-Economic Disadvantage measure³.

Decisions to become involved in the How² program originated with the Quality Manager at PCC. The Quality Manager recommended to the Leadership and Management Team that this would be a productive and beneficial initiative for, not only staff within the organisation, but also the community in general. PCC value and are committed to respecting the knowledge and diversity of our community, and therefore saw the How² program as a way to improve service delivery to become more GLBTI inclusive and equitable. Furthermore, PCC were encouraged by the development of the Rainbow Tick standards and hope to direct active work towards achieving these standards, in order to receive formal acknowledgement and accreditation in the future.

Aims of the project

The aim of PCC's involvement in the How² program is to improve the organisation's services so that they adequately reflect, and are more inclusive of the needs of clients who may identify as GLBTI; so that clients can essentially receive care that is holistic and appropriate to them as a whole individual. There is also an important element to the project that involves all staff across the organisation, and that is to ensure that staff have the appropriate resources and educational opportunities to understand their role in

¹ Goulburn Valley Primary Care Partnership Community Profile 2011
² Australian Bureau of Statistics 2006
³ GVPCP Community Profile 2011

improving the organisation's capacity to create a GLBTI inclusive service. PCC acknowledges the long-term commitment that the project requires, in regards to making overall changes and improvements to GLBTI inclusive practice within the organisation.

Project processes

The Quality Manager and the Manager of Counselling were initially chosen to facilitate the project and attend the How² program. However, due to staffing changes, the Quality Manager was replaced by the Health Promotion Worker just prior to the second workshop. Together, the facilitators made regular meetings outside of the workshops, in order to begin to implement some of the activities required to collect data for the initial needs analysis. Activity reporting was reflected in program reports that are submitted monthly to the Board of Management. Communication about the program to staff was distributed via email and an announcement posted on the intranet just prior to conducting the staff survey. General findings are yet to be disseminated throughout the organisation. At the end of the workshops, the Manager of Counselling was replaced by the Acting Manager of Counselling.

The willingness of the organisation to be involved in the How² program, combined with supporting and becoming a lead agency in an upcoming festival celebrating cultural and sexual diversity, strongly indicates the organisational commitment to GLBTI inclusive services.

In order to make improvements in GLBTI inclusive service delivery, there was a need to establish and collate baseline data. The needs analysis provided the opportunity to clarify current practices and identify what resources or actions were required to achieve or improve GLBTI inclusive practice. The needs analysis involved an organisational audit and a staff survey.

In September 2011, the facilitators conducted an audit using the Rainbow Tick Service Audit. While the overall score was low, the audit identified a number of opportunities to better tailor PCC policies and procedures to reflect the intent to create GLBTI inclusive services.

In October 2011, we surveyed staff across the organisation using the Rainbow Tick Staff Survey. Staff were asked to rate the importance of the organisation addressing each of the Rainbow Tick standards and indicators. A further four open-ended questions were added to the survey to gain more insight and further understand the quantitative ratings. These questions were:

- 1 What do you believe PCC are doing well regarding working with GLBTI clients?
- 2 What improvements would you like to see made to the way PCC provide services to GLBTI clients?
- 3 What resources would be required to make these improvements?
- 4 Do you have any further comments to add?

The survey was printed out and distributed via mail boxes to all 47 staff. A collection box was placed opposite the staff mail boxes to enable staff to anonymously submit their completed copies. Staff were notified via email and announcements on the intranet, and were given two weeks to complete the survey. Twenty two surveys were completed, representing a response rate of 46.8%. The survey responses were entered into Survey Monkey for analysis. Overall 80% of staff noted the standards and indicators were either 'important' or 'extremely important' for the organisation to address (45% and 35% respectively).

These results were considered positive and an indication of willingness amongst staff to support strategies to become more GLBTI inclusive.

The addition of open-ended questions to the survey provided valuable insights into the perspectives of staff. An interesting characteristic of the data was that, despite a majority of responses reporting the standards were important there was also a substantial number of comments that carried the belief that staff should and already do *"treat everyone the same"*. Whilst this ideal at face value may be considered a logical approach to ensuring every client receives adequate care, it falls below the Rainbow Tick Standards for GLBTI inclusive practice. The Standards acknowledge that the health and wellbeing of GLBTI people is generally poorer than the broader community and that their needs are different. Consequently, a 'we treat everyone the same' mentality does not take these differences into account. Rather, they more often reflect a tendency of staff (consciously or not) to view the client through their own cultural beliefs and values.

The belief that GLBTI inclusive practice means 'treating everyone the same' was reflected in concerns expressed by some staff that GLBTI clients were being treated as more important than others. Such comments included:

- 1 *"Why should GLBTI clients be more important than others?"*
- 2 *"There seems to be too much emphasis on GLBTI [education] for staff"*
- 3 *"Our service needs to be respectful of GLBTI along with ALL other minority and disadvantaged groups".*

The survey highlighted opportunities for further staff education to enable respectful and honest expression of staff beliefs and the importance of working slowly to achieve change. It also highlighted the importance of the facilitators working, initially with staff that were willing to be involved and be mindful that some staff may find the project confronting.

Progress against the GLBTI inclusive practice standards

Standard one: access and intake

In terms of creating a welcoming environment to GLBTI clients, at the time of the audit there was only one poster displayed in the reception area that acknowledged the area as a non-discrimination zone in which homophobia is not to be tolerated. PCC also has a generic brochure that briefly lists all available programs and services. The project facilitators reviewed the brochure as part of the Rainbow Tick Service Audit and identified that the language and pictures are GLBTI inclusive. The option of adding a statement about GLBTI inclusive practice was also discussed by the project facilitators.

The audit also highlighted that intake staff do not routinely collect information about whether a client is GLBTI. There are currently no processes for gathering this data as there is currently no capacity within the organisation's technology and data systems to enable this information to be stored. While this information is not formally collected, intake staff are aware of and have the skills to use GLBTI inclusive language that sends a message to GLBTI clients that they are welcome to disclose their sexual orientation or gender identity.

PCC is one of the lead agencies involved in organising and holding the upcoming OUTintheOPEN festival, a community event for the Greater Shepparton region that celebrates sexual and gender diversity. Through this affiliation, it is anticipated that PCC will further demonstrate the commitment to GLBTI inclusive services and to the GLBTI community more broadly.

Future actions will include developing an organisational procedure that highlights the need to use GLBTI inclusive language when communicating with clients, staff, or other agencies and stakeholders. This procedure will then be linked in to ensure that it becomes part of intake and customer service policies. We will also increase the visibility and acknowledgement that PCC is a GLBTI inclusive service by displaying more posters in the reception area, and offering more GLBTI-specific resources in the client waiting area. We will develop a sign stating that PCC is a GLBTI inclusive service that supports diversity and display this in the reception area and in all counselling and clinic rooms. We will also investigate the option of including a statement on GLBTI inclusive practice at PCC to include in the generic PCC brochure. And finally, we will investigate and encourage promotion of PCC's services through channels that may be accessed by GLBTI people, including local GLBTI social and support groups and newsletters.

Standard two: consumer consultation

PCC has client feedback mechanisms, such as the consumer experience survey that allows for individuals to express their thoughts and ideas about the service they receive. In addition, a consumer advisory committee has recently been set up in order for the organisation to gain a greater understanding of the communities it services and their existing needs. Neither of these consultation mechanisms are yet to specifically target GLBTI communities.

As one of the lead agencies coordinating the OUTintheOPEN festival, consultation with the GLBTI community has been acknowledged as an important factor in the planning and implementation of festival events. The festival committee includes a number of representatives from the GLBTI community. The involvement in the festival provides the opportunity for the project facilitators to build networks with local GLBTI community members and identify opportunities to improve GLBTI inclusive service at PCC.

Future actions will include investigating the option of advertising for a GLBTI representative to sit on the consumer advisory committee. Promote awareness of the consumer advisory committee through a variety of channels, including groups and newsletters that are accessed by GLBTI people. We will also investigate the option of including GLBTI-specific questions in the consumer experience survey.

Standard three: cultural safety

PCC has an established Cultural Advisory Committee and Work Plan that is dedicated to ensuring the organisation is inclusive of the cultural diversity, sexual orientation and gender identity of clients and staff. It is the role of the committee to plan, implement, and evaluate quality activities throughout the organisation, which relate to diversity.

PCC has risk management systems in place, such as a Risk Register to enable identification of possible risks and plans to mitigate these risks. The audit clarified that these systems do not specifically reference

GLBTI clients. One potential risk relates to promoting PCC as GLBTI inclusive before staff values and beliefs about 'treating everyone the same' have been challenged.

During the planning for the OUTintheOPEN festival, the concept of risk has been discussed and a risk management plan will be developed. There are also established policies and procedures that allow for the management of complaints and ensure that these matters are adequately resolved. However, these processes do not specifically consider the safety needs of GLBTI clients.

Future actions will include reviewing and updating risk register to adequately reflect the needs of GLBTI clients. We will also develop strategies to manage the potential risk to GLBTI clients who disclose to staff who do not yet understand how to respond in positive ways.

Standard four: disclosure and documentation

Information about sexual orientation and gender identity is not routinely collected or recorded. The audit identified that while PCC has policies relating to client confidentiality and privacy these do not specifically address sexual orientation and gender identity. Given the efforts to promote PCC as GLBTI inclusive it could be expected that some GLBTI clients may disclose their sexual orientation or gender identity informally in discussion with staff. PCC would expect that staff would respond to disclosure in a positive and professional manner.

Future action will include providing education to staff on the importance of responding to disclosure in a positive and professional manner. It will also include developing a policy to guide staff on documentation of sexual orientation and gender identity.

Standard five: professional development

The project coordinators conducted the staff survey which was used to identify current knowledge in regards to GLBTI inclusive practice and highlight areas where staff education may be needed.

At a recent staff meeting, a local community development worker was invited to present on GLBTI projects currently being implemented in Greater Shepparton. Staff attending the meeting were also informed of general health and wellbeing statistics specific to GLBTI communities living outside major metropolitan areas. The presentation was generally received well and a number of staff displayed further interest in the content and issues raised through the discussion.

One of the major events currently being planned for the OUTintheOPEN festival is a forum, which aims to encourage professionals within the organisation and throughout the region to attend and gain more knowledge about health and wellbeing issues specific to GLBTI communities.

Future action will include facilitating regular education on the needs of GLBTI clients and the importance of GLBTI inclusive practice to orientate new staff and provide updates to existing staff. These sessions will be structured to present the evidence relating to the needs of GLBTI people so that staff understand why GLBTI inclusive practice is important. The sessions will also show how 'treating everyone the same' is actually a measure of unequal practice.

Standard six: organisational capacity

The project coordinators conducted an audit of the organisation to determine the current level of GLBTI inclusive practice. This information was then used to develop a draft action plan which identifies areas the organisation can work towards to improve services to become more inclusive of GLBTI people. The participation of the organisation in the OUTintheOPEN festival provides the opportunity to raise awareness amongst local GLBTI people of our efforts to become more GLBTI inclusive.

Future action will include finalising a GLBTI inclusive services action plan so that strategies can begin to be implemented. We will also consider repeating the audit at a certain time (e.g. six months) after the action plan has been formally adopted and accepted by management, in order to compare ratings and monitor progress. The actions documented in our action plan will be included in our quality plan.

The organisation's mission statement, vision, values, and position descriptions will be reviewed and updated to ensure that the intention to create more GLBTI inclusive services is reflected in these overarching statements.

Currently, an evaluation plan is being developed for the OUTintheOPEN festival. The purpose of this evaluation will be to identify processes that could be changed or improved upon for future festivals. In addition, the evaluation will offer a chance for committee organisers to consult with attendees and identify needs of diverse communities. These evaluation results could be used to further guide GLBTI inclusive practice across the organisation.

Outcomes

At present, PCC is at the very beginning of implementing the lessons learned from the How² program and the actions developed from the initial needs analysis. It is clear that the organisation has a commitment to improving and building upon the services that are already being delivered, so that they are more GLBTI inclusive. Through responses collected from the surveys, it seems that generally staff acknowledge that GLBTI inclusive practice is important. Education sessions and other professional development opportunities need to be regularly organised and offered to staff, in order to make measurable and lasting changes to GLBTI inclusive practice. Initially, education will need to be focused on exploring personal beliefs and values in respectful ways and introducing concepts that allow staff to understand why treating everyone the same is actually an inappropriate and ineffective approach to holistic client care.

In hindsight, implementation of the How² program at PCC has been hindered by changes in the staff that represented the organisation at the workshops. These changes made it difficult to gain momentum and therefore had an impact on program implementation timelines. Furthermore, the staff that attended the workshops might have benefited from undertaking an activity (such as the Rainbow Tick Services Audit) to engage and inform other staff of the program before beginning the workshops. This may have improved staff awareness about the intent to improve services and allowed staff the opportunity to gain interest and be kept informed about workshop developments. However, the dedication of the staff that did attend and represent PCC throughout the program has been encouraging and has ensured that PCC continue as an organisation engaged and actively working towards GLBTI inclusive practice.

Gateway Community Health, Wodonga

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Gateway Community Health (GCH) was established in 1994 as Upper Hume Community Health Service. GCH is a not for profit company limited by guarantee. GCH is situated in the main street of the City of Wodonga and provides services to both the residents of Wodonga (pop: 35,065) as well as outreach to those in the surrounding towns in the North East Victoria and Southern New South Wales.

The City of Wodonga was recently reported as being the fastest growing city in Victoria with a population increase of 2.1% (an addition of 757 people between 2010 and 2011). Compared to the rest of Victoria, Wodonga has a large proportion of young people aged 12 – 24 years (approx 20%).

Services provided by GCH include Health Promotion, Alcohol, Tobacco and Other Drugs programs, Counseling, Mental Health Recovery, Sexual Health and Family, Parenting and Youth programs. GCH does not currently provide any allied health services, however we are in the process of building and establishing a Commonwealth funded Super Clinic in the vacant block next to our existing premises which will expand our services considerably. We look forward to modeling a comprehensive primary health service which operates from a Social Model of Health framework and facilitates a client centered approach across all the disciplines.

GCH aims to promote and achieve the health and wellbeing of individuals and communities by providing services that are responsive to local needs. GCH's vision is to be recognized as a leader in services that enhance community health and wellbeing through innovation and partnerships.

In November 2005, the Premier of Victoria announced Gateway Community Health (formerly Upper Hume Community Health Service) as the 'Outstanding Rural and Regional Community Health Centre in Victoria'. The citation for this award emphasised our outstanding ways of doing business, specifically commending our integrated approach to meeting community needs through partnerships with other agencies, and our demonstrated ability to deliver evidence based practice. GCH has been involved with managing many projects and has a reputation for successfully fulfilling its obligations and meeting project objectives.

Project management at GCH is supported by a Continuous Quality Improvement Process and strong Occupational Health and Safety guidelines. GCH is fully accredited by Quality Improvement and Community Services Accreditation (QICSA), a division of the Australian Quality Council.

GCH has a commitment to continuous quality improvement and to ensuring that we meet the changing needs of our community particularly those most at risk of poor health. Consequently, we have previously worked on a number of projects specifically addressing the needs of the GLBTI community. For example; GCH conducted the "Let Go" project for five years (2004 - 2009). This project worked with young people

aged 14 – 25 years in Wodonga, Indigo, Towong and Alpine shires. It aimed to raise awareness of sexual diversity, reduce homophobia, promote resilience and wellbeing, and improve service provision to GLBTI young people. This project focussed on the community more so than the services at GCH and relied on the skill set of the project worker. This project led to a relationship being built with the local GLBTI incorporated support group; Hume Phoenix. The project worker currently participates as a committee member and a liaison between GCH and Hume Phoenix.

More recently, a generic "Access and Equity" policy was adopted which states "*services will be provided on the basis of need, irrespective of geography, socio-economic group, ability, ethnicity, age, gender or sexual orientation*" and that we will adhere to the appropriate legislation and the Australian Charter of Health Care Rights in Victoria. However, there was no implementation strategy to support embedding the policy or to address the specific needs of each of the key target groups – including GLBTI people. Around the same time, GCH commenced four key strategies; the Community Engagement Strategy, the Cultural Responsiveness Strategy and the establishment of a Sexual Health Clinic and Sexual Health Promotion positions. This and the earlier work positioned GCH to embrace the How² project and to focus on the steps needed to become more GLBTI inclusive. The "Let Go" project worker commenced in a position as Sexual Health Promotion Worker bringing with him the skills and knowledge needed to guide our involvement.

Aims of the project

To work collaboratively with the GLBTI community to improve our organizational capacity to be more GLBTI inclusive.

Project processes

Our key steps were/are to:

- 1 Inform staff about the project
- 2 Gather evidence of what our staff understood about being GLBTI inclusive and about their current practice,
- 3 Complete an organizational audit to determine what policies/procedures and programs currently address GLBTI needs
- 4 Seek the input of the GLBTI community about their experiences and expectations of the service
- 5 Develop and implement an improvement strategy that is embedded into organizational policy and practice

From the outset it was determined that we needed a champion to lead the project and it was obvious that the newly appointed sexual health promotion worker (0.4 FTE) was well placed to be this champion. The sexual health promotion worker and one of the central intake workers attended the How² workshops and together they commenced the first three steps listed above. The project was managed by the manager health promotion.

Given GCH was heading into significant organizational change with the establishment of the Super Clinic it was determined that the implementation of the project needed to be slow, steady and considered so as to avoid staff feeling overwhelmed by what can be perceived as being additional work.

The needs analysis began with an email, sent to staff mid 2011 informing them of the project and its intended outcomes and inviting them to participate. Care was taken in writing this invitation in order to inspire staff to participate. This email was followed by a survey to be completed using survey monkey. The survey was adapted from the Rainbow Tick Standards and indicators. Fifty percent of the 102 GCH staff completed the survey.

The survey revealed that although two thirds of staff are philosophically confident and trust that the agency welcomes GLBTI consumers (63.8%) and that most staff respond in a positive and respectful way when clients disclose that they are GLBTI (77.8%). However, many of the survey respondents were unsure about agency systems and strategies for GLBTI inclusive practice (45-50% 'unsure'). The survey demonstrated that there is much work to do in raising staff awareness and skill in this area. Some of the comments provided by staff in the survey included:

- 1 *"This survey has made me aware of how much I don't know!"*
- 2 *"I am aware of my own personal practice and that of some staff however I am unsure about many aspects in relation to the agency"*
- 3 *"Staying abreast of all target groups needs and requirements is challenging. So too is providing necessary ongoing training in all these in a systemized and organization-wide way. I know who to ask for information and advice but struggle to comment on other team functions or systems."*

The results from the staff survey were fed back to staff at the bi-monthly staff meeting. The presentation included an overview of the Rainbow Tick Standards and how the survey results tied into these standards. The power point presentation was made available on the central drive for all staff to access. The session included distribution of the Well Proud document and other GLBTI resources.

The Rainbow Tick Audit was also conducted and the results and actions are summarized in the following section.

Progress against GLBTI inclusive practice standards

Standard one: access and intake

At the commencement of the project a simple scan of GCH's physical environment was conducted. GLBTI resources included a rainbow sticker at the entrance. The How² project along with the establishment of the Sexual Health Clinic resulted in an increase in posters and stickers welcoming GLBTI clients being displayed in reception, in the Sexual Health Clinic room and in the internal public toilets. Additionally the ongoing relationship with the GLBTI support group, Hume Phoenix, resulted in their newsletter and flier being available in the brochure racks.

In scanning our digital environment i.e. our website, it was determined that there is nothing that specifically acknowledges that we welcome GLBTI community but rather broad statements of

inclusiveness. For example the "About Us" page lists our organisational values with the first value listed is "Respect – we uphold the integrity and worth of each person and value everyone's thoughts and beliefs".

GCH has been working to improve client access and as such is implementing a central intake process. The aim is to ensure timely and thorough needs identification, seamless service delivery and waitlist management. One of the two Intake Workers participated in the How² project training and as such has embedded GLBTI inclusive language into central intake practices.

The audit identified that GCH does not ask if a client is GLBTI and questions about sexual orientation or gender identity are not included on any of our forms or templates. However, staff recognise the opportunity to use GLBTI inclusive language to support disclosure. However this leaves a gap in determining our GLBTI client base.

The sexual health promotion worker has formed a strong relationship with the local GLBTI support group, Hume Phoenix. This has proven to be an invaluable avenue for promoting GCH services to this target group.

Areas of improvement for this standard are in determining an appropriate system for identifying our GLBTI client base. This would assist us in seeking health data as well as providing evidence for future funding opportunities. Our current policies and procedures such as our Access and Equity policy have deliberately been developed in a generic manner allowing for specific tailored strategies, like GLBTI inclusive practice, to occur.

Additionally, our central intake is a process involving the whole agency. Therefore, we need to ensure that all staff use GLBTI inclusive language.

Standard two: consumer consultation

In 2011 GCH commenced a Community Engagement Project. This included developing an agency wide strategy for community engagement. Components of this included staff training, the establishment of a community reference committee and the development of team community engagement projects. Concurrently the agency commenced the development of a Cultural Responsiveness Strategy in order to respond to the rapidly increasing culturally and linguistically diverse community. A significant amount of overlap between these two strategies was determined. In response a combined "Culturally Responsive Community Engagement Framework and Action Plan" are now drafted. The skills and systems developed as a part of these two projects align with the How² project and support staff engaging in future GLBTI consumer consultation and engagement.

Current success is evidenced in our work with the GLBTI support group, Hume Phoenix. GCH provides desk space, IT use and the venue for their regular committee meetings. Our Sexual Health Promotion worker supports the group to identify and address health issues for the GLBTI community and attends the committee meetings and events. The Hume Phoenix group supports the initiatives of GCH to become more GLBTI inclusive and members are keen to offer their input to improve GCH. Formal consultations with members of Hume Phoenix as well as other GLBTI individuals who do not attend the support group are planned. These consultations will focus on experiences and expectations of GCH as a service. Future and ongoing consultations will be determined in due course.

GCH has client feedback forms situated in the reception area. These forms are generic and are an avenue for feedback from all our clients. All completed forms are forward to our Quality Manager for action. Avenues for client feedback could be improved by expanding to use social media. GCH will commence interviews with the GLBTI community regarding their experiences of GCH and their expectations of such a service.

Standard three: cultural safety

GCH has participated in QICSA accreditation for twelve years and as such has a number of policies and plans in place to support cultural safety e.g. Access and Equity policy, Intake policy, Client Rights and Responsibilities policy, Confidentiality and Privacy policy, Code of Conduct, Agency Values and the newly developed Culturally Responsive Community Engagement Framework and Action Plan.

GCH distributes a Client Rights and Responsibilities brochure and Privacy brochure to all new clients. We have feedback forms in the reception area and a Client Grievance policy to deal with any policy breeches or other grievance.

The biggest gap and risk for GCH is the lack of staff awareness of the agency policies and systems that apply to GLBTI cultural safety and indeed the lack of systemized mandatory staff training in GLBTI inclusive language. GCH plans to address this gap and risk through staff training.

Standard four: disclosure and documentation

Information about sexual orientation and gender identity is not routinely sought. At this point in time this is not likely to be changed which leaves a gap in our data collection to determine the size of our GLBTI client base.

Almost fifty percent of staff surveyed felt that staff signal to consumers that they are welcome to discuss their sexual orientation or gender identity, (42% were unsure). However without systemized training or assessment in GLBTI inclusive language or a GLBTI client survey about such we have no real evidence that this is the case.

GCH has policies and corresponding brochures regarding privacy and client rights and responsibility. These brochures are distributed to all new clients. These two brochures are currently under review in order to ensure they are GLBTI inclusive.

Standard five: professional development

GCH does not have systemized GLBTI inclusive practice professional development but has offered such training on an ad hoc basis prior to the How² project commencing. These were poorly attended however. Recently GCH has developed a mandatory training program. We are currently negotiating the addition of GLBTI inclusiveness to this program.

Despite not having a record of our GLBTI client base, GCH has a strong and growing relationship with the GLBTI support group Hume Phoenix. This relationship is an invaluable source of information and avenue for future information gathering to inform professional development.

Standard six: organizational capacity

As demonstrated throughout this report, GCH's vision, values, policies and procedures support GLBTI inclusiveness. Our QICSA Accreditation and the corresponding quality plans also support this. The establishment of the Sexual Health Clinic, the Sexual Health Promotion positions, the Culturally Responsive Community Engagement Framework and Action Plan and the Super Clinic all provide an excellent platform to leverage GLBTI inclusiveness.

Despite the Sexual Health Promotion worker acting as the champion for the How² project it is imperative that all staff take on the responsibility for being skilled in GLBTI inclusiveness. In order to support this a library of resources was created for all staff to access. This includes information about both local and other services.

The client feedback system functions well and absolutely feeds into our continuous quality improvement system. However, this paper model could be expanded using social media.

Compliance with the Rainbow Tick standards will be integrated into our quality plans.

Outcomes

The How² project has raised staff awareness of GLBTI inclusive practice and has highlighted the lack of awareness that exists about our existing systems and practices as well as some gaps in our practice.

Recommendations from our staff survey, organizational audit, and GLBTI interviews will be incorporated into our quality plans and may result in a separate and specific plan if need be. Some of the key elements identified to date include the need for systemized mandatory staff training, establishing a method for determining our GLBTI client base, strengthening our needs identification system, and improving, expanding and tailoring our service marketing strategies. Additionally we need to further explore our opportunities to work proactively rather than reactively with the GLBTI community. One such example of this is a grant application jointly submitted by GCH and Hume Phoenix in 2012 to support expanding the services and programs of Hume Phoenix to better meet the needs of a broader age group of the GLBTI community.

The implementation of the How² project has been hindered by the limited time the part time Sexual Health Promotion worker could commit to the project and by a change of Health Promotion Manager (also working part time). However, the How² project has cemented GCH's commitment to GLBTI inclusiveness and has provided a framework by which to operate and put policy into action. GCH is extremely grateful for the relationship that is being built with Hume Phoenix and recognizes this as a crucial ingredient to improving our GLBTI inclusive practice.

GCH is undergoing significant organizational change with the establishment of the Super Clinic and as such look forward to embedding GLBTI inclusiveness into that part of our expanded service.

GCH still has some work to do in this field and will continue to work into the future on this project progressively embedding GLBTI inclusive practice into our policies and procedures and supporting our local GLBTI community groups and families in living a happy, healthy and connected lifestyle.

Reflections of the project coordinator

For many participating in the How² project this will be their opportunity to begin running social support/diversity groups, within their local communities which will enrich the GLBTI communities and networking

for workers. I coordinated the project and attended the How² workshops in my current role as the Sexual Health Promotion Worker. The project has been a new journey of gaining a better understanding of the local GLBTI community. It has helped me to understand what it is that I can do to improve equality and GLBTI inclusiveness within Gateway Community Health. The How² project has provided me with the opportunity to truly work in collaboration with GCH and the local GLBTI in improving our services for the better of the community.

The How² project was at times eye opening. I gained a better understanding of where we were in regard to GLBTI inclusive practice. At times it was quite heart wrenching. I think sometimes as workers we can tend to take things personally when what is put down in front of us is not exactly what we were expecting. This is one of the main areas in which I feel that workers who decide to implement this project need to understand. If you are in any way connected with the GLBTI community and you are implementing this type of project - you need to realise that not all of your colleagues or networks will necessarily agree with what you are doing.

I feel that as a community health worker who has been involved with the GLBTI community for the past seven years the How² project has given me insights. I have more insights into the way that I was working and the way that I now work. It has given me tools for my work now.

Mitchell Community Health Service, Broadford

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Mitchell Community Health Service (MCHS) has been a leading health and community service provider in the rural and peri-urban Mitchell and Murrindindi Shires for over thirty years. The Mitchell Shire is a rural shire of 35,044 people living both rurally and in the urban growth corridor, located in the Victorian Hume Region. The population is expected to double to 70,000 by 2031, representing an annual growth rate of 3.2%, compared to Melbourne (1.4%) and Regional Victoria (1%).

The Hume region has a higher than state average percentage of adolescents with Mitchell having the highest rate. The percentage of Mitchell Shire young people who did not complete year 12 is significantly higher than the state average. The Mitchell Shire is of low socioeconomic status, high unemployment and faces geographical isolation, limited health services and lack of community connectedness. The high levels of disadvantage faced by the community may lead to amplified risk factors for GLBTI people who reside in the area. A large proportion of the Murrindindi Shire was decimated during the devastating 2009 bushfires - amplifying many risk factors for residents in the area.

MCHS provides services funded through Federal, State and Local Government funding in the following program areas:

- 1 Clinical Services including Allied Health and Nursing
- 2 Home Support Services including in home assistance, Meals on Wheels
- 3 Counseling Services, including Alcohol, Tobacco and Other Drugs program, family violence, generalist and financial counseling
- 4 Social Support Services including: Disability Case Management, Community Aged Care Packages, Mental Health support (PHaMS), and Bushfire recovery
- 5 Health Promotion.

MCHS has a strong commitment to continual service improvement and innovation. The decision to participate in the How² program was to ensure that our service was accessible to and welcoming of GLBTI people. The How² program was driven through the Quality and Health Promotions areas to ensure that all 135 staff and three main office sites were actively and systematically involved.

Project aims

The aim of undertaking this project for MCHS was to ensure that MCHS provides an inclusive service to the community and to ensure that there are fewer service gaps for GLBTI people. This is to be achieved by embedding GLBTI inclusive practice into agency policies and procedures through the compliance with the Rainbow Tick Standards for GLBTI inclusive practice.

MCHS prides itself on providing quality services to all community members in the Mitchell and Murrindindi Shires. The lifestyle of urban meets country is attractive to many people as it is affordable and is still within reach of Melbourne's suburbs and central business district. As the community evolves it is imperative that our services evolve too. We are aware that there are GLBTI people amongst our client group and anecdotally it is known that young GLBTI people are reluctant to access local GPs for sexual health assistance, information and advice.

MCHS services clients from very young to the aged. It is important that all staff provide services in an inclusive health promoting way to ensure clients feel safe and comfortable to disclose their sexual orientation or gender identity should they wish. Conversely to this it is important that our staff are confident and comfortable with disclosure from GLBTI clients and provide services that are not judgemental to all community members regardless of their sexual orientation or gender identity.

Project processes

The How² project was first discussed with the Director of Client Services and the Health Promotion Coordinator. The project was seen as a supported opportunity for our agency to review its operations and update and modify as appropriate to meet the GLBTI inclusive practice standards. Further to these discussions it was important to select strategically who from the agency would attend the program, to ensure that we were able to successfully implement the standards in our agency.

Four staff from MCHS were designated to attend the How² program including; Director of Client Services, Quality, Access & Home Support Services Coordinator, Health Promotion Coordinator and Sexual & Reproductive Health Development Officer. The Health Promotion Coordinator had the role of coordinating the project team. Having these four staff attend the program was advantageous to the process being implemented within our agency. This team enabled the How² project to be visible from all levels of management across the agency.

The project coordinator guided the process internally and coordinated tasks such as the GLBTI staff survey and agency audit, in collaboration with the project staff members. After each task was completed the project coordinator reported back to the project team. Information was also disseminated across the agency through the staff newsletter. A number of consultations were also facilitated with the Health Promotion Steering Committee to gather their input into the development of the project.

For the needs analysis, MCHS used the Rainbow Tick Organisation Audit as a starting point. Each member of the project team completed the audit and rankings were collated by the project coordinator. The results of the audits were very similar with no major outliers. While the organisation scored poorly in the initial audit it was understood that the purpose of the audit was to provide clear direction about where practice changes were necessary.

To determine a baseline understanding of the staff attitudes and beliefs towards GLBTI consumers, the Rainbow Tick Staff Survey was conducted. The survey was offered in hard copy and online using SurveyMonkey. The survey elicited a great deal of discussion across MCHS. In all 25 staff completed the survey, with representation across all service areas. The majority of responses indicate that staff were very supportive of the agency improving GLBTI inclusive practice. However, some staff reported that they did not see why GLBTI inclusive practice was necessary. The survey results assisted in determining future professional development, as well as providing baseline data.

Progress against GLBTI inclusive practice standards

Standard one: access and intake

MCHS welcomes GLBTI consumers in the office reception areas with GLBTI specific posters and resources. The reception also includes information booklets about support for GLBTI people in schools and Q Magazine, a free magazine that discusses a range of issues for the GLBTI community.

As part of the audit, the centralised intake process was reviewed to establish whether GLBTI information is provided to consumers at initial contact. It was established that there is no GLBTI information in the current client information booklet provided to new clients. The project team met with intake staff to discuss how to improve intake processes to ensure the use of GLBTI inclusive language and to review processes for responding to GLBTI clients that disclose their sexual orientation or gender identity.

Future plans include developing a GLBTI information page for the client information booklet using inclusive language. The page will provide information about GLBTI services in country and metropolitan areas and will be developed in consultation with GLBTI organisations. Additionally, a reference page is being developed for intake staff detailing GLBTI services in the local and metropolitan areas.

An audit is to be completed of the current communications policy to review information dissemination to the GLBTI community. This process will review all images displayed on promotional material to ensure that they are inclusive and not heterosexist. The review will also consider the language used to ensure it is GLBTI inclusive. The MCHS website is currently being redeveloped and will provide links to state wide organisations providing information and support to GLBTI people such as the Rainbow Network, Family Planning Victoria and Gay and Lesbian Health Victoria. Links will also be made to local groups such as Hume Phoenix and Uniting Care Cutting Edge and these groups will provide links to MCHS on their webpage.

Further education will be provided for intake staff to ensure that they are aware of GLBTI specific services available.

Standard two: consumer consultation

There is not currently a GLBTI reference group or consultation group in our area. This is an identified gap that may be filled in consultation with other agencies that have successfully established a group or consultation process. MCHS has applied for a GLBTI Youth Mental Health Grant to establish a support group for GLBTI young people. Consultations have been held with key partners with established diversity groups to assist with re-orienting current services and also guide the development of future services. In

the interim it is important for MCHS to utilise current data from reputable sources and other agencies to guide the development and implementation of our process so that the foundations are strong and clear.

MCHS currently has a Consumer Complaints and Feedback process that allows clients the opportunity to express their opinion of the service being provided. As part of the project the current Consumer Complaints and Feedback process is to be reviewed to ensure it has GLBTI inclusive language and allows for GLBTI specific feedback to be provided.

MCHS will continue to work with other rural organisations (such as Hume Phoenix and Uniting Care Cutting Edge) that have established GLBTI groups to identify opportunities to further develop our services. The agency will also continue to review data and evidence relating to the needs of GLBTI people to inform the development of services.

Standard three: cultural safety

The specific risks to the cultural safety of GLBTI clients have not previously been identified. The project team noted that a particular risk to GLBTI clients could be encountered if the agency was promoted as GLBTI inclusive before organisational systems and staff education had been put in place. The audit identified the opportunity to further develop and review position descriptions, induction processes and interview processes to ensure that the organisation's expectations in relation to the cultural safety of GLBTI people is clear and that staff practices are consistent. These changes will be communicated to staff through staff training.

The audit also included a review of the processes for responding to homophobia or transphobia. It was noted that while there were existing Consumer Complaints and Feedback process, these processes could be updated to explicitly refer to incidents of homophobia and transphobia.

The agency continues to review its induction process, position descriptions and interview processes to ensure the message about the GLBTI inclusive practice is clear. The agency will support this review with further education of staff to ensure they are aware of their responsibilities in relation to the cultural safety of GLBTI clients.

The agency will also conduct a review of its communications and marketing processes to ensure that the messages about GLBTI inclusive practice are not disseminated until the project team feel confident that the organisation has policies, processes and staff education to ensure the safety of GLBTI clients.

Standard four: disclosure and documentation

Information about sexual orientation and gender identity is not currently collected at any point throughout service provision. Furthermore, there is no formal process that staff utilise to signal that consumers are welcome to discuss their sexual orientation or gender identity. In order to fill this gap MCHS is reviewing current intake procedures to explore the option of restructuring intake forms. The project team met with other agencies to review more GLBTI inclusive options and to consider alternative approaches based on their key learnings. The project team also met with central intake staff to determine that best way to incorporate questions about sexual orientation and gender identity into intake assessment.

MCHS has a confidentiality policy and all new staff must sign a form to say they have read the policy and will abide by it. The policy highlights that staff will discuss with clients: what information will be gathered, what the information being gathered is used for, who can access it and where the information is kept. If the client understands and agrees to this then the consent form is signed and service provision commences. The audit identified that there was no specific information on disclosure relating to sexual orientation and gender identity. And, while there is currently no process to formally assess sexual orientation or gender identity it could be expected that efforts to become more GLBTI inclusive will result in an increased number of GLBTI clients disclosing their sexual orientation or gender identity.

The agency is currently reviewing intake processes to identify the best approach to assessing sexual orientation and gender identity. In addition, the agency policy on documentation will be reviewed and updated to provide staff with clear guidance on the documentation of sexual orientation and gender identity. This will include: why the information is being gathered, what the information being gathered is used for, who can access it and where the information is kept. The review will also include the agency's information release form. Then staff training will be provided to assist staff to understand this policy. The training will also include the use of GLBTI inclusive language in assessment processes, to demonstrate to GLBTI clients that they are welcome to discuss sexual orientation or gender identity. This process is likely to be assist staff to ensure that the best support and care is provided to GLBTI clients.

Standard five: professional development

The audit process has provided MCHS with an indication of current staff knowledge and attitudes relating to GLBTI people. It clarified that some staff did not see why GLBTI inclusive practice was necessary, highlighting the need for education. The audit also identified that there are currently no systematic processes for updating staff about the needs of GLBTI people. The Human Resources policy on professional development was reviewed and it was identified that there was no specific reference to staff education about GLBTI inclusive practice.

The education of staff relating to GLBTI inclusive practice is likely to become more important as the agency further develops GLBTI inclusive practice. At the time of audit, staff education about GLBTI inclusive practice was informal. The project team facilitated staff reflection on their own beliefs, values and stereotypes about GLBTI people through informal presentations at staff meetings, team meetings, management meetings, board meetings and staff supervision sessions. It also occurred by including information about the project in the staff newsletter. And the project team also lead by example - encouraging discussion about GLBTI inclusive practice.

The agency will redesign the Human Resources policy to include professional development about GLBTI inclusive practice and provide regular/annual updates for staff. Education on GLBTI inclusive practice will also be offered to staff as part of their orientation. A range of external speakers will also be sought to provide specific information to staff at various team or agency meetings on the health and wellbeing of GLBTI people.

The project team will also explore working with other local agencies to encourage collaboration and learning from other agencies working toward GLBTI inclusive practice. These collaborations could further demonstrate to the GLBTI community our commitment to equitable access and services.

Standard six: organisational capacity

To build capacity the agency sent four key staff members to the How² program. Providing time release and support for the Health Promotion Coordinator, the Quality, Access & Home Support Coordinator, Director of Client Services and Sexual & Reproductive Health Development Worker to attend the program required a significant investment on the part of the agency. The investment was designed to ensure agency *buy in* and to increase agency capacity by ensuring that the standards were implemented across all relevant program areas.

A further key strategy to build the organisational capacity was the audit of the service against the Rainbow Tick Standards. The audit will be repeated on an annual basis to monitor our progress. In addition, MCHS has been chosen as a pilot site for the Rainbow Tick accreditation with the QICSA. This has meant that the actions outlined in this chapter are now documented as part of our quality work action plan and will be viewed as a key function of our agency. In addition, the review of GLBTI inclusive practice in our organisation by external assessors will provide us with insights into further opportunities to improve.

MCHS has an equal opportunity policy that highlights the importance of not discriminating against any staff member. The audit identified the opportunity for this policy to be reviewed to ensure that all staff policies explicitly refer to the importance of not discriminating against staff on the grounds of their sexual orientation or gender identity. This provides further opportunity for MCHS to demonstrate its commitment to the health and wellbeing of the local GLBTI community.

In preparation for the Rainbow Tick Accreditation assessment, the agency is reviewing policies and processes to make explicit the expectations of staff in relation to the provision of services to GLBTI clients. This review will include: position descriptions, performance appraisals, work plans, the organisational diversity plan, HR policies, and the complaints and feedback processes. The agency plans to review its definition of diversity across these documents to ensure that it includes diversity of sexual orientation and gender identity. A key stimulus to build further organisational capacity will be feedback from external assessors from QICSA as part of the Rainbow Tick Accreditation pilot.

MCHS has applied for a number of grants to further build capacity. One grant seeks to address the reluctance of young GLBTI people to access local GP services. Another grant seeks support to establish a GLBTI youth group.

Outcomes

The How² has enabled MCHS to develop an action plan to ensure that GLBTI inclusive practice is met across all program areas at the agency. The action plan has been developed directly against the How² Standards to ensure that the QICSA process will be smooth. Having this action plan also allows for changes and recommendations to program plans across the agency to ensure that GLBTI inclusive practice is embedded in our policy environment and service delivery. Currently, the agency audit has not been completed post How², but when this occurs it will be interesting to measure any changes that can be attributable to How² and the Rainbow Tick action plan.

In order for our agency to achieve the best outcomes throughout this process it was important to be strategic with who attended the How² sessions. The danger with poor representation from across the Agency with such processes is that the action plan will sit on the shelf and not be implemented. By including four staff from across the organisation, MCHS has made a commitment to strengthen the likelihood of the successful implementation of the action plan, whilst acknowledging that this will take time and resources.

The MCHS experience emphasised the need to set realistic goals and to target activities that can get some initial successes that are visible to staff and community members. This is not an easy process. It requires working with staff to ensure they are able to set aside their own values and beliefs and respond to GLBTI clients in a non-judgemental way. However, it is in the best interest of the community that we make the changes. In such a process there will always be varying degrees of staff understanding and support- which is why champions and systems are important.

Ovens and King Community Health Service, Wangaratta

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Ovens and King Community Health Service (OKCHS) is situated in the North East of Victoria, approximately 250 kms north east of Melbourne. OKCHS have been providing a range of health services to a number of local government areas surrounding Wangaratta since 1994. Our main centre is in Wangaratta with outlying smaller centers situated in Bright, Myrtleford, Moyhu and Whitfield. Some services are provided on a regional, sub regional and local catchment basis depending on the type of service. OKCHS provides services from our centres as well as in homes, hospitals, schools, residential and other community based settings throughout the region. We employ approx 120 staff and have 90 registered volunteers.

OKCHS has a well established partnership with primary and secondary schools in our catchment. We facilitate sexual health education which acknowledges and supports young GLBTI people and actively educates the wider school community. There are currently no support groups or formal social supports for GLBTI community members in our catchment and no local schools have yet joined the Safe Schools Coalition of Victoria.

OKCHS aims to be to be a leader in equal access and inclusiveness to all members of our community. We are an innovative organization that strives for high standards of service. We also want to ensure equitable and person centred services. Consequently, we acknowledged we needed to listen to and respond to the needs of local GLBTI people. We wanted to ensure that we understood the needs of local GLBTI people as well as ensure our services were GLBTI inclusive. Through staff meetings and informal discussions we identified that some staff we were not engaging with at risk groups in the local community, one of those being GLBTI people.

Aims of the project

Participation in the How² program aimed to:

- 1 Ensure that all our services are equitable and accessible to GLBTI community members;
- 2 Develop our capacity to understand the needs of GLBTI people and become more GLBTI inclusive; and
- 3 Provide staff with the education and resources to enable them to be GLBTI inclusive.

Project processes

The How² program was attended by the Community Health Nurse and an Alcohol, Tobacco and Other Drugs Counsellor. These project coordinators were self selected after an email was sent by the CEO to all staff asking who were interested and had the capacity to be involved in this project. The project coordinators were located in two different towns, Myrtleford and Wangaratta. Both project coordinators have a passion for equity and justice, particularly in terms of responding to the needs of local GLBTI community members. The project coordinators were supported by and reported to the Management team and the CEO.

Our needs analysis incorporated the Rainbow Tick Organisational audit tool and a staff survey. The audit was done separately by the project coordinators who then met to review the results. The two audits achieved very similar findings, resulting in a very low score and the opportunity to make improvements in all the standards.

The project coordinators developed a staff survey with five simple questions about staff knowledge and attitudes towards GLBTI people (see table one). The survey was developed in Survey Monkey to protect the identity of participants. A link to the survey was posted onto the agency intranet and an email was sent to staff about the survey.

The response rate to the survey was about 47% two weeks after it was posted on the intranet. While this response is fairly positive the project coordinators wanted to increase the response rate to make sure they captured the perspectives of all staff. The project coordinators approached Managers in departments where a poor response was given to further boost the response rate. The project coordinators also met with many staff members individually to encourage their participation. This proved successful with an increase of 70% of staff responding to the survey. The key findings from the survey included the following:

- 1 55% of staff were unsure of their knowledge around GLBTI issues
- 2 20% rated themselves as having low knowledge around GLBTI issues
- 3 48% identified a high interest in knowing more about GLBTI issues
- 4 34% were unsure about their level of interest in GLBTI issues
- 5 80% expressed high levels of comfort with GLBTI clients however 16% remained unsure
- 6 44% of workers felt that O&K was highly accessible to GLBTI clients while 40% were unsure

The project coordinators were disappointed but not surprised with the results of the staff survey. Generally staff indicated a lack of knowledge about GLBTI clients and two staff indicated that they were not comfortable in delivering services to GLBTI clients.

Table One: staff survey

GLBTI Inclusive Practice Survey

Ovens and King Community Health Service is currently looking at our practice and how well we reach different minority groups. This survey focuses upon how well we service the GLBTI population. We would appreciate it if as many of you can answer this survey as soon and as honestly as possible. There are 5 questions and it will take about 3 minutes!

In this **questionnaire** GLBTI is defined as Gay (individuals who are sexually attracted to the same sex), Lesbian (females who are sexually attracted to other females), Bisexual (individuals who are sexually attracted to both males and females), Transgender (individuals whose gender identity does not mesh with the gender that is assigned at birth) or Intersexual (Individuals who do not possess physical features that distinguish female from male).

In the rating scale used below **1** is **low** and **5** is **high**.

1. **Which area do you work in** (please just specify main work area if more than 1)?

District nursing CI Intake Palliative Care	Health Promotion Drug & Alcohol GP clinic Counseling	ACAS Allied Health Program Management Other (Please describe)	M&CH VACP Volunteer	Admin Corporate
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2. **Do you have friends who identify as GLBTI?**

Yes No Don't know

3. **How would you rate your level of knowledge around GLBTI issues?**

1 2 3 4 5

4. **What is your level of interest in increasing your knowledge about GLBTI issues?**

1 2 3 4 5

5. **Please rate your level of comfort with a client who identifies as GLBTI?**

1 2 3 4 5

6. **In your opinion how accessible is Ovens and King Community Health Service to individuals who identify as GLBTI?**

1 2 3 4 5

The results of the audit and staff survey were analyzed by the project coordinators and then sorted into key themes relating to the Rainbow Tick Standards. The project coordinators then developed a set of recommendations in relation to each standard. The results of the needs analysis were presented at a staff Forum, attended by the CEO, senior staff and most staff members. The forum began with the CEO describing the importance of the How² project to the organisation and congratulating the project coordinators on their achievements. Next, a presentation by Gay and Lesbian Health Victoria outlined the health and wellbeing of GLBTI people and the importance of GLBTI inclusive practice. Next, the project coordinators presented the results of the needs analysis in relation to each standard and presented recommended actions to improve organisational capacity. There was general agreement that an action

plan with strategies to address all the Standards was a useful step towards improving GLBTI inclusive practice. Many staff were shocked that the organisation did not achieve a higher score on the audit - although the audit was recognized as providing an opportunity to identify what was required to become more GLBTI inclusive.

Following the forum a number of staff approached the project coordinators wanting to know more about what the organisation was doing. Overall the feedback from the staff presentation was positive. The use of both personal stories about challenges in living as a GLBTI person in rural areas and factual evidence gave more credibility to the How² process and reinforced the importance of becoming GLBTI inclusive. Several staff reported that they had learned a lot from the presentation. In addition, a small number of staff reported that they were already GLBTI inclusive because 'we treat everyone the same'.

Progress against GLBTI inclusive practice standards

Standard one: access and intake

As part of our access and intake process the project coordinators met with intake staff to review the extent to which GLBTI inclusive language is used at intake. We also reviewed organisational documents including brochures, posters and consumer intake forms to see how GLBTI inclusive they were. This process highlighted the need to change the heterosexist language and use terms like partner rather than husband or wife. We also recognised the need to adapt Client Information and Privacy Statement brochure to include GLBTI symbols and inclusive language.

A review of information in the reception area and intake room identified a number of posters welcoming GLBTI clients and that there were opportunities to increase the number of posters to make the message more visible in some areas. We agreed all intake/reception staff needed further education regarding GLBTI issues to ensure they felt confident and competent in delivering a GLBTI inclusive service. We also recognised the importance for staff to give a positive response to clients who identify as GLBTI. The project coordinators also met with our Marketing Co-ordinator and IT Co-ordinator to discuss the opportunity to include messages of welcome to GLBTI clients on the organisations website.

Other future actions identified by the project coordinators in consultation with intake staff include creating a GLBTI library of information and resources that will be made visible around the organization as well as on the website.

Standard two: consumer consultation

The project coordinators met to discuss strategies to develop GLBTI consumer consultation processes in the OKCHS catchment. We decided it would be beneficial to establish a steering committee to work with the GLBTI community and commence a GLBTI support group. We hope that the GLBTI group could provide a reference point for consultation and feedback about designing and reviewing GLBTI inclusive practice. This process will be supported by Gateway Community Health and Hume Phoenix, a local organisation based in the Albury Wodonga area that has an existing GLBTI support group. The future merger of Gateway Community Health and OKCHS will support this partnership and assist us to continue

to have conversations about how best to engage with and respectfully seek information from GLBTI consumers. We are hoping that by the end of 2012 we arrange an initial meeting with GLBTI consumers.

One of the challenges we have in relation to consulting the GLBTI community is how to identify local GLBTI people. A number of clients have previously identified their sexual orientation to staff – but questions about sexual orientation or gender identity are not currently directly asked. We hope that our consultation with other local GLBTI support groups will help us to identify strategies to achieve this.

Standard three: cultural safety

The project coordinators met and discussed developing a risk management plan for GLBTI consumers. We identified potential risks related to homophobia from staff and other clients and the importance of having organizational strategies to minimize risks to the cultural safety of GLBTI clients. The importance of developing a risk management plan to maximize the cultural safety of GLBTI clients was raised at a staff meeting. Staff agreed that such a plan was important and needed to be included in our Cultural Responsiveness annual work plan. The development of this plan will occur in consultation with Gateway Community Health – given their experience working with GLBTI clients.

Standard four: disclosure and documentation

The audit identified that we currently do not directly ask clients about their sexual orientation or gender identity and that we do not have a policy guiding staff on how to respond if a client discloses. Given we are developing strategies to become more GLBTI inclusive (like posters welcoming GLBTI people) some GLBTI clients may choose to disclose. We identified that the lack of policy around disclosure must be explored and a policy developed. The Diversity Committee has taken responsibility to begin to look at the policy development around disclosure. Our review of staff practices around disclosure and documentation also highlighted the need for all staff to complete GLBTI training at least annually to ensure they were aware of policies and appropriate responses to disclosure.

Standard five: professional development

The results of the audit and staff survey identified the need for staff training to support GLBTI inclusive practice. The Diversity Committee discussed training for staff and included annual training about GLBTI inclusive practice for all staff within the Cultural Responsiveness annual work plan. The presentation by a speaker from Gay and Lesbian Health Victoria at a staff forum also provided an opportunity for staff to hear about GLBTI inclusive practice from an external 'specialist' person. The forthcoming merger with Gateway Community Health will positively impact on our capacity to provide regular training opportunities for all staff given Gateway's experience in working with GLBTI clients.

Standard six: organisational capacity

The presentation on GLBTI inclusive practice at the staff forum resulted in a proposal by the Manager of Operations to establish a diversity committee that would oversee the implementation and monitoring of the action plan for GLBTI inclusive practice. The committee would support changes to policies, processes and services for GLBTI clients. The Manager of Operations called for expressions of interest in

this new process and within weeks 13 staff had volunteered. The committee also has high level support with membership including: The Executive CEO; Manager Operations & Manager Corporate Services; Program Manager and Quality and Safety Officer. The Committee reports directly to the Quality and Safety Committee and the Board.

The concept of diversity adopted by the committee encompasses an understanding that each individual is unique, valued and respected for their individual differences. These differences are defined in the diversity committee terms of reference as encompassing: race, ethnicity, gender identity, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs or other ideologies. The terms of reference also state that:

Differences should be allowed to exist and grow in a safe, positive and nurturing environment. It is about understanding each other and moving beyond simple tolerance to embracing and celebrating the rich dimensions of diversity contained within each individual.

The role of the Committee is to identify, plan, implement and evaluate strategies to increase both individual and organizational cultural competency so that OKCHS becomes a leader in providing culturally appropriate services to diverse groups within the OKCHS catchment area. To date, the Committee has met four times. The second meeting was attended by a guest speaker from Gateway Community Health to speak about community consultation. This proved very useful.

Embedding GLBTI inclusive practice into the broader Diversity Committee will ensure that progress is the responsibility of the whole agency rather than individual workers. However, it will also be important to ensure that issues specific to GLBTI community members are not subsumed into the larger diversity landscape. As accreditation against the GLBTI inclusive practice standards is not compulsory there may be a risk that this work is lost in the accreditation against the QICSA and Disability Standards. To overcome this challenge we will feed the GLBTI inclusive practice action plan into the organizations quality plan including the HACC Diversity Plan and the three yearly QICSA reviews. We will repeat the audit process annually as one mechanism to monitor change. We also feel optimistic that a focus on GLBTI inclusive practice will be strengthened as a result of the merger with Gateway Community Health.

The momentum for GLBTI inclusive practice is continuing to gain support and recognition. There has been a high level of endorsement for GLBTI inclusive practice from Board, Executive CEO and Program Managers. One of the challenges we face for our rural service may include the continued dominance of unintentional heterosexism, exacerbated by the lack of diverse sexual orientation within the workforce itself. Another is the lack of funding and time to provide the support we would like to provide to staff.

Outcomes

Following the participation of our organization in the How² program, OKCHS has recognized the need to address GLBTI inclusivity within all the organizations policies and practices. The needs analysis played an important role in identifying the need to improve GLBTI inclusive practices and increase staff knowledge and understanding of the needs of the local GLBTI population. Having an external speaker present at our staff forum galvanized staff support to implement the changes required across the whole organization. The establishment of the Diversity Committee with an objective and strategies for GLBTI inclusive practice will ensure ongoing and incremental improvements. The involvement of senior management in the diversity committee will help to ensure that staff see this as being endorsed by management and a priority for our organisation. The participation by the two project coordinators on the Diversity Committee will also help to ensure that change is steady but ongoing.

What is exciting is that OKCHS and Gateway Community Health are planning a merger of the two organizations, which will strengthen our commitment and capacity to support GLBTI people across the eastern part of the Hume Region. OKCHS is proud that the journey to bring GLBTI issues to the table has begun. We are so proud and confident that change will occur. Lastly, OKCHS is also very proud of the fact that we have been part of the leadership group – one of the first organisations to participate in the How² program. OKCHS is proud to put our stamp on a better future for all people. OKCHS would like to sincerely thank Dr Catherine Barrett from Gay and Lesbian Health Victoria (GLHV) and Kylie Stephens from the Centre for Excellence in Rural Sexual Health (CERSH) for their training and commitment to rural Victoria. We look forward to continuing a solid relationship with CERSH and GLHV.

4. Conclusions and program logic

The stories presented in the previous section provide very real accounts of ‘what it takes’ to enhance GLBTI-inclusive practice in health and human services. In this section we present a program logic model to reflect on these stories (and those of the participants who did not complete the program) to encapsulate the lessons about ‘what it takes’ to achieve GLBTI-inclusive practice.

Program logic model

In the following section a program logic model for GLBTI-inclusive practice is presented. The program logic model documents ‘what it took’ program participants to achieve GLBTI-inclusive practice. In short, a program logic model outlines the basic components of the planned work and the intended results. The planned work describes the resources or inputs needed to implement GLBTI-inclusive practice. The intended results includes all of the program’s desired results including the outputs and outcomes (W.K. Kellogg Foundation, 2004)³. This program logic model is intended to summarise learnings from the How² program and provide guidance for participants of future programs. It does not provide a ‘formulae’ for GLBTI-inclusive practice – rather, it outlines considerations (see Figure two below). We expect that a program logic model for GLBTI-inclusive practice will vary considerably between organisations and will change significantly following the next How² program.

Figure Two: program logic model for GLBTI-inclusive practice

Program logic		
<p>Aims: to implement organisational systems that enhance the accessibility of our service to GLBTI clients; to provide staff with the resources, information and guidance to ensure they respond to GLBTI clients in respectful and affirmative ways; and to ensure that we maximise our capacity to understand and meet the needs of GLBTI clients.</p>		
<p>Resources: four days time release for staff to participate in workshops, committee or meetings, resources for staff education, costs associated with printing etc.</p>		
Activities	Outputs	Outcomes
Clarify aims Establish support for project coordinator Conduct risk analysis Communicate plans to stakeholders Conduct needs analysis Consult consumers Develop action plan Implement plan Repeat needs analysis	A measure and description of organisational performance against the standards for GLBTI-inclusive practice An action plan for change A measure and description of achievements	Clear guidance about organisational expectations of staff providing services to GLBTI clients. A long term reduction in incidents of homophobia and transphobia experienced by GLBTI clients. Services that are accessible to GLBTI clients An increased capacity to meet the needs of GLBTI clients.

3 W.K. Kellogg Foundation Logic Model Development Guide (2004). Available from <http://www.ncga.state.nc.us/PED/Resources/documents/LogicModelGuide.pdf>

Clarify aims

The first activity involves the organisation clarifying why they are participating in the How² program and what they hope to achieve. This point was highlighted in the stories from services, where significant variation in aims is apparent. This activity is particularly important because there is a perception amongst some services that the aim of GLBTI-inclusive practice is to increase the numbers of GLBTI clients that disclose their sexual orientation or gender identity. While an increase in disclosure may occur, the intention of the program developed by GLHV is to increase the capacity of organisations to ensure their services are accessible to GLBTI clients, do not discriminate, and have the ability to meet the needs of GLBTI clients. There is a risk that organisations that count numbers of GLBTI clients may use these figures as a measure of the need to be GLBTI-inclusive. We believe that all services need to be GLBTI-inclusive and that GLBTI clients will value this inclusiveness, whether or not they disclose.

Establish support for the project coordinator

For GLBTI-inclusive practice to be successful and sustainable, the staff member participating in the How² program requires significant organisational support. It is important that the participant has a process for reporting back to key organisational groups and senior staff members. This support could occur through a process such as a quality committee to ensure a focus on systems supports as well as regular meetings with management. Particular supports for GLBTI champions needs to consider how to manage potential homophobic or transphobic backlashes and to ensure that the project is conceptualised as being about the needs of the organisation, not the individual.

Conduct a risk analysis

A risk analysis provides the opportunity for the organisation to consider potential risks and develop strategies to minimise them. Such a plan needs to consider a communication strategy. When and how the message about GLBTI-inclusive practice is communicated to the public is important, because it can assist in ensuring that the organisation has supports in place before disseminating information about GLBTI-inclusive practice. Careful wording of information for potential clients could clarify that the organisation is 'working towards' GLBTI-inclusive practice, rather than announcing that it 'is' inclusive. Particular care needs to be taken to ensure that a project can be sustained and that it does not place GLBTI clients and staff (who have disclosed) at risk if the project does not continue. In rural areas it is especially important to explore risk relating to confidentiality and discrimination.

Communicate plans to stakeholders

Communicating the organisations intent to become GLBTI-inclusive to stakeholders such as staff, the local community, clients, volunteers and the board is important. This provides the opportunity to identify risks, challenges and supporters. In rural areas where there is a close relationship between the service and the local community GLBTI-inclusive practice often involves community engagement and community development.

Conduct needs analysis

A needs analysis provides the opportunity for an organisation to check where it is at against the standards. It also provides an opportunity to stimulate conversation about the values and beliefs of staff and issues that need to be addressed. It can assist staff to see what needs to be done in a way that generates momentum for change and provides a baseline against which progress can be evaluated. An organisational audit is a great starting point and can be completed by a range of staff and consumers to check differing perspectives. The staff survey compliments the audit by checking the individual perspectives of staff and providing the opportunity for staff to write comments that highlight gaps between socially desirable responses and core values and beliefs. An important part of a needs analysis is seeking feedback from consumers.

Consult consumers

Consumers are great teachers and can provide valuable insights for service planning and review. Consumer narratives can be a powerful trigger for change. It may take time to build the trust and confidence of GLBTI consumers, but this is a very worthwhile part of GLBTI-inclusive practice. In rural areas it may be more difficult to identify local GLBTI people. However, meeting GLBTI people individually can be a great start. Seeking feedback from GLBTI consumers is a slow process but so important that it would be difficult to understand how organisations could become GLBTI-inclusive without consulting consumers.

Develop and implement action plan

The audit provides the opportunity to measure performance against each standard and to identify actions to increase the scores and improve GLBTI-inclusive practice. Developing an action plan that addresses each standard provides a framework for a systemic approach. Identifying appropriate people responsible for each action, as well as timelines on the action plan, assists in ensuring change is systemic. Developing and disseminating an action plan makes the intent of the organisation visible, and can help to identify supports and build the trust and confidence of GLBTI people. An action plan can also flag gaps that need to be addressed. An action plan that is incorporated into the organisation's quality plan can position GLBTI-inclusive practice as core business.

Repeat needs analysis

Repeating the needs analysis is a great way of checking, consolidating and celebrating an organisation's achievements. It can be as simple as repeating the audit to measure increases in scores for each standard. Repeating the staff survey can be a great way of checking whether the project has resulted in shifts in staff values, beliefs, skills and confidence. Repeating consumer consultation can be a useful way of informing future improvements.

Conclusions

The How² program supported ten health and human service organisations around Victoria to become more GLBTI-inclusive. In doing so, we have all learned more about 'what it takes' to be GLBTI-inclusive. This initiative responded to requests made to GLHV from consumers who wanted a list of organisations that are GLBTI-inclusive and from service providers that wanted to know how to become more GLBTI-inclusive. The How² program represents a small but significant and well-considered step towards addressing these requests. The outcomes from this program will be utilised to improve the 2012 – 2013 program. The outcomes will also be considered by the Rainbow Tick Project Advisory Group that oversee the development of an accreditation process against the Rainbow Tick Standards.

5. Attachments



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Attachment 1: The Draft Rainbow Tick Standards

Standard 1: Access and intake processes

Access and intake processes send a message of welcome to GLBTI consumers.

Indicators

- 1.1: At intake and assessment staff include GLBTI information in their service orientation processes.
- 1.2: The organisation welcomes GLBTI consumers through a range of different strategies that are appropriate to the media and / or environment.
- 1.3: The service includes GLBTI information and images in resources for consumers and staff.
- 1.4: The organisation promotes its services to the GLBTI community.

Standard 2: Consumer consultation

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

Indicators

- 2.1: The organisation works with GLBTI consumers to identify their needs and utilises this information to develop appropriate services.
- 2.2: The organisation has a system for the ongoing monitoring of its GLBTI consumers to identify changing needs and evaluate outcomes of service improvements.
- 2.3: As part of its ongoing assessment of consumer experience, the organisation analyses its performance in working with GLBTI consumers and undertakes appropriate service improvements accordingly.

Standard 3: Cultural safety

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

Indicators

- 3.1: The organisation disseminates information about cultural safety across its programs and services and to other organisations.
- 3.2: The organisation's clinical risk management systems include strategies to identify and manage potential risks to the cultural safety of GLBTI consumers for program and service level activity.
- 3.3: The organisation has processes in place to respond to breaches of the cultural safety for GLBTI consumers by staff, consumers, visitors or volunteers.

Standard 4: Disclosure and documentation

GLBTI consumers feel safe to provide personal information, including disclosure of sexual orientation or gender identity, because they know systems are in place to ensure their privacy.

Indicators

- 4.1: Information about sexual orientation or gender identity is collected if it is directly related to, and reasonably necessary for, an organisation's functions or activities.
- 4.2: Staff signal to consumers that they are welcome to discuss their sexual orientation or gender identity.
- 4.3: Staff respond in a positive and respectful way to disclosure.
- 4.4: Information about sexual orientation or gender identity is collected from the individual it relates to, unless that is unreasonable or impractical.
- 4.5: Staff check how consumers would like this information recorded and take reasonable steps to inform the consumer about how the information may be used, who may access it and the consequences of not providing it.
- 4.6: Staff inform GLBTI consumers that information about sexual identity or gender orientation is confidential, clarify when disclosure is appropriate and inform consumers how information will be used and stored.

Standard 5: Professional development

Professional development is provided to ensure all staff in the service are confident about GLBTI sensitivities and understand their responsibilities in relation to service delivery to GLBTI consumers.

Indicators

- 5.1: The education program systematically identifies the needs of the whole organisation and regularly reviews practices to ensure that staff and volunteers understand their responsibilities (including legal responsibilities) in relation to GLBTI consumers and embrace culturally sensitive practices.

- 5.2: The organisation assists staff, volunteers and Board members of the service to reflect on their own values and beliefs about GLBTI people and the impact these have on services.
- 5.3: Education is provided to identify and challenge stereotypes and assumptions about GLBTI people.
- 5.4: The organisation keeps up to date with current trends in the field of GLBTI service provision and uses evidence to educate staff on how to improve outcomes for its GLBTI consumers.
- 5.5: The organisation participates in professional associations and other forums in its field regarding the provision of services to GLBTI consumers.

Standard 6: Organisational capacity

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

Indicators

- 6.1: The standards outlined in this document are reflected in the organisation's mission statement, vision, position descriptions, service contracts, performance appraisal system, service models and quality management plan.
- 6.2: The organisation models respect for diversity by facilitating representation from the GLBTI community amongst paid staff and volunteer positions including the Governance body and other organisational bodies.
- 6.3: The organisation has an integrated GLBTI consumer feedback system which ensures continuous quality improvement and planning in relation to these standards.
- 6.4: The organisation has systems for monitoring compliance with these standards and making continuous improvements to enhance GLBTI-inclusive practice.

Attachment 2: Rural considerations

Standard 1: Access and intake processes

- 1 Communicating a message of welcome at the point of entry can be particularly important in rural areas for GLBTI people who don't feel safe disclosing in the community.
- 2 Some service providers may have difficulty understanding the importance of providing a welcome to GLBTI consumers at the point of intake and assessment because they believe that:
 - a. They don't have a local GLBTI community
 - b. If there were any GLBTI people in town they would know about it.
- 3 In reality, many GLBTI consumers in rural areas are unlikely to disclose their sexual orientation or gender identity until the service demonstrates that it welcomes GLBTI consumers and that those GLBTI consumers who disclose will be safe from discrimination.
- 4 GLBTI clients may be reluctant to disclose their sexual orientation or gender identity if admissions and intake staff are known to them in the community or are friends of friends etc.
- 5 Anonymity, confidentiality and privacy can be more difficult to provide in small rural communities. Rural organisations may need to build their reputation and credibility among the GLBTI population as a safe and welcoming service, and recognise that this trust can easily be eroded if confidentiality and privacy has been compromised.
- 6 Some specialist organisations in rural locations may find it challenging to provide services to GLBTI clients due to funding limitations and existing policies and practices (e.g. domestic violence services, support groups).
- 7 The lack of local GLBTI services in rural areas may limit the opportunities for referral to GLBTI services locally. Issues that rural communities may need to tackle include:
 - a. GLBTI consumers may wish to access services in another locality, city, across state borders rather than use local services and support groups.
 - c. Workers should therefore support this to happen if requested and be prepared to provide information about support and service options beyond the local area.
- 8 GLBTI consumers may need to relocate residence and locality if inadvertent disclosure occurs and results in discrimination in their town.
- 9 Rural organisations have the capacity to utilise their strong formal and informal networks to coordinate a systemic and consistent approach to improving access and intake processes and displaying messages of welcome.
- 10 Some organisations in rural areas have the capacity to provide personal care, support, assisted referral and follow-up through health and community care systems.

Standard 2: consumer consultation

- 1 A consultation process in rural areas may need to be designed very differently to accommodate the close relationship between the service and the community. The successful development of GLBTI-inclusive services may require the engagement and/or development of the community.
- 2 Rural communities can utilise state-wide services and supports, such as the Safe Schools Coalition of Victoria, to provide information and advice that can assist in building community support for GLBTI-inclusive services.

- 3 If there is no visible GLBTBI presence in town, a well managed communication and media strategy may be the first step to encourage GLBTBI people to contact the organisation.
- 4 Information about consumer consultation can be disseminated through locally recognised sources such as the local hairdressers, post office etc, as well as specific GLBTBI community magazines that people may subscribe to or access over the internet.
- 5 Framing community consultation broadly in terms of diversity may provide the opportunity for GLBTBI people to be involved without having to 'out' themselves.
- 6 Providing a range of options for feedback from GLBTBI people, such as community surveys, can be a useful way of gauging interest in supporting the service to develop GLBTBI-inclusive practice.
- 7 In rural areas it can be useful to avert possible public criticism by developing a strategy to provide the community with information on why GLBTBI-inclusive practice is necessary, for example, data on the mental health of young GLBTBI people in rural areas.
- 8 If few GLBTBI clients provide feedback, consultation with existing GLBTBI community groups and their friends, family and allies may provide a broader perspective.
- 9 Community consultation may involve establishing a GLBTBI community group to build or develop GLBTBI supports in the community.
- 10 Any consultation process will require the organisation to manage the potential risk to GLBTBI clients and community members to ensure that their participation in the process is safe and non-discriminatory.
 - a This includes asking consumers to what extent they have thought about their risk management in terms of participation (ie: the risk of being 'outed' and risk of encountering discrimination if they are identified as GLBTBI).
 - b If engagement with GLBTBI clients and community members is new for the rural organisation, then it will be important to build trust prior to identifying actions.
- 11 By taking a participatory, long term approach to consultation and feedback processes, rural organisations can improve their ability to identify what works locally, build respect, demonstrate its values, and strengthen ownership among GLBTBI clients and community members.
- 12 Rural services may be able to work collaboratively with similar services to plan and facilitate consultation processes.
- 13 Rural organisations may be able help promote and celebrate local GLBTBI inclusivity by tapping into existing strengths, achievements, celebrations and sources of pride in the local community.

Standard 3: cultural safety

- 1 The lack of visibility of GLBTBI clients and the (perceived or real) small numbers of GLBTBI community members can impact on service providers' awareness of the importance of cultural safety.
- 2 Rural services may not understand the importance of an organisational wide approach to developing GLBTBI-inclusive practice and so may instead rely on one staff member (often a GLBTBI member) as the change champion.
- 3 If there are small numbers of GLBTBI consumers, a rural service may inadvertently apply a 'one size fits all' approach to GLBTBI people, rather than attend to the unique needs of individual clients.
- 4 A rural organisation may be able to commit to protecting the confidentiality of GLBTBI consumers but have more difficulty providing anonymity (for example, people may see a GLBTBI person attending a GLBTBI group). This needs to be made clear to GLBTBI consumers and community members.

- 5 Rural services need to carefully consider the resources available and allocated to GLBTI-inclusive practice across the organisation to ensure that their capacity matches expectations of GLBTI consumers and community members.
- 6 Rural organisations may be able to increase their capacity and share responsibility to tackle the issues associated with cultural safety in their local rural context by working collaboratively with other organisations and networks.
- 7 By building strong, trusting relationships with the local GLBTI community, rural organisations may be able to receive regular feedback from the GLBTI community and GLBTI consumers about potential cultural risks and solutions.

Standard 4: disclosure and documentation

- 1 It is particularly important that staff understand their responsibilities in relation to confidentiality in small towns where a GLBTI person who is 'outed' may have no further options to receive services and support.
- 2 Disclosure may be complicated for a GLBTI person who has contacts in the organisation that don't know their sexual orientation or gender identity.
- 3 GLBTI people that are closeted and receiving home services in rural areas may go to particularly great lengths to hide their sexual orientation or gender identity from staff if they are worried that staff may pass on information to others.

Standard 5: Professional development

- 1 Education needs to consider the cultural context of the local community.
- 2 Understanding the cultural context of the local community needs to acknowledge that some staff conduct outreach in other townships and rural areas across a range of cultural contexts.
- 3 Education that provides rurally based statistics can show the level of disadvantage, assist to identify disadvantage and discrimination as a rural issue, and may help staff and community members to understand the importance of GLBTI-inclusive practice.
- 4 Education that offers opportunities for staff to hear from GLBTI people about their story or life experience can break down stereotypes for rural people that have not met a GLBTI person.
- 5 Staff in rural areas live and work in their community – it is important to discuss the implications of this including:
 - a How staff separate their community persona from their professional responsibilities.
 - b How professional development can help the service to develop the local community.
- 6 The values and beliefs of staff have an impact on their responses to GLBTI consumers. It is important that staff are provided with opportunities to reflect on what GLBTI-inclusive practice means for them as workers and as members of their local rural community.
- 7 Where service provider's responses to GLBTI clients are embedded in their own personal values and beliefs, this presents a particular challenge for GLBTI clients, when there are no alternative services.
- 8 Professional supervision needs to assist staff to understand their responsibilities in relation to the provision of services to GLBTI clients. This can slip off the agenda if it is not highly visible in rural areas.
- 9 Staff working on GLBTI-inclusive practice may need to be prepared for questions/concerns and issues being identified out of work (eg: in the local supermarket) because they are known for working on GLBTI-inclusive practice.

- 10 Despite the evidence that some rural areas have higher levels of homophobia and transphobia some rural services demonstrate leadership and develop innovative strategies for GLBTI-inclusive practices.
- 11 Rural services are often innovative about how they organise and deliver training to overcome obstacles such as distance and financial constraints eg: often collaborate across services.

Standard 6: organisational capacity

- 1 It is important that organizations plan for and allocate resources to community development and engagement.
- 2 The organization can build support for GLBTI-inclusive services by modeling GLBTI-inclusive practice in its employment policies and processes.
- 3 Services need to understand and address the issues for GLBTI staff in rural services, such as homophobia from other service providers, volunteers and clients.
- 4 The organisation needs to consider the sustainability of GLBTI-inclusive practice initiatives to ensure that staff and clients who disclose as part of the service development process are not placed in a vulnerable position (outed and without support) if the activities cease.
- 5 There is the potential to increase the recruitment and retention of GLBTI staff in organizations that value and understand the needs of GLBTI people.
- 6 The collaboration with other rural services can assist organizational capacity building.
- 7 Local members of the GLBTI community may provide valuable support to assist the organisation to develop its capacity if engaged in a respectful way.
- 8 Partnerships and networks that exist in rural areas, eg: medicare locals, Primary Care Partnerships, can provide the opportunity to advocate for GLBTI-inclusive practice

