

Rainbow Tick accreditation and evidence guide

A framework for LGBTIQ cultural safety

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Introduction

This supplement to *Rainbow Tick: a framework for LGBTIQ cultural safety* outlines the associated actions and examples of evidence that can be used to show that an organisation has met Rainbow Tick accreditation standards.

Numbered indicators 1.1 through 6.5 are mandatory for organisations to achieve Rainbow Tick accreditation. Alphabetised items under each action are suggested minimum steps to help organisations meet the requirements of each indicator.

Health and human service organisations vary in size, structure and service type, and will therefore have different ways of developing and presenting evidence. This section does not cover all possible actions and sources of evidence that could be used by an organisation. Additional or alternative actions and examples of evidence that are not listed may also be used. Organisations are not expected to demonstrate all the listed examples.

Quality improvement is an ongoing process. This means that activities aimed at minimising risks to patients, carers, service users, the workforce and the organisation will be in various stages of review and implementation. Each organisation should interpret the evidence listed considering its own service delivery model.

Types of Evidence

The following types of evidence will be used by assessors from accrediting agencies but can also be used by organisations as part of an ongoing monitoring process.

Policy documents

- ▶ Policies
- ▶ Procedures
- ▶ Protocols
- ▶ Guidelines
- ▶ Pathways

A policy document may exist for a single action, several actions, parts of one or more Standards, or a whole Standard. The number of policies and detail in each policy will depend on the organisation's size, complexity and type of services.

Training documents

- ▶ Orientation and induction processes and manuals
- ▶ Education calendars

- ▶ Copies of training presentations or online module curriculum outlines
- ▶ Attendance records
- ▶ Online education modules completion records
- ▶ Contracts with external education providers

Organisations need to use a risk management approach to decide what training is required, which members of the workforce need to be trained and how often training needs to occur. Tools available at rainbowhealth.org.au can assist organisations in assessing training needs and planning for workforce development.

Committee and meeting records

- ▶ Committee membership
- ▶ Committee terms of reference
- ▶ Agenda papers, minutes or actions arising from a meeting
- ▶ Dashboard reports
- ▶ Committee correspondence
- ▶ Reports submitted to a committee.

Survey and audit results

- ▶ Survey instruments, forms and tools used to conduct audits
- ▶ Analysis of data collected
- ▶ Reports on audits conducted
- ▶ Documents showing that audit results were benchmarked.

Records of communication

Communication with the workforce, health service organisation or governance bodies can include:

- ▶ Reports tabled at meetings
- ▶ Intranet content or online message boards
- ▶ Correspondence, such as broadcast emails
- ▶ Newsletters
- ▶ Posters
- ▶ Feedback and complaints processes

Communication with the community can include:

- ▶ Websites and social media
- ▶ Newsletters
- ▶ Feedback and complaints processes
- ▶ Presence at community events

- ▶ Participation in networks and community of practice groups
- ▶ Promotional materials

Employment documents

- ▶ Position descriptions
- ▶ Duty statements
- ▶ Employment contracts
- ▶ Performance review documentation

Observations

- ▶ The presence of a resource, such as signage, or guidelines
- ▶ The physical environment
- ▶ Observation of practice

Accreditation

Rainbow Tick accreditation is undertaken through an independent assessment. Organisations that receive The Rainbow Tick will have the opportunity to be listed in a national register of accredited organisations.

Services can include the six Standards as part of their cycle of service accreditation or can apply to do the Rainbow Tick as a stand-alone assessment.

The assessor awards Rainbow Tick accreditation to organisations that have fulfilled the program requirements; i.e. they successfully meet the Rainbow Tick Standards and demonstrate ongoing continuous quality improvement in subsequent reassessments at x intervals.

Participating organisations undergo the following accreditation cycle:

1. Registration

An organisation who is ready to begin Rainbow Tick accreditation registers with an accreditation provider. This process can involve providing information about the scope of the accreditation- for example the number of sites and staff an organisation has. Based on this information accrediting

bodies will provide a quote for the cost of accreditation.

2. Self-assessment

This is an internally led process where organisations determine the degree to which they meet the requirements of the Rainbow Tick Standards. The tools provided in part 3 can help with this process.

3. Application

An organisation submits their self-assessment to the accreditation body. This means an organisation is ready to be formally assessed.

Organisations are encouraged to submit their self-assessment three to six months prior to their registration or current accreditation expiry date.

4. Assessment

Assessment is the process of determining if the organisation has demonstrated compliance with the Rainbow Tick Standards. The assessment is undertaken by an independent Assessor or Assessor Team, who provides a report to the accrediting body. The assessment report includes the assessor's ratings and narrative commentary where required. A copy of the assessment findings will be provided to the organisation, who then has the opportunity to comment and/or respond within seven to ten business days of receiving the report. Any response or submission provided by an organisation is considered in the accreditation decision-making process. This is called the Natural Justice period.

5. Decision

The accreditation decision is made by an authorised Decision Maker, who is independent of the assessment process. The accreditation decision is made on the basis of the accreditation report prepared by the assessor(s) conducting the assessment. Decision Makers have access to a panel of expert advisors from whom they can seek advice on matters of a technical or specialist nature.

In order to achieve accreditation, the organisation is required to comply with all relevant standards within the Rainbow Tick Standards. If an organisation does not initially meet the requirements of the Rainbow Tick Standards, a corrective action report and period of time to complete the corrective actions will be provided.

The accreditation decision may be delayed allowing the organisation time to implement corrective actions.

6. Continuous Quality Improvement

Eighteen months after the assessment visit from step 4, an accredited organisation is required to undergo a mid-cycle review. For Rainbow Tick accreditation, this means an update of their improvement plan, a review of the implementation of listed possible improvements. Generally, this is a two-hour on-site visit.

Approximately six to 12 months before the accreditation expiry date, the cycle moves back to step one, where an organisation re-registers for their next round of accreditation.

Standard 1

Organisational capability

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

1.1

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

- a.** The governing body explicitly commits to an LGBTIQ-inclusive workplace that is safe and outcome-focused for service users, staff, volunteers and the community.
- b.** The organisation recognises the need for strong and transparent leadership and provides it. Senior leaders in the organisation participate in, promote and facilitate all aspects of LGBTIQ-inclusive practice.
- c.** The organisation develops a model for inclusive practice that considers the diversity of sexual orientations, gender identities and intersex variations, and promotes appropriate professional practice.



- d.** The organisation reviews its human resources systems and practice including position descriptions, service contracts, performance management system, service models and quality management plan to ensure they are inclusive of LGBTIQ staff, volunteers, students, trainees and third-party providers.
- e.** The organisation reviews its policies, processes and outputs including mission statement, vision, values to ensure they are inclusive of LGBTIQ staff, volunteers, students, trainees and third-party providers.
- f.** The organisation makes its expectations about LGBTIQ-inclusive practice explicit to potential and existing service users and staff, the LGBTIQ community and to the broader community.

Examples of evidence

- ▶ Mission, vision and values statements which specifically include commitment to LGBTIQ-inclusive practice.
- ▶ Diversity statement/policies or equivalents that explicitly include LGBTIQ considerations, beyond general statements about diversity.
- ▶ Equal Opportunity, Anti-discrimination and/or Bullying and Harassment policies for staff and service users explicitly include:
 - » Sexual orientation, gender identity, and intersex status as protected attributes, and these are clearly defined
 - » Zero tolerance of discrimination (direct and indirect), harassment and bullying
 - » Individual rights and responsibilities (for example, embedded in staff Code of Conduct and/or Client Rights and Responsibilities)
 - » Guidelines for disclosure management
 - » Complaint/grievance/breach reporting and management
 - » Consequences of non-compliance with policy.
- ▶ Strategic plan which demonstrates a commitment to celebrating diversity and LGBTIQ-inclusivity.
- ▶ LGBTIQ specific inclusive practice statements and/or requirements are included in:
 - » Position descriptions of staff, volunteers, the leadership team and governing body
 - » Service and program planning documentation
 - » Service delivery contracts
 - » Human resources documentation including, but not limited to Recruitment and Selection and Performance Management.
- ▶ Service users, staff and management feedback which demonstrate leadership and LGBTIQ-inclusive culture.



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

- a.** The organisation builds its expertise in engaging with the LGBTIQ community and sending a positive message regarding LGBTIQ participation in the organisation – as staff or volunteers (including members of the governing body and other organisational committees or working groups).
- b.** The organisation is aware of relevant legislation/funder guidelines and implements systems for the safety and protection of LGBTIQ staff and volunteers to enable their full participation.
- c.** The organisation builds its capacity as an employer of choice, through embedding its LGBTIQ-inclusive practice in human resources, service delivery and service users participation systems and processes.
- d.** The organisation builds strong networks with local and regional LGBTIQ organisations, to facilitate improved participation.



Examples of evidence

- ▶ A staff statement or policy valuing diversity including specific mention of LGBTIQ identities.
- ▶ Selection and recruitment documentation for staff and volunteers promoting a commitment to LGBTIQ-inclusive practice.
- ▶ Documentation inviting LGBTIQ service users to sit on organisational committees.
- ▶ Terms of reference for the governing body and organisational committees identifying specific LGBTIQ service user/staff/volunteer roles.
- ▶ Evidence of commitment to meeting targets for LGBTIQ representation on key committees.



1.3 The organisation has an integrated LGBTIQ service user feedback system that ensures continuous LGBTIQ-related quality improvement and planning.

- a.** As part of its service user feedback system, the organisation has processes in place to capture LGBTIQ-specific feedback.
- b.** The organisation uses this feedback to inform quality improvement planning and activities that enable the organisation to maintain or enhance its achievement against the Rainbow Tick Standards.
- c.** Resources are committed to these activities.



Examples of evidence

- ▶ Feedback includes analysis of the data from LGBTIQ service users and staff surveys and reports, e.g. complaints management, reports of breaches of privacy, service users' experience feedback, staff surveys and other service user participation activities.
- ▶ Minutes of meetings where review of feedback takes place and organisational responses are identified.
- ▶ Quality improvement plan, records and project reports informed by LGBTIQ service users and staff feedback.
- ▶ Reporting of outcomes for service governance.



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

- a.** The organisation should apply an understanding of the lived experience of LGBTIQ people, across all subpopulations, to meet the needs of its staff and volunteers (and students/trainees, where applicable) and builds this into workplace health and safety systems.
- b.** The organisation identifies and manages explicit risks to the health and safety of LGBTIQ staff and volunteers, and understands that this is essential to ensuring the accessibility and acceptability of the organisation as an employer, as well as ensuring worker/volunteer health and safety.
- c.** The organisation systematically addresses identified risks to ensure a welcoming and safe environment for existing and potential LGBTIQ staff and integrates these into the broader workplace health and safety system. At a minimum, all high and extreme risks are analysed and treated, in line with AS/NZS ISO 31000:2018.
- d.** Risk management for LGBTIQ staff and volunteers should be regularly monitored, updated and reported to senior management and board, and consideration of LGBTIQ needs extends to hazard identification processes.
- e.** When addressing work health and safety issues, the organisation considers potential flow-on effects to LGBTIQ service users and other visitors to the organisation.
- f.** The organisation ensures a welcoming message is maintained and updated.
- g.** The organisation seeks advice via service user feedback and peak bodies to:
 - » strengthen processes that might otherwise impact negatively on LGBTIQ employees and volunteers;
 - » ensure appropriate work environment/s and settings; and
 - » meet good practice guidelines.



- h.** The organisation promotes the protection of human rights and addressing LGBTIQ discrimination as responsibilities for all staff and volunteers (as it does for other work health and safety responsibilities).
- i.** Subcontractors and third-party providers (including contractors, trainees and volunteers) should be able to demonstrate LGBTIQ-inclusive practice. Where possible, contracts/service agreements with third-party providers should include performance requirements consistent with this indicator.
- j.** The organisations promotes itself as an inclusive practice employer, strives to be recognised by existing and prospective employees and volunteers as an empowering and safe workplace, and an employer of choice.
- k.** The organisation has sensitive and agreed ways to support gender diverse staff and volunteers, including the development of policies such as gender affirmation leave for trans and gender diverse staff and volunteers who may transition while at work.
- l.** Where there is a dress code for staff, volunteers or trainees, the organisation ensures it is not gender specific or normative and that staff of any gender have the option to choose from all options.
- m.** The organisation provides all-gender toilets, change rooms and showers which protect the privacy of all individuals and meets their needs

Additional supports for LGBTIQ staff might include;

- ▶ Staff training that includes respectful conduct with peers, not just service users.
- ▶ Overt signs of cultural safety in the workplace such as flags and lanyards.
- ▶ Inclusive, non-heteronormative leave entitlements for parenting and caring roles.
- ▶ Ensuring staff are aware of complaints processes.

Examples of evidence

- ▶ As documented in Action 1.1 and 1.2, statements explicitly affirm LGBTIQ staff e.g. Valuing Diversity in Staff statement or policy.
- ▶ Work Health and Safety (WHS) policies, procedures, tools and templates that demonstrate LGBTIQ considerations.
- ▶ Risk management policies and procedures that explicitly include the needs of LGBTIQ staff and volunteers.
- ▶ Risk register and plans include risks related to LGBTIQ staff including (at a minimum) managing:
 - » disclosure and outing;
 - » gender affirmation/transition; and
 - » breaches to the safety and wellbeing of staff by other staff, service users, volunteers or visitors.



- ▶ Staff and volunteer training packages that have a focus on LGBTIQ staff and volunteer health and wellbeing, and an awareness of related risks.
- ▶ LGBTIQ staff and volunteers who confirm that the environment is welcoming.
- ▶ Management interviews that confirm an awareness of WHS issues for their LGBTIQ staff and volunteers, together with strategies to address these issues.
- ▶ Orientation package/information for subcontractors, students and trainees (as applicable) outlining LGBTIQ inclusion obligations.
- ▶ Audit reports of site inspections which include LGBTIQ considerations.
- ▶ Hazard identification and management reports which include LGBTIQ considerations.
- ▶ Quality Improvement plans and activity reports relating to identified LGBTIQ-specific WHS issues, including risk management.
- ▶ Reports to managers and governing body which include LGBTIQ WHS issues, including risk management.
- ▶ Dress/uniform code that is inclusive of gender diversity.
- ▶ Records of meetings with LGBTIQ staff about activities to promote staff/volunteer inclusion and equity.
- ▶ Staff survey or other feedback mechanisms that demonstrate that organisational commitment to inclusive practice is well-regarded by staff.
- ▶ Materials which promote the organisation as an LGBTIQ-inclusive employer.

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

- a.** The organisation develops a systematic approach to ensuring its inclusive practice commitment is enabled in human resources systems.
- b.** The organisation promotes LGBTIQ inclusion at all stages of any staff or volunteer's professional journey.
- c.** The organisation ensures workforce planning, recruitment and selection of new staff and volunteers and performance management reflect inclusive practice. Specifically, the organisation considers:
 - » how it will actively recruit LGBTIQ staff
 - » how it meets its obligations under the Fair Work Act 2009 (Cth), the Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013 (Cth), the Sex Discrimination Act 1984 (Cth) and relevant State/Territory based industrial relations legislation, at a minimum – demonstrating a positive duty to act to eliminate discrimination, harassment and victimisation in the workplace and its systems of work
 - » how organisational culture may impact upon the health and wellbeing of its LGBTIQ staff and volunteers



- » how it demonstrates strong leadership for a discrimination-free workplace that is welcoming of diversity
 - » how it ensures that staff, especially managers, understand and are responsive to sexual orientation, gender identity and intersex issues in the workplace
 - » how it encourages inclusive language among staff and volunteers
 - » non-discriminatory and equitable recruitment and selection processes, and training for relevant staff to ensure that recruitment is a positive experience for LGBTIQ staff and volunteers
 - » information collection and use requirements, and privacy protections, for maintaining good practice personnel records, e.g. what information is sought and why, options for self-identification (see also Standard 5)
 - » how it ensures that LGBTIQ staff and volunteers understand that they have no 'duty' to disclose or discuss their personal attributes or relationships in the workplace
 - » processes to ensure non-discriminatory and equitable career opportunities and performance management processes to support a staff member to transition at work (see below also)
 - » processes to address allegations regarding breaches to LGBTIQ staff and volunteers' human rights, equity and freedom from discrimination; further, that any resulting investigation informs quality improvement to work practices and/or the operating environment.
- d.** The organisation ensures that systems and staff appropriately recognise a person's identity through affirmed name and pronoun use.
- e.** The organisation ensures facilities are respectful of trans and gender diverse people and those with intersex variations. For example, change rooms, showers, toilets and personal storage areas need to be accessible to, and appropriate for, all staff and volunteers.
- f.** The organisation develops supports and guidelines for Gender Affirmation at Work plans in partnership with an employee or volunteer, as required, in a manner that empowers the person, protects their privacy and addresses risks of discrimination, harassment or bullying that might result during and following transition.

Examples of evidence

- ▶ Workforce plan or equivalent that considers the needs of, and supports, LGBTIQ service users, staff and volunteers — including exemptions, exceptions or special measures relating to LGBTIQ employment.
- ▶ Application and outcome documentation related to Equal Opportunity Act exemptions, exceptions and special measures taken to mitigate their impact on excluded groups, if applicable.
- ▶ Human resource policies, procedures, tools and templates that demonstrate equity, freedom from discrimination, care for and support



of LGBTIQ staff and volunteers. This should include transition-at-work procedures.

- ▶ Appropriate training for HR staff managing recruitment, and all line managers relating to LGBTIQ issues, e.g. managing inconsistent documentation.
- ▶ Staff code of conduct/service users' responsibilities that explicitly state LGBTIQ-inclusive practice applies to staff and volunteers, as well as service users/community.
- ▶ Position descriptions that assign responsibility for LGBTIQ-inclusive and non-discriminatory employment practices.
- ▶ Examples of recruitment/career promotion documentation promoting LGBTIQ-inclusive employment practices.
- ▶ Performance management documentation (including supervision notes) that demonstrate reflective practice towards greater inclusion of both LGBTIQ service users and other staff/volunteers.
- ▶ Investigation records of (alleged) breaches to LGBTIQ staff and volunteer safety and wellbeing, e.g. bullying relating to misgendering.
- ▶ Quality improvement activity plans and implementation records resulting from any such investigations.
- ▶ Staff rooms and volunteer spaces that are open, welcoming and LGBTIQ-inclusive, e.g. through the display of posters, codes of professional conduct.
- ▶ Management and staff interviews that confirm respectful and appropriate communications and relationships.
- ▶ Service user interviews that confirm staff interactions are respectful, appropriate and LGBTIQ-inclusive.

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

- a.** The organisation has processes in place to periodically review its achievement against the Standards and includes LGBTIQ representatives in this process.
- b.** The organisation views monitoring as critical to ensure the results of quality improvement activities are embedded into organisational systems.
- c.** The organisation ensures that compliance with the Standards are sustainable and not person- or event-dependent, through strategies and structures that ensure sustainability of LGBTIQ-inclusive practice including:
 - » specific diversity or LGBTIQ working groups;
 - » standing agenda items for organisational meetings;
 - » reflection on inclusive practice in supervision;
 - » and participation in community of practice forums.



Examples of evidence

- ▶ Timetable of audits/reviews completed by a diverse stakeholder group.
- ▶ Analysis of service governance records for LGBTIQ-inclusive practice performance, e.g. compliments and complaints.
- ▶ Audit or self-assessment results, reported to staff, senior management, governing body and the LGBTIQ advisory group.
- ▶ Analysis of progress against quality plan.
- ▶ Appropriately resourced quality improvement projects resulting from review processes.
- ▶ Plans for further improvements.
- ▶ Schedule of regular LGBTIQ working group meetings and records of meeting minutes
- ▶ Operational meeting agendas showing LGBTIQ-inclusive practice is a standing agenda item
- ▶ Supervision/reflective practice session templates including LGBTIQ issues.
- ▶ Records of internal or external communities of practice on LGBTIQ issues.
- ▶ Position descriptions for ongoing diversity and inclusion roles with LGBTIQ specific KPIs.
- ▶ Position descriptions for permanent LGBTIQ inclusion specific roles such as “Rainbow Tick Officer”.



Standard 2

Workforce Development

All staff and volunteers understand their responsibilities to LGBTIQ service users and are trained and able to deliver LGBTIQ-inclusive services.

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

- a.** The organisation creates a structured process to gather data on the training needs of the governing body, managers, staff and volunteers, and their current level of understanding of the principles and features of LGBTIQ-inclusive practice. Useful data to collect might focus on staff awareness, knowledge gaps and preparedness for change.
- b.** The organisation includes service users' experience in needs analysis and uses these findings to identify and develop training objectives and plans across all its staff.
- c.** The organisation regularly reviews training needs to improve professional development.



Examples of evidence

- ▶ A comprehensive LGBTIQ inclusion workforce development plan.
- ▶ Survey templates or other data gathering tools for learning needs analysis.
- ▶ Governance body/staff/volunteer survey findings regarding values and beliefs that may be used to enhance program development and ensure it is fit for purpose.
- ▶ Targeted needs analysis report and plan for LGBTIQ training and professional development — for the governing body, different staff cohorts, volunteers and students.
- ▶ Quality improvement project plans that result from reviewing professional development needs over time. Governance body/staff/volunteer interviews confirming their needs have been considered.
- ▶ A schedule showing periodic learning needs analysis to measure LGBTIQ inclusion capability across the workforce.
- ▶ Supervision/reflective practice session templates with LGBTIQ issues included.
- ▶ Records of internal or external communities of practice on LGBTIQ issues.



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

- a. More than 80% of staff/governing body/volunteers have attended basic training within the three-year period preceding accreditation and that, for multi-site/multi-program organisations, there is a proportional representation of the trained cohort of staff across sites, services and program areas. All newly employed staff are trained within twelve months of commencing work, provided LGBTIQ-inclusive practice is covered in induction processes.
- b. The organisation develops a plan to ensure staff who have not attended basic training do so.
- c. The organisation ensures strategies and mechanisms exist to maintain knowledge among all trained staff.
- d. The organisation evaluates the outcomes and effectiveness of training and professional development programs and reviews ongoing staff and volunteer training.
- e. The organisation uses current events as a helpful mechanism to reinforce LGBTIQ-inclusive practice messages, e.g. newly published research on LGBTIQ experiences, legislative change, new policy, topical news items.



Examples of evidence

- ▶ A range of training and professional development packages covering different content areas, e.g. sexual orientation, the lived effects of discrimination. Materials demonstrating LGBTIQ-specific core training and training appropriate to the diversity of organisational roles.
- ▶ Assessments that training options meet the organisation's documented requirements and credentials of training providers.
- ▶ Training register and schedules – for governance body, managers, staff and volunteers (consider also co-located staff) – demonstrating 80% or more of personnel have attended at least one basic training session within the required timeframes.
- ▶ Supervision records that show reflection on LGBTIQ-inclusive practice.
- ▶ Performance reviews that include consideration of LGBTIQ-inclusive practice effectiveness and LGBTIQ cultural competence.
- ▶ Documented staff involvement in compliance audits and review of results.
- ▶ Mechanisms used to determine staff knowledge, attitudes and behaviours.
- ▶ Evaluation reports of the effectiveness of all professional development components.
- ▶ Quality improvement project plans for professional development packages.
- ▶ Personnel at all levels report at interview that they have received training and are able to apply this in practice.
- ▶ Budget and resource plans indicating amounts allocated to LGBTIQ-inclusive practice professional development.
- ▶ New staff orientation checklists that mandate completion of LGBTIQ inclusion training as part of induction



See tools at rainbowhealth.org.au for more information.

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

- a. The organisation develops a systematic approach to gathering and embedding new knowledge into systems and practice. This may include, for example, secondary consultation, participating in communities of practice, regular team case study work, or the involvement of an LGBTIQ-service users reference group
- b. Human resources teams update professional development packages, as well as activities for new and existing staff and volunteers, e.g. a periodic and regular update activity in staff meeting for existing staff or a news bulletin, to share new learnings/practice expectations.



- c.** The organisation reviews expectations of LGBTIQ-inclusive practice, systems, guiding documentation, role descriptions, etc., and considers whether any planned changes aimed at enhancing LGBTIQ-inclusive practice require formal training packages to be developed and delivered.
- d.** The organisation invites LGBTIQ specialist services and community members to speak at LGBTIQ days of significance and/or workforce development sessions and remunerates invited speakers in accordance with current good practice.
- e.** The organisation monitors the uptake and effectiveness of any changes in their LGBTIQ-inclusive practice processes.
- f.** The organisation considers how LGBTIQ-inclusive practice reflection is built into staff supervision sessions and performance management systems more broadly alongside the inclusion of specific performance actions.

Examples of evidence

- ▶ Agendas from staff/managers meetings, supervision showing appropriate standing items.
- ▶ LGBTIQ-inclusive staff/volunteer news items in newsletter, emails, intranet.
- ▶ Examples of presentations and resources from LGBTIQ service users/ group, other expert bodies and evidence that staff attend or access these.
- ▶ Documented changes to systems/guidance/practice based on new learnings.
- ▶ Training materials for significant new learnings/system changes. Evaluation reports of any training for, or implementation of, new practice.
- ▶ Secondary consultation records (which may be integrated in case records).
- ▶ Minutes of nominated LGBTIQ quality/action group showing cultural leadership informing systematic quality improvement.



2.4 The organisation participates in relevant professional associations and other forums aimed at improving the quality of services provided to LGBTIQ service users.

- a.** The organisation promotes participation in a range of forums to enhance LGBTIQ-inclusive practice literacy, both internally and externally, e.g. community of practice, conferences. This approach considers appropriate resourcing for participation and includes participation in designated key staff roles and responsibilities and position descriptions.
- b.** Where the organisation holds expertise in a particular aspect of LGBTIQ-inclusive practice, or is committed to fostering inclusive practice across the sector/service system, it has a planned approach to sharing knowledge.



Examples of evidence

- ▶ Workforce plan that includes capability building actions for LGBTIQ-inclusive practice.
- ▶ Budget demonstrating funds allocated for participation.
- ▶ Records of external professional development, forums, etc. focused on LGBTIQ-inclusive practice.
- ▶ Presentations, articles, etc. distributed through internal and external mechanisms and structures.



Standard 3

Consumer participation

LGBTIQ service users are consulted about, and participate in the planning, development, and review of the service.

3.1 The organisation works with LGBTIQ service users and community representatives to identify LGBTIQ service users' needs and to develop and continuously improve its provision of LGBTIQ-inclusive services.

- a.** The organisation develops a plan for service users' participation.
- b.** The organisation has a clear purpose behind involving LGBTIQ service users and communities in service improvement strategies that is communicated to them in an accessible way.
- c.** Human and other resources are committed to support meaningful and accessible LGBTIQ service user participation.
- d.** The organisation considers how existing service user participation mechanisms can be adapted to be more LGBTIQ-inclusive, e.g. inviting LGBTIQ representatives onto an existing diversity committee or service users advisory groups or specific, time-limited projects. An alternative approach might be to establish an LGBTIQ advisory group.
- e.** The organisation builds relationships with organisations or services that provide support to LGBTIQ people. These organisations will be valuable



sources of information in their own right, as well as enabling connections with the local LGBTIQ community and service users.

- f.** The organisation considers the multiple identities which co-exist for many LGBTIQ people in their local community or catchment and, as a consequence, adapts participation strategies, communications, surveys, etc. to ensure that these are language and image appropriate for specific target cohorts.
- g.** The organisation remunerates service users involved in participation projects or groups, in line with current best practice.
- h.** The organisation provides timely and accessible feedback to LGBTIQ service users and communities about the outcomes of their participation, and the actions the organisation will take in response.
- i.** The organisation considers how it meets the needs of different subpopulations within LGBTIQ communities.
- j.** The organisation incorporates service-relevant findings from research on particular cohorts that are missing from its consultative efforts

Examples of evidence

- ▶ Strategies to engage and seek input from LGBTIQ service users and communities in planning for service user engagement.
- ▶ Plans that include strategies to connect with less visible LGBTIQ service users – e.g. taking into account intersections with homelessness, age, language and literacy barriers, rurality, living with disability, identifying as Aboriginal and/or Torres Strait Islander, ethnicity, managing negative experiences associated with stigma and discrimination.
- ▶ Advertising materials for recruiting LGBTIQ service users to organisational committees or working groups.
- ▶ Position descriptions in which designated responsibility for resourcing and supporting LGBTIQ service users' and community participation is demonstrated. This might include a mix of roles such as managers, working group participants, champions or leadership roles or quality roles.
- ▶ Surveys or other materials which include LGBTIQ demographic details for gathering data on needs.
- ▶ Analysis of exit interviews or other strategies that capture feedback on LGBTIQ service users experience.
- ▶ Aggregated data and analysis from service needs assessments.
- ▶ Records (e.g. minutes of meetings, forums) involving LGBTIQ community members and service users representatives.
- ▶ Quality improvement plans and reports resulting from LGBTIQ-specific service needs analysis which articulate the specific needs of LGBTIQ service users.
- ▶ Reports provided to managers/Board relating to LGBTIQ service governance.
- ▶ Examples of feedback mechanisms to LGBTIQ service users or communities e.g. Quality of Care report, newsletter, article in local newspaper, LGBTIQ radio, website news item.



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

- a. The organisation systematically seeks and reviews data from service needs analyses and service evaluations from LGBTIQ service users to identify changing needs in a timely way.
- b. The organisation is proactive in monitoring and evaluating the process and outcome of all service-related quality improvement activities for their impact on LGBTIQ service users.



Examples of evidence

- ▶ Service evaluation surveys or other service evaluation materials which include LGBTIQ demographic details.
- ▶ Quality improvement project plans that include analysis of feedback (both positive and negative) from LGBTIQ service users.
- ▶ Evaluation records of LGBTIQ-specific programs and services which demonstrate LGBTIQ service users/community involvement.
- ▶ Records (e.g. minutes of meetings, forums) discussing trends in LGBTIQ service users or emerging needs, that may include those of different subpopulations and/or service responses to these changing needs.
- ▶ Records of quality improvement activity evaluations which consider the impacts and benefits for LGBTIQ service users.
- ▶ Reports provided to managers/board relating to LGBTIQ service governance.
- ▶ Examples of feedback to LGBTIQ service users and communities, e.g. Quality of Care report, newsletter, article in local newspaper, LGBTIQ radio, website news item.



3.3 As part of its ongoing assessment of service users' experience, the organisation analyses its performance in working with LGBTIQ service users and undertakes appropriate service improvements.

- a. The organisation establishes a systemic approach to reflecting on and evaluating performance in working with LGBTIQ service users and community, considering all elements of the system. The organisation might consider developing performance measures to support effective and objective evaluation of its service. As a result, the organisation may need to invest in further quality improvement activities to improve its capability in engaging successfully with LGBTIQ service users/community.



Examples of evidence

- ▶ Analysis of feedback (both positive and negative) from LGBTIQ service users and quality improvement projects plans resulting from this.
- ▶ Systems audits and results.
- ▶ Records of meetings where results are discussed and actioned.
- ▶ Quality improvement plans arising from audit results.
- ▶ Reports provided to managers/board relating to LGBTIQ service governance.



Standard 4

A welcoming and accessible organisation

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

4.1 The organisation welcomes LGBTIQ service users through a range of different strategies that are appropriate to different contexts and environments.

- a.** The organisation periodically reviews and updates resources, and physical and online spaces to ensure these are welcoming and accessible to potential and existing LGBTIQ service users, staff and volunteers.
- b.** The organisation conveys a message of welcome and safety for LGBTIQ staff, volunteers and service users in all communications – electronic, print, oral – in the physical environment and personal interactions.
- c.** The organisation establishes an expectation that staff will welcome LGBTIQ service users at all points on the client journey including prior to entry, and during intake, assessment and service delivery.



- d.** The organisation provides training and professional development to support staff in respectful and engaging interactions with LGBTIQ service users; additional training may be required for staff at intake, assessment, significant decision points, and when promoting services in public forums.
- e.** The organisation communicates clearly with all service users and visitors (including family) that this LGBTIQ-inclusive service does not tolerate homophobia, biphobia, intersexphobia and transphobia and it is their responsibility to behave in non-discriminatory ways.
- f.** The physical environment is welcoming and safe. Amenities and facilities, including toilets, change rooms and showers, are accessible and inclusive for LGBTIQ staff, volunteers and service users. Bathrooms and parenting spaces are provided for all genders, including non-binary people.
- g.** The organisation develops resources and guidelines about how to create and welcoming and inclusive environments for LGBTIQ people in online spaces.
- h.** The organisation acknowledges and celebrates LGBTIQ days of significance, through online platforms including newsletters, social media and its website.
- i.** Recruitment advertising and processes promote a commitment to LGBTIQ inclusion to attract and reassure future LGBTIQ employees.

Examples of evidence

- ▶ Media and communications policies and procedures that demonstrate commitment to LGBTIQ inclusive practice.
- ▶ A range of media demonstrating LGBTIQ-inclusive practice including:
 - » web pages
 - » staff and service users information brochures
 - » service users and personnel record templates
 - » recruitment templates for staff and volunteers
 - » promotional and advertising materials.
- ▶ Site observations that demonstrate a welcoming environment, e.g. photos of bathroom signs and accommodations
- ▶ Bathroom policies
- ▶ Staff training records, which may include additional training that is role specific.
- ▶ Records of meetings etc. where the organisation considers its engagement with LGBTIQ service users and communities about a welcoming environment.
- ▶ Staff, volunteer and service users interviews that confirm that the service is welcoming of LGBTIQ people.



4.2 The organisation's communication and educational materials are LGBTIQ-inclusive (e.g. inclusive language and images, and LGBTIQ specific information where relevant).

- a.** The organisation ensures that language and visual images used in public-facing materials across the organisation affirm and value the diversity of LGBTIQ people, relationships and families. The images and materials used for all programs also includes diversity of age, cultural background, ability and gender, as well as depictions of non-heteronormative relationships and family structures. LGBTIQ identities are represented across all educational and promotional materials, not just for programs or services specific to LGBTIQ people.
- b.** The organisation regularly reviews all promotional materials (hard copy, digital, social media, etc.) to ensure they use contemporary and respectful language and imagery.
- c.** The organisation engages LGBTIQ service users, communities and services in developing and focus testing language, acronyms and images for promotional and educational materials that are targeted at particular segments of the LGBTIQ community.
- d.** Communications consciously alter terminology to suit the target of services, e.g. the language used for communication aimed at young people may differ from language or culturally specific terms used for older people, people of colour, or Aboriginal and Torres Strait Islander people.
- e.** The organisation sets clear expectations about good practice and the use of appropriate language and images that demonstrate LGBTIQ-inclusive practice. These expectations are made clear in guidelines, policies, marketing strategies and style guides.
- f.** The organisation trains staff in the use of appropriate and LGBTIQ-inclusive language in all communication, including written and oral.
- g.** The organisation specifically communicates with LGBTIQ communities that the organisation is welcoming and safe, willing and able to meet their needs, and has networks and systems in place to support referral to other LGBTIQ-inclusive services as required.
- h.** Promotional materials for the service include rainbow, bi+, trans and intersex flags, as someone who is non-binary, or has an intersex variation, for example, may not relate to the rainbow flag or feel that it represents them or their issues.
- i.** Templates and email footers include the use of pronouns, as well as flags and diversity inclusion statements.
- j.** Websites and social media give cues to potential LGBTIQ service users, staff and volunteers about the service, providing a `virtual` welcoming front door to the organisation.



Examples of evidence

- ▶ Knowledge management and documentation policy demonstrating LGBTIQ-inclusive practice considerations.
- ▶ Sample of electronic and printed promotional and educational materials across the range of service provision which demonstrate LGBTIQ-inclusive practice.
- ▶ Records of service users' participation in the development and review of resources and marketing strategies.
- ▶ Interviews with LGBTIQ service users and staff that confirm the resources and other materials provided are LGBTIQ-inclusive.



4.3 The organisation effectively communicates its services to the LGBTIQ community.

- a. The organisation develops knowledge and understanding of the local LGBTIQ community and establishes mechanisms and pathways to communicate effectively. This may include visible participation at key LGBTIQ events, organisations, specialist services, local community groups, etc.
- b. The organisation considers how it can contribute to the celebration of key LGBTIQ dates and events, e.g. local pride events, International Day against Homophobia, Biphobia and Transphobia (IDAHOBIT), Transgender Day of Remembrance (TDOR), Intersex Solidarity Day, and International Celebrate Bisexuality Day.
- c. The service is promoted as safe and welcoming for LGBTIQ people through regular posts on social media.
- d. The organisation connects with local LGBTIQ community groups and promotes its services there.
- e. The organisation partners with other agencies, including LGBTIQ specialist services to connect with LGBTIQ community.



Examples of evidence

- ▶ Communications plan or strategy for LGBTIQ promotions.
- ▶ Lists of key stakeholders.
- ▶ Samples of articles and stories in internal and external media about participation in LGBTIQ events and activities.
- ▶ Plans for, and reports about, events and activities the organisation has attended or conducted to promote its LGBTIQ inclusivity.
- ▶ Evaluations of impact of promotional activities and resulting quality improvement plans.
- ▶ Stakeholder interview confirming acknowledgement of the organisation as a provider of LGBTIQ inclusive services.



Standard 5

Disclosure and documentation

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

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

To meet all actions in this Standard, organisational policies and procedures will need to:

- a.** Cover minimum legislative requirements consistent with Australian Privacy Principles, Relationships Acts (where relevant) and other prevailing legislation, other relevant and mandated external requirements or guidelines, and;



- b.** Display a considered approach to:
 - » what information needs to be collected to provide a service – from whom, when, how and why; how information is stored, kept secure and up-to-date; and how information is shared, where relevant
 - » how to gain accurate service users information respectfully and confidentially
 - » how to manage sensitive information including, at a minimum: sexual orientation; gender identity; intersex status; difference of body; and, relationships
 - » whether information of a sensitive nature can be stored such that it becomes available only to those who need and are approved to know and, if so, how this occurs
 - » meeting the best interests and wishes of the LGBTIQ service users, including how personal information is recorded, how relationships are recorded and how this information is used and shared
 - » language use and ‘pronoun cueing’ to avoid misgendering a service users, staff member or volunteer
 - » environmental considerations e.g. safe spaces for intake, needs identification, assessment, case management, care and case review
- c.** The organisation creates a complementary document which describes consumer rights and responsibilities, which addresses sensitive information, privacy and confidentiality.
- d.** The organisation’s approach recognises that sexual orientation, gender identity and intersex status are independent personal attributes and there are specific considerations and appropriate language that pertain to each of these experiences.
- e.** The organisation advocates for change where external requirements are discriminatory or not respectful. For example, services are mandated by government or other sector bodies to collect some data about service users in systems that do not offer respectful and inclusive options for recording sexual orientation, gender identity, having an intersex variation and/or people’s relationship or parenting status. Advocacy may be required to enable the organisation to respectfully and appropriately record this information or provide ‘opt out’ choices where this information is required.
- f.** The organisation has a simple information collection process that allows workers to cross-check whether a client consents for their information to shared (i.e. a list of organisations that your organisation might share information with, and columns to indicate which information a client consents to share with them.)
- g.** With the understanding that external information collection software updates happen sporadically, meaning that questions or fields of entry may not align with LGBTIQ service users’ needs, the organisation has work arounds in the short term, written into policies and procedures in order to provide inclusive services in the meantime.

Examples of evidence

- ▶ Policies and procedures concerning the collection of information on a service user's sexual orientation, gender identity, intersex status, and key relationships.
- ▶ A consumer-oriented document which describes rights and responsibilities demonstrating LGBTIQ inclusive practice in information management.
- ▶ Samples of case record documentation which includes respectful recording of sexual orientation, gender identity, intersex status and relationships where these are relevant, and emergency contacts; records identify from whom the information was collected.
- ▶ Risk register which includes risks relating to the management of sensitive service user information.
- ▶ Staff training records relating to collecting information on a service user's sexual orientation, gender identity, intersex status and relationships.
- ▶ Staff and service user interviews confirming practice complies with organisational policy.
- ▶ Service users record audit demonstrating compliance with stated policy.



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

- a. Organisational policy and procedure defines the expected approach to collecting information from the service users or their nominated representative. This might include a procedure for when an advocate might be required, e.g. an older LGBTIQ service user with dementia who has no formal representative, intimate partner or nominated support person.
- b. Staff are trained and able to demonstrate these procedures in practice.



Examples of evidence

- ▶ Policy and procedures that address who is authorised to collect information on a service user's sexual orientation, gender identity, intersex status and relationships (this may be included in a broader policy on information privacy/records management).
- ▶ Staff and service user interviews confirming practice complies with organisational policy.
- ▶ Consumer-record audit demonstrating compliance with organisational requirements, including data fields which identify who collected the service user's personal information, and from whom it was collected.
- ▶ Supervision records which demonstrate reflection on practice.



5.3

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

- a.** The organisation provides accessible information to service users regarding their rights with regards to privacy and confidentiality, including information about sexual orientation, gender identity, intersex status and relationships. This might include:
- » an explanation about what information is collected; when, how and why it is collected; and how it will be used, to enable safe, appropriate and acceptable quality of care
 - » a sensitive approach to collecting accurate personal information and emergency contact details that does not require disclosure
 - » discussion about the LGBTIQ service user's preferences in relation to how their information is collected and recorded
 - » a transparent and explicit approach to discussing and managing the use and sharing of this information with other workers within the organisation (especially where multidisciplinary records are maintained), and to external service providers, where referrals or reports are made.



Examples of evidence

- ▶ Policies and procedures demonstrating sufficient guidance for staff to respectfully articulate privacy and confidentiality processes to LGBTIQ service users.
- ▶ A service user-oriented document describing rights and responsibilities demonstrating LGBTIQ-inclusive practice in information collection, storage, use and disclosure.
- ▶ Staff and service user interviews confirming practice complies with organisational policy.
- ▶ Service users record audit demonstrating compliance with organisational requirements, and that sharing of information is always documented in records.
- ▶ Risk register and treatment plans considering the impact of disclosure/non-disclosure in scenarios where the risk to an LGBTIQ service users is high.
- ▶ Supervision records which demonstrate reflection on practice.



5.4

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

- a.** Processes need to be in place to appropriately respond to consumer or staff disclosure at any stage.
- b.** The organisation provides training for staff about how to collect and manage information on a service user's sexual orientation, gender identity, intersex status and/or relationship status respectfully and confidentially. This training should include: information collection in a sensitive and respectful way; responding to disclosure in a positive and respectful manner; and an awareness of potential triggers which may traumatise or re-traumatise a service user, risks arising from intended or unintended disclosure or inadvertent outing by others.
- c.** Staff training, professional development and supervision enables positive and respectful responses to disclosures which may be intended or unintended.
- d.** The organisation creates scripts to train and assist workers in asking demographic questions and conducting the intake process in a respectful and gentle manner.
- e.** Staff support is made available to consumers, staff and volunteers where disclosure has not been a positive experience.
- f.** Risk management processes cover a range of disclosure scenarios, together with appropriate organisational responses. The organisation understands it has a significant duty of care around a client's "coming out" in circumstances where clients have never previously disclosed gender or sexuality information.



Examples of evidence

- ▶ Staff training records regarding responding to disclosure.
- ▶ Content of training and professional development programs and other activities for staff and volunteers relating to responses to disclosure.
- ▶ Supervision records demonstrating reflection on responding to disclosure.
- ▶ Risk register and treatment plans that include responding to disclosure and managing difficult disclosure scenarios

5.5

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

- a.** The organisation is aware of its legislative obligations relating to personnel and volunteer record keeping and builds these requirements into its human resources system.
- b.** The organisation has a systematic approach for managing personnel records, actioned by appropriately trained staff.
- c.** The organisation consults with LGBTIQ staff and has considered carefully what information it needs to collect. It only collects and securely stores information required for the primary purposes of the human resource system.
- d.** The organisation will review its processes for police/working with children (WWC)/vulnerable persons' checks and other similar requirements to ensure that unintentional disclosure does not occur. Where the application and processing of such checks occurs internally, the risk of unintended disclosure is high; better practice would be that the person completes the process themselves and provide the results to the organisation.
- e.** Information is only collected from the individual staff member or volunteer, and not from third parties or by making assumptions.
- f.** Staff members are aware of what information will be collected, and why.
- g.** Staff members can define how their information is recorded, have the capacity to correct or update personal information as required and can decide who has access to that information (beyond legislative obligations).
- h.** The organisation regularly monitors its system for personnel records and conducts record audits.
- i.** The organisation keeps up to date with guidelines relating to good practice in record keeping for LGBTIQ personnel, and reviews its documentation and processes when legislation changes, new learnings emerge, or other improvement opportunities are identified. As noted above, care needs to be taken in police and other checks, to ensure that a person's gendered history is not unintentionally made known and the person's privacy infringed.



Examples of evidence

- ▶ Human resource policies and procedures, templates and tools relating to personnel records that comply with legislative requirements, are respectful of LGBTIQ staff and volunteers and protect their privacy and confidentiality.
- ▶ Managers and human resources personnel interviews (where relevant) that demonstrate an understanding of how to manage sensitive personal information.



- ▶ Staff and volunteer interviews that demonstrate sensitive management of their personal information and that their needs have been met and they feel respected in the process.
- ▶ Personnel record templates and checklists.
- ▶ Observation of secure storage of personnel records, including appropriate access procedures.
- ▶ Audit of a sample of personnel records of staff and volunteers.
- ▶ Audit results of the organisation's monitoring of records.
- ▶ Quality improvement plans and activity reports arising from system review/record audits

Standard 6

Culturally safe and acceptable services

Services and programs identify, assess, analyse and manage risks to ensure the cultural safety of LGBTIQ service users.

6.1 The organisation understands the needs of LGBTIQ service users and addresses these needs in the design and delivery of services and programs.

- a.** As part of a structured approach to service planning, the organisation explicitly includes the needs and risks of different groups within LGBTIQ communities in the systematic development, delivery and evaluation of services and programs. This is likely to influence: service design; facility design; service promotion and access to services; establishment of staff competencies, credentials and scope of practice; coordination and integration of services and programs; and, performance and outcome measures. The organisation may find it useful to create an LGBTIQ checklist for service development and review.
- b.** The management of cultural safety considers the many potential intersections between multiple identities and associated cultures (including, but not limited to, identifying as Aboriginal and Torres Strait Islander, ethnicity, age, faith, rurality and living with disability).
- c.** The organisations considers the built environment and the risks inherent in the layout and workflow of the environment in which care is provided.



- d.** The organisation employs a number of strategies and sources (including LGBTIQ service user participation activities) to develop a comprehensive understanding of LGBTIQ service users' needs and the unique issues and experiences of each of the subpopulations (see Standard 3 for further discussion around service user participation).
- e.** Recognised quality and safety frameworks should be referenced in building organisational learning: consumer-centred care models, driven by information and organised for safety (ACSQHC 2010); quality dimensions such as effectiveness, efficiency, appropriateness, access, acceptability and safety (VQC 2005); and, analysis of a service user's journey.
- f.** As services come up for review, the needs of LGBTIQ service users are considered, and quality improvement planning is implemented as required.

Examples of evidence

- ▶ Policies and procedures for service and program planning, which explicitly identify the need to be LGBTIQ-inclusive and, where relevant, LGBTIQ-specific; this may include an LGBTIQ-inclusive practice checklist and LGBTIQ service users' involvement in planning and review.
- ▶ Needs analysis reports for LGBTIQ subpopulations, with evidence that this is regularly reviewed and updated.
- ▶ Records of engagement with identified stakeholders (e.g. LGBTIQ service users, LGBTIQ groups and services) that inform an understanding of needs.
- ▶ Examples of service and program plans which demonstrate LGBTIQ considerations.
- ▶ Examples of program and service reviews which demonstrate an evaluation of LGBTIQ inclusivity.
- ▶ Examples where complaints or other feedback have resulted in prompt action to improve services and reduce risks.
- ▶ Quality improvement plans and activity reports arising from program and service reviews.
- ▶ Management and board reporting relating to service planning and review that demonstrate LGBTIQ inclusivity.



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

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



Examples include:

- » collecting gender identity and/or sex marker information
 - » how staff frame requests such as for details of emergency contacts
 - » informal information gathering processes
 - » considerations for carers, partner and family of choice
 - » risk specific to the LGBTIQ service users and their presenting needs.
- b.** The organisation considers any additional training needs of staff in specialist positions such as frontline/reception, intake and assessment positions, and resources this appropriately.
 - c.** The organisation keeps its referrers and other stakeholders informed about its LGBTIQ-inclusive practice approach and any relevant requirements for referrals. Equally, intake, assessment and care planning staff are knowledgeable about other services and their capability in providing LGBTIQ-inclusive services, where external referrals are necessary. This information is shared with other staff who may make referrals at other points in the service user's journey.
 - d.** The organisation monitors access, intake, needs identification, initial assessment, care planning, case management and case review processes to ensure they are LGBTIQ-inclusive.
 - e.** The organisation systematically reviews documentation across the service user's journey to ensure it supports LGBTIQ-inclusive practice and reflects current understandings of good practice.
 - f.** The organisation undertakes quality improvement activities where deficits are identified in practice.
 - g.** The organisation ensures that sub-contracted or brokered services meet the requirements of this Standard.

Examples of evidence

- ▶ Policies, procedures and other resources which support LGBTIQ-culturally appropriate intake, needs identification, assessment, care planning or review, case management and referral.
- ▶ Samples of intake, needs identification, assessment, care planning and case management templates across the service mix of the organisation, demonstrating LGBTIQ-inclusive language use and approaches.
- ▶ Samples of communications with key referring bodies.
- ▶ List of organisations with known LGBTIQ-inclusive practice capability, and referral protocols.
- ▶ Staff and service users interviews confirming that intake, needs identification, assessment, care planning and case management processes are inclusive of LGBTIQ service users.
- ▶ Records of intake and assessment, care planning and case management processes and documentation review, resulting in quality improvement activity.
- ▶ Service governance records or reports that demonstrate LGBTIQ-inclusive practice at all points of the service continuum.



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

- a.** Systems for 'clinical' or 'service delivery' risk management should explicitly identify and manage risks to LGBTIQ service users in line with the services provided. In identifying potential risks, it is also useful to consider risks that need to be addressed in achieving each of the Rainbow Tick Standards.
- b.** Risks should be considered at all stages of the service user's pathway through the service and from all sources and systems organisation-wide. Staff are mindful of heteronormative service planning methodologies when planning or reviewing services and programs.
- c.** Staff have an awareness of how their personal values and beliefs about LGBTIQ people impact on the quality of service they provide, and potentially increase risk to LGBTIQ service users. They need to consider whether their beliefs put them at odds with organisational expectations of the professional behaviours and actions required for LGBTIQ-inclusive practice.
- d.** The organisation provides training to staff to support effective and timely risk management. Staff surveys which identify challenging personal attitudes and beliefs may be useful in developing appropriate training materials.
- e.** The organisation take into account that there may be specific requirements to create cultural safety or minimise risk for LGBTIQ people with different intersecting identities and experiences, such as people with a disability, people of colour, people who live rurally, who are Aboriginal or Torres Strait Islanders, and many other experiences, as well as those who may engage in same sex relationships, although they may not identify as gay, lesbian or bisexual. ;
- f.** Services undertaking physical examinations or providing personal care consider the risks that may exist for service users with differences in body, or who use different language to describe their body.
- g.** The organisation considers the cultural safety risks posed by binary gendered services and spaces.
- h.** The organisation considers any risks for its service in terms of common health issues for trans and gender diverse people, including but not limited to:
 - » the high cost of medical treatments and support needs
 - » gendered access to some pharmaceutical items
 - » burdensome administrative procedures for name and gender/sex marker changes
 - » disrespectful or discriminatory health services (including eligibility barriers)
 - » poor service pathways, health service coordination and/or integration, especially in rural areas
 - » long waiting times and their impact on health and wellbeing
 - » lower rates of regular health screening
 - » social isolation.



- i. The organisation consults with intersex groups to ensure the service system and delivery model is consistent with and upholds the human rights of people with intersex variations, including the right to bodily autonomy.

Examples of evidence

- ▶ Guiding documentation for planning at all levels of the organisation (including workforce planning) reflecting risk management requirements for LGBTIQ/diversity inclusivity (i.e. considering multiple identities).
- ▶ Program and service records demonstrating effective risk management in action.
- ▶ Risk register, which demonstrates the organisation identifies and assesses risks across the client journey.
- ▶ Risk management plans addressing extreme/high LGBTIQ cultural safety risks, at a minimum.
- ▶ Risk reports to management team and governance body.
- ▶ Quality improvement project plans/activity reports emerging from risk analysis.
- ▶ Interviews with governing body confirming an awareness of risk appetite relating to inclusive practice, LGBTIQ specific risks and risk management outcomes, and that these are monitored regularly.
- ▶ Interviews with CEO/managers/staff demonstrating risk management in action.
- ▶ Staff interviews that include examples of LGBTIQ specific risks identified and managed in their service areas.



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

- a. The organisation develops systems for identifying and responding to alleged breaches of the cultural safety of service users or staff or volunteers. These systems should recognise that breaches may be made by staff, service users, visitors and volunteers, and that any breach impacts on the health and wellbeing of the person whose safety has been infringed.
- b. The organisation actively supports staff, volunteers or service users who have experienced a breach of safety including options such as internal and external complaints processes, supervision, counselling, debriefing and other supports.
- c. The organisation communicates clearly about expectations and management of breaches in a range of ways across all stakeholder groups (including in its training and professional development of staff).



- d.** The organisation empowers staff to respond promptly to cultural safety breaches, providing support from their management team.
- e.** The organisation is aware of its legislative obligations regarding discrimination and its vicarious liability (that the organisation is responsible for the actions of its employees in addition to the personal liability of that employee in the matter).
- f.** The organisation recognises it has a duty to act, rather than react, and develops processes in advance to deal with breaches of LGBTIQ-cultural safety.

Examples of evidence

- ▶ Incident and investigation reports relating to allegations and/or breaches (or near misses) of LGBTIQ cultural safety.
- ▶ Debriefing and support records where cultural safety breaches occur.
- ▶ Trend reports to senior managers and governing body.
- ▶ Potential quality improvement project plans emerging from near misses or actual breaches.
- ▶ Documentation establishing a nominated Cultural Safety Officer or equivalent, known by staff and service users, who has responsibility for reporting potential and actual breaches and risks.
- ▶ Staff supervision and training records that reflect a sound understanding of (potential) breaches and risks.
- ▶ Supervision records that reflect discussions about cultural risk and safety.
- ▶ Interview with governing body that demonstrates awareness of breaches and resulting actions.
- ▶ CEO and senior manager interviews confirming organisational approach/response, including examples where breaches have occurred.
- ▶ Staff interviews confirming knowledge of processes in place.
- ▶ Service users, volunteers and staff at interview demonstrate that they can report alleged breaches and are confident that appropriate action will be taken.



6.5 The organisation communicates expectations about LGBTIQ cultural safety across its programs and services and to other organisations.

- a.** Communication staff ensure that expectations about the cultural safety of services and programs and human resource management is disseminated across the organisation.
- b.** Structures and processes are in place to communicate expectations about LGBTIQ-cultural safety externally to existing and potential service users, visitors and staff, as well as the broader community and service delivery system (including major referral organisations).



- c.** Processes exist to respond to and protect against discrimination, bullying and harassment of LGBTIQ service users or staff by other service users and visitors
- d.** Processes have been worked out with external organisational partners such as hospitality staff, transport or accommodation providers, to minimise risk of discrimination and harassment by external staff or other service users or visitors

Examples of evidence

- ▶ Cultural safety policy and procedures which articulates LGBTIQ considerations, if not covered elsewhere in policy documentation.
- ▶ Guiding documents for program and service planning which demonstrate the inclusion of cultural safety processes.
- ▶ Communications from leaders and managers promoting LGBTIQ-cultural safety and what this means for staff, volunteers and all service users.
- ▶ Service users rights and responsibilities documentation demonstrating that the organisation upholds service users' right to a culturally safe and respectful service provided by culturally safe staff and volunteers.
- ▶ Program and service promotional materials that contain information about cultural safety.
- ▶ Interviews confirming managers, volunteers and staff understand LGBTIQ-cultural safety and can provide examples of relevant practice.
- ▶ Service users and stakeholder interviews confirming that the cultural safety message is heard and understood.



Rainbow Health Victoria acknowledges that our work is conducted on the lands of traditional custodians in Victoria and in other areas. We recognise the ongoing connection of traditional custodians to the land and value their unique contribution to our work and wider society.