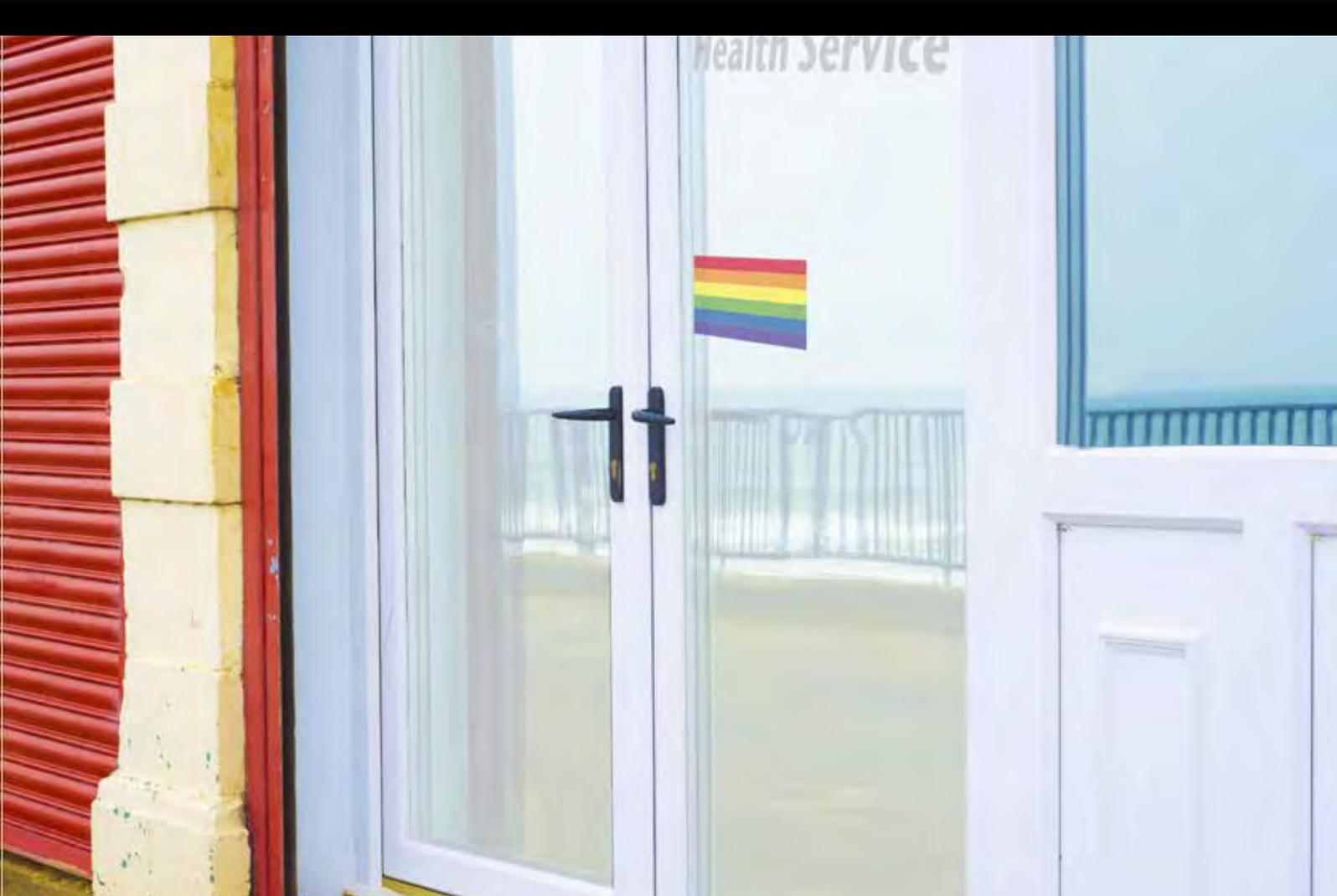


beyond a rainbow sticker



A report on How² create a gay, lesbian, bisexual, transgender and intersex (GLBTI) inclusive service

2012 - 2013

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APRIL 2013

 **GLHV**
GAY AND LESBIAN HEALTH VICTORIA

Beyond a rainbow sticker

*A report on
How² create a gay, lesbian, bisexual,
transgender and intersex (GLBTI) inclusive
service, 2012 - 2013*

April 2013

Catherine Barrett, Lottie Turner and Liam Leonard



Acknowledgements

Gay and Lesbian Health Victoria would like to congratulate all the participants of the 2012-2013 How² program on their achievements. We would particularly like to thank those who wrote about their projects for this report – in sharing your stories you help many others to understand what GLBTI-inclusive practice is and how to achieve it.

We would also like to thank the participants of the 2010-2011 How² program who provided support for, and guidance and resources to, the participants of the current program.

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Section 1: Introduction

In 2010 Gay and Lesbian Health Victoria (GLHV) piloted a program to assist health and human services organisations develop practices and protocols that are inclusive of gay, lesbian, bisexual, transgender and intersex (GLBTI) clients. The program is called: How² create a GLBTI-inclusive service. The How² pilot was successful and was repeated in 2011, in collaboration with the Centre for Excellence in Rural Sexual Health¹. A third program commenced in 2012 and its achievements are the focus of this report.

This report opens by describing the context that led to the development of the How² program. Section Two provides an outline of the program and underpinning principles. Section Three outlines a program logic model and describes some of the changes noted by the facilitators in this third iteration of the program. Section Four presents six case studies written by change facilitators who participated in the program. The final section provides a list of additional resources for GLBTI inclusive practice.

Like its predecessor, the second report on the How² program makes an important contribution to our growing understanding of what constitutes GLBTI-inclusive practice in Australia and internationally.

The context

One of the most frequent requests to GLHV is from GLBTI people who want a list of health and human services that are GLBTI-inclusive. Consumers are aware that services can show that they are GLBTI 'friendly' by displaying a rainbow sticker on their door or website, or by listing their service in GLBTI media. However, increasingly GLBTI consumers want assurances that services understand and will respond to their needs in an inclusive and professional manner. The number of requests for GLBTI-inclusive services has escalated significantly since the 2008 report: *Well Proud: A guide to GLBTI inclusive practice for health and human services* (Department of Health Victoria)². 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 GLHV developed a set of National Standards for GLBTI-inclusive practice. The six GLBTI-inclusive standards are:

1. Access and intake processes
2. Consumer consultation
3. Cultural safety
4. Disclosure and documentation
5. Professional development
6. Organisational capacity

The guiding principle underpinning the Standards is that GLBTI-inclusive practice requires a systemic approach to change. This recognises that professional development is an important component of developing a GLBTI Inclusive service, but on its own is not sufficient to sustain change.

1 See: Beyond we treat everyone the same. A report on the 2010-2011 program How² create a GLBTI inclusive service. Available from: <http://www.glhv.org.au/files/How2Report.pdf>

2 Department of Health Victoria. (2008). *Well Proud: A guide to GLBTI inclusive practice for health and human services*. Available from: www.health.vic.gov.au/glbti/mac/resources.htm.

Professional development needs to be supported by policies, procedures and structures that are endorsed by management, as shown in Figure 1.



Figure 1: Relationship between professional development and GLBTI Inclusive practice

The Standards have been very well received by health and human service organisations who report valuing the guidance and support the Standards provide. The Standards led to a number of inquiries from service providers, who wanted to implement the Standards but were unsure where to start. In response GLHV established the How² program, outlined in Section two.

The Rainbow Tick

The How² program assists organisations in addressing each of the six Standards. The Standards are also the basis of the Rainbow Tick program developed by GLHV in consultation with the Quality Improvement and Community Services Accreditation (QICSA).³ The standards include a series of practical strategies and quality based practice indicators of GLBTI-inclusive practice that have been developed in consultation with a large number of stakeholders over a four year period. Organisations can now be accredited against the Standards. In 2012 a pilot of the Rainbow Tick Accreditation process was undertaken. Two organisations were accredited against the Standards and will be the first organisation to officially receive the Rainbow Tick.

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

Section 2: 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 creating a GLBTI-inclusive service. The workshops aim to support participants to plan, implement and evaluate changes in their service including:

1. Auditing the service against the National Standards for GLBTI-inclusive practice
2. Consulting consumers
3. Educating colleagues
4. Developing and implementing an action plan
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 is provided to participants between workshops to assist the change process. Each workshop is evaluated and participant's suggestions for improvement incorporated into the program.

To ensure that organisations understand what participation entails, program registration includes a commitment from organisations that they:

1. Have the capacity to provide time release for more than one staff member to attend the program
2. Are willing and able to empower staff attending the program to implement changes
3. Have the capacity to support staff attending the program.

Nine organisations participated in the program; most organisations sent two participants and one organisation sent five. There was a significant increase in the number of Home and Community Care (HACC) funded services, in part due to the focus on diversity planning in HACC services in Victoria. Six organisations contributed a case study to this report.

On reflection the facilitators for the 2012 How² program noted a number of changes since the pilot. These included a significant shift in participants' understanding of what constitutes the baseline for GLBTI-inclusive practice (beyond a rainbow sticker) and the development of a community of practice as discussed in the following section.

Beyond a rainbow sticker

As highlighted in the introduction, the National Standards for GLBTI-inclusive practice and the How² program were developed in response to requests from GLBTI consumers who wanted a list of GLBTI-inclusive services. Many of these consumers want to see more than a rainbow sticker on the organisation's front door or website – they want to see that the service understands and is responsive to their needs. They expect GLBTI-inclusive, professional practice at all levels of service delivery from reception, to practitioners, to the CEO and Board. Gay and Lesbian Health Victoria recognised the importance of clarifying the benchmark for GLBTI-inclusive practice, through the development of the National Standards.

In this iteration of the How² program, the facilitators noted a significant shift in participants' understanding of what constitutes the baseline for GLBTI-inclusive practice. The benchmark was raised with organisations having to demonstrate higher levels of GLBTI competency. Participants have built on the achievements documented in the previous How² report. In some areas where facilitators previously spent time convincing participants of the needs for a particular approach, the starting point was now working out how best to undertake that activity. This shift was particularly apparent in relation to consumer consultation. Most participants undertook consumer consultation – utilising a range of creative strategies and reporting that the activity generated useful information for the development of their service. Another area where change was noted was in relation to cultural safety. Most participating organisations developed a risk register and had carefully considered the potential risks and management strategies for their GLBTI clients and staff.

Significant change was also noted in relation to the development of program logic models. Most participants developed a logic model for their project in consultation with key stakeholders in their organisation, to ensure that their project was carefully considered. Participants documented what they wanted to achieve and how they expected to achieve it. This focus on systemic change reflects an understanding that GLBTI-inclusive practice involves systemic change – beyond the posting of a rainbow sticker on a door or website.

Perhaps these changes are the result of the facilitators increased understanding of what it takes to implement GLBTI-inclusive practice. Regardless, there was a strong sense that participants understood what constitutes the organisational baseline for GLBTI-inclusive practice. The documentation of the case studies and program logic model in this report contribute to not only to making the baseline explicit, but raising the bar on what constitutes GLBTI-inclusive practice and service delivery.

Communities of practice

The workshops undertaken as part of the How² program provide significant opportunities for participants to learn from each other. The workshops are structured to encourage participants to share information and ideas. Each workshop begins by inviting participants to describe where they are at and to share any resources that they have developed. The facilitators noted a genuine openness to learn from each other – across the varied contexts participants are working within. Sharing ideas in this way provided the opportunity to draw on the practice wisdom that comes from each differing context. Some participants in the 2012 program sought advice, information and support from past participants. In the process they have fostered a community of practice that may have an ongoing role in the development of the How² program and GLBTI-inclusive practice more broadly. It is not too difficult to imagine a future in which the How² has supported the development of GLBTI-inclusive practice champions across a broad range of health and human service organisations. These champions could have a key role to play in educating and supporting their peers.

Section 3: What it takes – a program logic model

In this section a program logic model for GLBTI-inclusive practice is presented. The program logic model documents 'what it took' participants to achieve GLBTI-inclusive practice. A program logic model outlines the basic components of the planned work (for GLBTI-inclusive practice) and the intended results. The planned work describes the resources or inputs needed to implement the program and planned activities. The intended results include all of the program's desired results including the outputs, outcomes and the impact (W.K. Kellogg Foundation, 2004)⁴.

The development of a generic program logic model is intended to summarise learnings from the How² program and provide guidance for future participants. It does not provide a 'formulae' for GLBTI-inclusive practice; rather, it outlines considerations (see Figure 2 on following page). We expect that a program logic model for GLBTI-inclusive practice will vary considerably between organisations and will also change over time.

Components of a generic model for GLBTI-inclusive practice

A program logic model makes explicit a program's aims and outlines 'what it takes' to achieve those aims, including resources required, activities, outputs and impacts (Kellogg Foundation, 2004). It is often utilised to assist communication and planning. A generic program logic model was developed to stimulate discussion and debate about what GLBTI-inclusive practice is and what it takes to achieve it.

The model provides a starting point that enables organisations to identify the resources required and provides change facilitators with a starting point for dialogue within their organisation. Participants of the How² program are provided with the generic model and invited to adapt it to the needs of their organisation and make revisions as their project progresses.

The generic model shown in Figure 2 was developed after reflection on the issues arising for participants, as well as education and consultations provided to hundreds of health and human services. The key components of the model are shown in Figure 2 and then discussed in the following section.

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

Figure 2: a generic program logic model for GLBTI inclusive practice

Program Logic Model		
Aim: to develop organisational systems that assist health and human services to understand the needs of GLBTI clients and deliver services that are accessible to and respectful of their GLBTI clients.		
Resources: time release for staff to participate in the program, support for participating staff, resources for staff education, costs associated with printing etc.		
Activities	Outputs	Expected outcomes
1) Identify change facilitators	1) A measure of organisational performance against the Standards for GLBTI inclusive practice	1) All employees have a clear understanding of the organisation's expectations regarding the provision of services to GLBTI clients.
2) Establish organisational support for the change facilitator eg: quality committee or working party	2) A measure and description of staff beliefs, knowledge and confidence regarding GLBTI Inclusive practice	2) Staff feel confident that they have the resources and information to deliver GLBTI inclusive services.
3) Develop a program logic model	3) Feedback from GLBTI consumers to inform planning and review progress	3) A reduction in incidents of homophobia and transphobia experienced by GLBTI clients and staff.
4) Conduct organisational audit	4) A register of potential risks and strategies	4) Services that are accessible to GLBTI clients
5) Survey staff	5) A policy on working with GLBTI employees	5) An increased in use of services by GLBTI clients
6) Develop a risk register	6) A guide to GLBTI inclusive assessment and documentation	6) An increased capacity to meet the needs of GLBTI clients
7) Provide staff education	7) An action plan for change	
8) Consult consumers	8) A measure and description of achievements against the Standards for GLBTI inclusive practice	
9) Develop guidelines for client disclosure and documentation		
10) Develop inclusive intake and access processes		
11) Promote services to the GLBTI community		
12) Repeat organisational audit		
13) Repeat staff survey		

Aims

The first step involved in the development of a program logic model is the organisation clarifying why it is participating in the How² program and what it hopes to achieve. This point was highlighted in the stories from services, where significant variation in aims was apparent. This activity is particularly important because there is a perception amongst some service providers 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 is to develop a better understanding of the

needs of GLBTI clients and enhance the capacity of organisations to ensure their services are accessible to GLBTI clients, do not discriminate, and have the ability to meet their needs. It is important that all services are GLBTI-inclusive; whether or not GLBTI clients disclose their sexual orientation or gender identity.

Resources

It is important that organisations understand the resources required to implement GLBTI-inclusive practice. Key resources will include support for the participating staff member to implement the action plan. Some organisations may believe that all they need to provide is time release for staff to attend the workshops. However, it is also important to consider resources required for staff education, particularly in relation to the time taken to engage colleagues in understanding the needs for GLBTI-inclusive practice and providing support for the project coordinator.

Activities

Thirteen key activities were identified. While each activity relates to a particular Standard, they are presented in the following section in the order in which they were generally undertaken.

1) Identify change facilitators

Improvements to the Expression of Interest process for the How² program meant participating organisations were provided with clear guidance on what was expected of change facilitators. This understanding was also likely to have been enhanced by the documentation of the previous How² report, which highlighted case examples of change facilitator's achievements. Perhaps as a consequence of this, attrition rates were lower with only one participant dropping out of the program. Further factors in the successful identification of change facilitators were the fact that almost all organisations sent two or more staff and that the participants selected had real openness to look at what their organisation was doing well and what it needed to improve. The participation of multiple staff from each organisation was particularly important if a participant resigned, was sick or unable to attend.

2) Establish organisational support for the facilitators

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 often occurred through a process such as a quality committee to ensure a focus on systems supports, as well as regular meetings with management.

Perhaps the most successful projects were those where the organisation utilised the How² program to enhance existing commitments to GLBTI-inclusive practice. In these organisations GLBTI-inclusive practice was already a part of the vernacular and so the change facilitator's focus was building upon pre-existing strengths.

In contrast, some change facilitators faced the task of convincing homophobic/transphobic colleagues of the importance of GLBTI-inclusive practice. In a similar pattern to the previous How² report, significant difficulty arose when homophobic/transphobic responses came from board members.

In some faith-based organisations there was a perceived conflict between GLBTI-inclusivity and religious beliefs. Negotiating this conflict required considerable time and effort on the part of change facilitators. In one case a service could not promote itself as GLBTI Inclusive because of this perceived conflict.

3) Develop a program logic model

With organisational supports identified, participants were encouraged to adapt their program logic model to their organisation. The logic model included all the actions required to achieve GLBTI-inclusive practice and was updated after each program activity; particularly in response to the organisational audit. Generally speaking, change facilitators developed an action for each Standard to ensure a systemic approach. Developing and disseminating the logic model helped to make the intent of the organisation visible, which can identify supports and build the trust and confidence of GLBTI clients. The logic model also helped to identify dissonance that needed to be addressed.

4) Conduct an organisational audit

Most change facilitators conducted an audit of their service using the GLBTI-Inclusive Practice Audit developed by GLHV. The audit provided the opportunity for participants to check their organisation's performance against the National Standards for GLBTI-inclusive practice. It also provided an opportunity to:

- stimulate conversation about the values and beliefs of staff;
- identify service gaps;
- inform the development of a program logic model;
- generate momentum for change; and
- provide a baseline against which improvement can be monitored.

The organisational audit was a useful starting point for change facilitators and was often completed by a range of staff to check differing perspectives.

5) Survey staff

A staff survey was developed by GLHV to assist services understand staff education needs. The survey includes questions about knowledge, confidence and comfort providing GLBTI-inclusive practice as well as a question rating the importance of GLBTI-inclusive practice. The survey compliments the Organisational 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 their actual values and beliefs. The survey results show interesting patterns in the differences between staff confidence and comfort. The comments section of the survey provided valuable understandings for the change facilitators about where and how much education is needed.

6) Develop risk register

A risk analysis provides the opportunity for the organisation to identify potential risks and develop strategies to minimise them. One particularly important component of a risk register is considering the effect of staff values and beliefs on the provision of services to GLBTI clients. Participants were encouraged to address this risk in staff education. Another important component of the risk register is the need 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 it disseminates 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. There is an opportunity for future How² programs to develop a comprehensive framework for understanding cultural safety.

7) Provide staff education

The provision of staff education took many forms. Change facilitators were provided with a generic PowerPoint presentation developed by GLHV and invited to adapt it to the needs of their organisation identified through the staff survey and organisational audit. Participants were also encouraged to utilise a range of modalities for staff education including film, narrative and feedback from consumers. A particular focus of staff education was the importance of cultural safety. It is clear from staff survey results that some service providers still think that sexuality is 'just about sex' and don't appreciate the issues around cultural safety. Education around cultural safety needs to highlight the historical context for GLBTI people, health disparities and the importance of staff providing a safe service for GLBTI people. Change facilitators were encouraged to consider staff education in a systematic manner, considering the orientation of new staff and annual updates.

8) Consult consumers

Many of the change facilitators undertook consumer consultation. This included setting up a stall at major GLBTI cultural events such as Midsumma Carnival or the Chill Out Festival. Others conducted surveys and set up processes to establish consumer consultation committees. Overall, the facilitators understood the importance of consumer consultation, and where it occurred they reported useful results.

This process demonstrated that 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 an important 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 call themselves GLBTI-inclusive without consulting consumers.

9) Develop guidelines for client disclosure and documentation/intake and access

Most of the participating services did not have organisational processes that specially asked clients about their sexual orientation and gender identity. In addition, most did not have organisational policies to guide staff on how to respond if a client disclosed. Gay and Lesbian Health Victoria developed a policy on GLBTI-inclusive assessment and documentation for change facilitators. The policy was refined by participants who reported the document would be taken up as a guide to staff-client communication.

10) Promote services to the GLBTI community

The change facilitators were encouraged to identify strategies to promote their services to the GLBTI community. A number did this by participating in Midsumma Carnival or the Chill Out Festival. Others plan to sponsor a film at Melbourne Queer Film Festival. Most change facilitators who wrote a case study will post a copy of their report on their organisation's website to demonstrate their efforts to become GLBTI-inclusive.

11) Repeat needs analysis

Most change facilitators repeated the organisational audit toward the end of the 12-month period to monitor their progress. Repeating the needs analysis (staff survey, organisational audit) is a great way of checking, consolidating and celebrating an organisation's achievements. It can be as simple as repeating the audit

to check for increases in scores. Repeating the staff survey can be a useful way of checking whether the project has resulted in shifts in staff values, beliefs, skills and confidence. Repeating consumer consultation can be used to inform future improvements.

Outputs

Providing a list of project outputs assisted change facilitators to differentiate their outputs (what they will produce) from their outcomes (how the service will change). In most of the participating services, change facilitator's output included: a measure of organisational performance against the Standards for GLBTI-inclusive practice; feedback from consumers; a measure and description of staff beliefs, knowledge and confidence regarding GLBTI Inclusive practice; a register of potential risks and strategies and a program logic model. The program facilitators expect that outputs will increase in future programs as participants build on existing resources.

Outcomes

Change facilitators were encouraged to consider the expected outcomes of the activities that they implemented. Some service providers believe that an increased number of GLBTI people disclosing their sexual orientation and gender identity is an indication that their service is GLBTI-inclusive. A more realistic outcome is an increased understanding of the needs of GLBTI clients, evidenced in staff survey, consumer feedback and organisational audit. A further outcome is an increase in the capacity of the organisation to meet with needs of GLBTI clients, and this is likely to be evidenced in the actions undertaken by the change facilitator and evaluated by consumers.

Concluding remarks

The How² program supported nine health and human service organisations around Victoria to become more GLBTI-inclusive. In doing so, we have all learned more about 'what it takes' and hope to inspire other services to follow their lead. We also hope that this report demonstrates that GLBTI-inclusive practice is not simply a matter of posting a rainbow sticker on a service entry door or website but involves whole of organisational reform and cultural change.

Gay and Lesbian Health Victoria developed the How² program in response to requests from GLBTI consumers who wanted a list of organisations that are GLBTI-inclusive. The How² program was also developed in response to requests from service providers who wanted to understand where to start on their journey to become GLBTI-inclusive practice.

The How² program represents a growing and significant shift in our understanding of what constitutes GLBTI-inclusive practice. The results of this and future How² programs will inform the ongoing development of the Rainbow Tick and raise the bar even further. Gay and Lesbian Health Victoria would like to congratulate the participants of the 2012-2013 How² program for their achievements, some of which are highlighted in the following section. Well done.

Section 4: Stories from the field



Darebin City Council Aged and Disability Department, Melbourne

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Terminology and definitions

The use of the acronym GLBTI to describe Gay, Lesbian, Bisexual, Transgender and Intersex and SSAGD to describe Same Sex Attracted and Gender Diverse is used interchangeably in this report. SSAGD is the term used in Darebin Council's Sexuality, Sex and Gender Diversity Action Plan 2012 – 2015 and as such has been used when quoting or describing activities outlined in the Action Plan. The term GLBTI is used as the standard in this report consistent with terminology currently used in Government policy and legislation.

Introduction

The City of Darebin encompasses a total land area of about 53 square kilometres and includes the suburbs of Northcote, Preston, Thornbury and parts of Alphington, Bundoora, Fairfield, Kingsbury and Macleod. The original inhabitants of the Darebin area were the Wurundjeri-willam Aboriginal people. Darebin has a population of 136, 474, with 50.36% being female and 49.64% of the population being male. The municipality is characterised by a population that is ageing, with 14.65% of people 65 years and over.

The community is diverse in a range of characteristics including culture, levels of social and economic advantage, prevalence of health issues and a high level of people with a disability. Fifty six per cent of people living in Darebin speak English as their main language, with the top five non English speaking languages including Italian (8.3%), Greek (7.4%); Arabic (3.1%); Mandarin (3.1%) and Vietnamese (2.1%). Darebin is home to a large proportion of Melbourne's indigenous population with 1155 indigenous residents or .9% of the population. The number of indigenous residents aged 45 years and over is 23% of the total Indigenous population in Victoria.

Darebin also includes communities that are sexually and gender diverse. The municipality is home to a significant gay, lesbian, bisexual, transgender, intersex and queer (GLBTIQ) community - (Darebin Sexuality, Sex and Gender Diversity Action Plan 2012 – 2015). In the 2011 Census, 631 couples reported living in a same-sex relationship (415 couples identified as living in a lesbian relationship (female same-sex couple) and 216 in a gay relationship (male same-sex couple) in the municipality. It should be emphasised that this represents only a fraction of the GLBTIQ community in Darebin.

These numbers do not embody the full spectrum of diversity relating to sex and gender and therefore should be considered with care. There are many reasons for under-reporting of same sex relationships in the Census. The figures obtained through the Census represent a clear under-estimation of both same-sex couples and same-sex attracted people (gay/lesbian) and as no more than an indication of the GLBTIQ community – but is not an accurate estimate.

Darebin Council has been involved in a number of projects and over the years that have supported same sex and gender diverse communities. Examples of this include Arts and Culture's participation in projects that support the Midsumma Carnival and funding of the Rainbow Families Conference and resources.

In May 2011, a more formal gesture was made through which Council hosted its inaugural forum celebrating International day against homophobia (IDAHO). The forum provided impetus to invite GLBTI residents to explore and provide input into a range of themes including: visibility; inclusiveness; safety; Council services; ageing and youth. Further community engagement through the IDAHO in 2012 enabled more exploration of these themes with GLBTI residents.

Feedback by community through the IDAHO event included:

- There is a perceived lack of awareness and knowledge of the SSGD people on the part of policy makers and service providers, hence the need for training, education and awareness raising;
- The need for more SSGD –inclusive practices and services, notably services that do not assume that everyone is heterosexual;
- The need for attitudes to be respectful and accepting of SSGD status;
- The wish for SSGD residents to be recognised and celebrated as an integral part of the Darebin community i.e. to be visible;
- Recognition of schools as an important setting for supporting Same Sex Attracted Youth
- The need to cater for an ageing SSGD population, notably ageing lesbians

This event used a World Café series that encouraged residents to explore specific topics that included: Council Services, Youth Services and sexuality and ageing. Examples of feedback provided by the community during the 2012 IDAHO forum with regard to sexuality and ageing are included below:

- Sexuality does not change with age
- There is insufficient time allocated in aged and disability courses on sexuality
- How do we ensure that with high turnover of staff that training and culturally safe practices are not lost?
- How do we make services/ programs attractive to older GLBTIQ population?

One recommendation from the IDAHO event was for a same sex and gender diverse advisory committee to be established. In April 2012, the Same Sex Attracted and Gender Diverse Advisory Committee was established. The Committee meets bi-monthly and is chaired by a Councillor.



Picture: Same Sex Attracted and Gender Diverse Advisory Committee members

Council's promise to residents through the Darebin Council Plan 2009 – 2013 is to "strive in all that we do to achieve fairness through innovative and progressive leadership that respects and reflects our diverse community."

The Darebin Equity and Inclusion Plan 2012 – 2015 builds on this vision, recognising that every human being has a right to freedom from discrimination and equality but that discrimination happens and "often does on the basis of sexuality or sex or gender identity." The Plan outlines three broad goals:

1. To build an organisation within Council that is inclusive and reflective of Darebin's diverse communities,
2. To build services and programs that are inclusive, responsive, accessible and equitable,
3. To contribute to building inclusive and empowered Darebin communities.

The Sexuality, Sex and Gender Diversity Action Plan endorsed on 6 August 2012 is aligned with the Darebin Equity and Inclusion Plan and compiles cross council commitments that support the three goals outlined above through action and strategy.

Darebin Council's Aged and Disability Department provides a range of Home and Community Care (HACC) services which include: home care; personal care, respite; home maintenance and delivered meals. The Dementia Care Unit also provides support to people living with dementia through planned activities. The Community Transport service is an essential resource, helping people to remain independent and active in their community. The Aged and Disability Department has had a strong focus over the last four years on supporting staff to adopt person centred practices and creative approaches to client assessment and service provision.

Discussion with the Manager Aged and Disability revealed a strong commitment to strengthening policy and practice so that older LGBTI people would feel welcome and safe accessing services. The Aged and Disability Department has a large workforce, with over 200 HACC staff working offsite and another 60 office based staff. Our first step involved initiating a series of conversations with staff through meetings or working

groups that had a mix of staff representation not always driven by the Manager or Coordinators. These conversations included the following:

Aged and Disability Coordination Team - Discussion focussed on setting the context for coordinators about the barriers that may exclude people from accessing services and the legacy of the experiences had by many older GLBTIQ residents living in Darebin. Copies of the GLBTI inclusive practice audit were distributed and each standard discussed.

Aged and Disability Active Service Approach (ASA) Working Groups - There are four Active Service Approach (ASA) Working Groups within the Aged and Disability Department. The working groups are supported and monitored by the Active Service Steering Committee, which is responsible for provision of support and guidance on the development of processes that will support the referral pathway. These monthly working groups provided a natural avenue through which the elements of the GLBTI inclusive practice audit tool could be discussed.

Diversity Planning Information Sessions – The size of the Department's workforce made it imperative staff were informed about the HACC Diversity Plan and its connection to the subsequent work we would be engaging in with regard to older GLBTI people accessing HACC services. Seven information sessions were held. While each of these sessions was well attended they were still small and intimate thereby enabling good discussion. Furthermore, these sessions provided a mechanism to gauge how staff felt about the topic and get feedback about the proposed strategies.

Aged and Disability Branch Meeting – These quarterly branch meetings were used for general information about Darebin's HACC Diversity Plan and continued to build on the more specific tasks outlined in the plan that centred on aged care and the GLBTI community throughout 2012. Highlights of work undertaken through these meetings included a one hour in-house workshop entitled Building Inclusive Practice in Aged and Disability Services that focussed on introducing the issues of older people who identify as GLBTI for assessment staff, team leaders and administration staff. A staff survey was also undertaken to gauge staff awareness of GLBTI issues, attitude and openness to learning more about this area.

Aims of the project

Darebin Council's involvement in the How² program has the following objectives:

1. To develop an understanding of the needs of older GLBTI people living in Darebin
2. To increase awareness of Aged and Disability Services to older GLBTI community living in Darebin
3. To create safe work practices within the Aged and Disability team that are inclusive of the needs of the GLBTI community
4. To ensure organisational policy and practice reflects equity of access to Darebin's Aged and Disability Services.

Project processes

The project process had the following objectives:

1. Inform staff of the HACC Diversity Plan Actions and Strategies for 2012-2013 with particular attention on work focused on raising awareness of barriers to accessing services for older GLBTI people

2. Gather evidence regarding staff awareness and attitude regarding GLBTI people.
3. Identify knowledge gaps through training needs analysis.
4. Explore strategies and avenues for engagement with the GLBTI community.
5. Gather feedback from the GLBTI community with regard to perceptions of inclusiveness of Council programs and in particular Aged and Disability Services.

Progress against GLBTI inclusive practice standards

Each of the four Active Service Approach working groups is chaired by a Coordinator and meets on a monthly basis. The group have a broad cross representation of staff. Each group had the task of analysing discrete sections of the client referral pathway. The GLBTI inclusive practice audit tool was overlaid on this structure with each working group to consider the standards in the review and development of policy and procedures. The aim was to work towards more GLBTI inclusive practice across the continuum of what is often a complex client pathway.

Standard 1: Access and intake

The internal audit highlighted a range of activities such as Pride March that Council more broadly had either initiated or participated in. However it simultaneously highlighted basic gaps that could easily be addressed to make Council services more welcoming of the GLBTI community such as specific signage (such as rainbow stickers), posters and brochures.

Aged and Disability Assessment Kits containing information about our services to prospective clients provide no messages of welcome to the GLBTI community. A review of our policies revealed no references to the GLBTI community and subsequently no procedures or strategies to respond to potential barriers older GLBTI people may experience in accessing aged services.

The audit also highlighted gaps in staff awareness training and professional development in this area. With the results of the audit in mind, our first task was to start conversations with office based staff about the Department's Diversity Plan and the specific elements that comprised this plan, with particular focus given to our work with older GLBTI people. **(Refer to Standard 5).**

At the Information and Referral (Intake) and Assessment level, the Service Coordination Tool Template (SCTT) is the primary tool used to collect information about the consumer. The SCTT tool is used to capture and record information about the consumer, their health and other needs. This is a standard document used by health and human service organisations. Information and data captured by organisations is forwarded to the Department of Health to capture demographic information that is used in planning future services.

The current suite of tools do not make reference to sexual orientation and gender identity. However Council's Aged and Disability Department have developed a support document that reinforces to Assessment Officers that older GLBTI people are part of Darebin's diverse communities and have equal priority as any of the other HACC target groups. The **Aged and Disability Services Needs and Support Scale** is a document that determines priority of need. Consistent with the HACC Diversity Plan, the Needs and Support Scale highlights communities who are deemed as having special needs and this includes people who identify as GLBTI.

All assessment staff have been involved in the GLBTI assessment workshop pilot undertaken through GLHV late 2012. We are hoping that in the early part of 2013, we will refresh staff with information learned during this workshop and start conversations with staff about how we can convey messages of inclusion to older GLBTI people at the initial intake and assessment phase of support.

Standard 2: Consumer consultations and participation

Application of the audit to all areas of the organisation revealed a range of community engagement projects resulting in consultation with the GLBTI community. These areas of council include: Community Planning and Partnerships, Arts and Culture, Families and Children Services, Libraries and Aged and Disability Services.

Community Planning and Partnerships - At an organisational level Darebin Council has hosted GLBTI events and activities such as the bi-annual Rainbow Families Conference (2010) and a first celebration of International Day Against Homophobia (IDAHO) through a community forum in May 2011. As part of this forum, six broad themes emerged which included: (1) Visibility; (2) Inclusiveness; (3) Safety; (4) Services; (5) Ageing and (6) Youth.

Subsequent community engagement on IDAHO 2012 allowed Darebin GLBTI residents to explore these themes further, identify more specific issues related to these themes and recommend actions to address these issues. Their vision for GLBTI residents was represented visually as follows:



The IDAHO event produced a series of recommendations made by the GLBTI community, one being the establishment of a community committee comprising residents who identified as GLBTI. In December 2011, Darebin Council sought Expressions of Interest from the Community to form a Same Sex Attracted and Gender Diverse Advisory Committee (See Appendix 2). The Committee was established April 2012. The Committee is chaired by a Darebin Councillor and provides advice and input to Council with a view to developing equality for gay, lesbian, transgender, intersex and queer residents in Darebin.

Arts and Culture -Darebin Council has regularly supported and organised events that have had strong links to the GLBTI community. In 2012, Council presented the *Taking You Places* web based project displaying videos, writing, photos and other art work from Darebin's GLBTI (gay, lesbian, bisexual, transgender and intersex) community as they take a family member out which was launched at the Midsumma Festival.

Inspired by the website, people are encouraged to take a family member on a 'gay friendly' social outing and document the event as part of the project. Beginning from the premise that homophobic attitudes can begin within the family; this project seeks to get family members out of the closet by physically taking them to places they have never been before.

Family and Children Services – Policies, process and external communication with families adopt LGBTI inclusive language. Commitments through the Darebin SS&GDAP include:

1. Informing workers about issues faced by rainbow families by continuing work around and distribution of the “Who’s in your family” resource kit and the “We’re here” booklet
2. Exploring ways to work with schools to support children whose parents are same sex attracted or sex and gender diverse.

Libraries – Darebin Libraries have made a commitment through the SSGDAP to purchase Same Sex and Gender Diverse literature including story books for children that show alternative family structures (“rainbow families”) in an inclusive and non-discriminatory way and maintain this as part of the collection development policy.

Aged and Disability - The work undertaken through the Aged and Disability Department to date has been limited primarily to raising awareness of the issues and barriers that may be experienced by some of our older LGBTI community. Given our large workforce and the potential for staff to work directly with residents who identify as LGBTI, regardless of client disclosure, we had a responsibility to ensure staff are well informed of the history of older LGBTI people. Our priority was to provide staff with information, support and confidence to work with the LGBTI community. We were also mindful of managing any form of discrimination that may emerge through the initiation of conversations in this area.

RAINBOW flags will fly from the Northcote and Preston town halls next month in a Darebin Council bid to combat homophobia and support sexual diversity.

The flags, drawing attention to the International Day Against Homophobia (IDAHO) on May 17, will fly alongside the Australian and Aboriginal and Torres Strait Islander flags from May 14-20.

Darebin’s recently formed Same Sex Attracted and Gender Diverse Advisory Committee put forward the suggestion, which councillors unanimously supported at a public meeting last Monday.

Committee member Barbary Clarke said she’d like the flags flown permanently at both town halls.



Source: Article and image Preston Leader 30 April 2012

The work undertaken by the Aged and Disability Department fuelled our confidence in strongly advocating for Darebin Council to participate in the recent Midsumma Carnival (January 2013). Working closely with the Community Planning and Partnerships Department, the Midsumma Festival Survey was developed. **(Appendix 3)** Participation in the Carnival presented a natural opportunity to send a message to Darebin's community that we are committed to working towards inclusive and equitable services for GLBTI residents.

The survey was used as an invitation to start a conversation with anyone visiting the stall to tell us how well Councils generally respond to the needs of GLBTIQ residents and how this could be improved. The first question asked residents if they live in Darebin. If they chose YES then all questions subsequently answered would relate to Council services. If they chose NO, the information still provided us with great insight about what the GLBTI community thought about Council services and this information will be useful in future thinking and planning of services.

One hundred and forty seven surveys were undertaken with about a third completed by Darebin residents. Results of the survey are in the process of being analysed with results due to be released by March 2013. The level of interest shown on the day by residents – young and old - who came to visit us and happily completed the survey is perhaps reflective of a community who are striving to have stronger local connections starting with councils.

Standard 3: GLBTI cultural safety

The audit revealed that at an organisational and departmental level there is much work to do in the area of cultural safety for GLBTI residents. The Darebin Sexuality, Sex and Gender Diverse Action Plan 2012 – 2015 has become a catalyst within Council for initiating conversations with a range of Departments that have direct contact with people who are gay, lesbian, bi-sexual, transgender and intersex.

Actions to be taken primarily through Council's human resources team will focus on including a module in Council's diversity training focussing on Same Sex and Gender Diversity. More broadly Council recognises its responsibility to "work towards a safer, more inclusive city for same sex and gender diverse people" and will do this in the following ways:

- Darebin Council's Local Safety Committee will be used as a forum to raise issues of safety affecting SSGD/ GLBTI residents.
- There are also plans to explore ways to encourage Darebin businesses to display a rainbow flag sticker to indicate they are GLBTI friendly.
- Council and the Same Sex and Gender Diverse Advisory Committee will continue to identify and respond to issues facing the GLBTI community.

In celebration of IDAHO 2012, Council flew the Rainbow Flag for the first time in early 2012. While this outward expression of support by Council was an important first step, application of the GLBTI inclusive practice audit to this gesture revealed that without staff training and awareness of the issues, there is potential for the safety of GLBTI people to be undermined. For example, assumptions could be made that by Council flying the flag, staff have been trained in understanding the issues for GLBTI residents.

The Aged and Disability Department has adopted a slow and steady approach over the last 12 months that has involved having conversations with staff, raising awareness and leaving space and time for staff to ask questions, rather than engaging directly with GLBTI residents in the absence of understanding and

knowledge. Focussing outward, our next steps for 2013 will be to organise formal community engagement sessions with older residents and gain insight with regard to what underlies concepts of safety for an older GLBTI person.

Standard 4: Disclosure and documentation

The Aged and Disability Department uses the Service Coordination Tool Template (SCTT), a resource developed and funded by the Department of Health. The current set of tools does not ask questions about sexuality and gender. We have developed some new tools that include GLBTI people as one of number of communities that may be marginalised. However there is still much work to do in this area particularly with regard to the self-disclosure of an older person and the processes that follow including documentation that is sensitive and protects the rights of the person to privacy.

Standard 5: Professional development

At the time the audit was undertaken there were no references in our Aged and Disability documents to the GLBTI community. Professional development and training workshops on aged and disability issues focused primarily on cultural diversity. With the implementation of the HACC Diversity Plan, these changes will be incorporated into future orientation, induction and other professional development. Given what we knew, we were well aware that we had a lot of work to undertake and needed to start with any staff who had direct contact with residents seeking assistance through the Aged and Disability Department. These included: (1) Information and Referral Officers, (2) Assessment Officers; (3) Team Leaders; (4) Coordinators and (5) Administration staff. Staff from our Ageing Communities Unit were also as they have strong connections with Senior Citizens Centres and social clubs. All staff have direct contact with clients accessing aged services either through telephone contact or face to face interactions.

As a consequence seven informal information sessions were organised with office based staff and one session with a team based off site providing services to clients with a diagnosis of dementia. The purpose of these sessions was to set the context for future work that we planned to undertake.

The next step was to provide a more planned and structured workshop aimed at all office based staff that would build on the information provided at the information sessions. A one hour workshop was provided through a quarterly Branch Meeting, with about 40 staff in attendance. Information, resources and activities were based on tools and resources supplied by Gay and Lesbian Health Victoria. Staff were provided with a range of resources (research materials, media releases and articles) that they could peruse following the workshop.

Staff attending this workshop were also asked to complete a short survey. The survey was prefaced with an introduction to staff outlining the Aged and Disability Department's plans to move towards strengthening our services so that it was inclusive of people who identify as gay, lesbian, and bisexual, transgender, intersex or queer. The purpose of the survey was to determine staff awareness of GLBTI issues; measure staff attitude to the service improvement becoming GLBTI inclusive, identify training and support required and to ask staff for their ideas. The survey was confidential, but provided an opportunity to identify staff who were interested in becoming GLBTI champions. (Appendix 4)

The level of interest and the type of questions posed by staff during the workshop suggested that many staff had a strong sense of social justice and empathy which was reinforced through feedback received through the survey. Results of the survey demonstrated that while the majority of staff did not feel they

had sufficient knowledge about the needs of older GLBTI people, most staff felt confident that with the right training and knowledge they would be able to support GLBTI people. Ninety three per cent of staff indicated that it was 'very important' that our service was GLBTI inclusive.

Our training, induction and orientation manuals also did not refer to GLBTI inclusive practices. As a result, the information sessions and workshop which were organised were seen as the minimum practice needed to create a cultural shift within the Department. Since our Information, Referral, Assessment and Team Leaders were often the key staff who had initial contact with clients, starting conversations and encouraging feedback and discussion became the priority.

While information and training has been focused on raising awareness of GLBTI issues, what we were unprepared for was the number of stories that unfolded through conversations with staff who relayed their own personal stories or stories of loved ones who had experienced harm through discrimination and abuse. A significant learning from this experience was that while our focus was on the history of a generation of older individuals who were subject to ridicule, shame and punishment; for younger people today who identify as GLBTI, discrimination persists. Some staff had direct experience of discrimination through friends and family and for some, the topic raised painful memories. Ensuring staff have access to the Employee Assistance Program (EAP) must be a consideration for future workshops.

The focus of the Aged and Disability Department throughout 2012 has been on opening up conversations about older people who identify as GLBTI and the impact of history and past cultural norms on an older person's perception and expectation of accessing aged services equitably and safely. Table 1 shows the timelines for implementation of activities as outlined using the Program Logic Model. (Refer to Appendix 1)

Standard 6: Organisational capacities

The GLBTI Inclusive Practice Audit highlighted a stated commitment contained in the Council Plan; "as a democratic and accountable local government, we will strive in all that we do to achieve fairness, through innovative and progressive leadership that respects and reflects our diverse community."

At a broad level, the self-audit revealed a strong commitment by Council for services to reflect its diverse communities. The Darebin Equity and Inclusion Plan and the Darebin Sexuality, Sex and Gender Diverse Action Plan (SS&GDAP) are key documents which reflect the organisation's commitment this area. In addition, the strategies and actions outlined in the SS&GDAP is indicative of the resources that have been set aside.

The newly established Sexuality, Sex and Gender Diversity Advisory Committee (SSGDAC) is comprised of people who live and/ work in Darebin. The aim of this committee is to provide Council with "clear directions on how to strengthen the participation and rights of our sexuality, sex and gender diverse residents." The Committee is chaired by a Councillor who is passionate and fully supportive of the goals outlined in the SSGDAC and a strong advocate of the issue.

At a more operational level, the audit identified that for the Aged and Disability Department, in the short to medium term, strong organisational capacity. There have been significant allocations of resources both in time and financially throughout 2012. Exploring how services can be more inclusive across aged services was introduced initially and has remained a priority across each of the Active Service Approach Working Groups. These are all positive indicators of the Department's commitment to ensuring there is ongoing capacity.

The work undertaken to date through Darebin's aged services has relied not only on the external relationship formed with G&LHV but with the Community Planning and Partnerships program in Darebin who have carriage of the Equity and Inclusion Plan, Sexuality, Sex and Gender Diverse Action Plan 2012 – 2015. The Same Sex and Gender Diverse Advisory Committee is supported through this program and is chaired by a Councillor who actively engages with the Committee and raises issues through Council meetings.

While it is evident there is organisational capacity, there is also a sense of disconnect. There are several other areas of Council who are well ahead in the work they have been doing with GLBTI communities accessing their services. There are, as yet, few formal avenues to take stock collectively of what we are doing, to learn from one another and to share ideas about what has worked and what has not. Our involvement most recently in Midsumma Carnival held in January 2013 provided the Aged and Disability Department with a great opportunity to work closely with other areas of Council and 'stumble' across fascinating pieces of work that Council have been involved in in the past or right now!

Our aim over the next 12 months will be to:

- Broaden our networks and links with GLBTI organisations
- Plan forums / discussion groups for community engagement with older GLBTI residents
- Review policies and procedures to reflect inclusive practices of older GLBTI residents accessing Aged and Disability services.
- Create an internal knowledge bank of ideas through learning, sharing and exploring with other areas of council to maximise on the organisation's commitment and capacity in this area.

An annual review will be undertaken using the GLBTI inclusive practice audit tool to measure the progress of the proposed strategies and actions.

Table 1 Aged and Disability – Implementation of Program Logic Model

Timeline	Activity	Target Audience	Focus
July – August 2012	GLBTI inclusive practice Audit Tool applied across ASA work groups.	Coordinators, Team leaders, Assessment Officers, Administration staff	To measure inclusiveness in Aged and Disability Services.
July – August 2012	HACC Diversity Planning Information Sessions (In house sessions)	All staff including (Meals and Transport, Planned Activity Group.	HACC Diversity Plan Emphasis on special needs group which includes GLBTI people.
August 2012	In House Workshop: Building in inclusive practice in the Aged and Disability Department	Office based staff – Assessment Officers, Team Leaders and Coordinators.	Re-orienting services to be more GLBTI inclusive.
October 2012	6 x HACC Diversity Information sessions 1 x Information Session targeting Dementia Care staff	HACC Community Support Workers.	Awareness of HACC Diversity Plan Awareness Council's commitment to GLBTI inclusive services.
November 2012	GLBTI 101 Seminar (GLHV)	All staff (Community Support Workers, Team Leaders, Assessment staff, Coordinators, Administration staff)	What GLBTI means Historical experiences of GLBTI people Evidence of discrimination A framework for GLBTI inclusive HACC services.
November 2012	Assessment Workshop (GLHV)	Assessment staff & Assessment and Complex Care Coordinator and Team Leader	Strengthening GLBTI assessment practice Case studies & techniques for GLBTI inclusive services.
January 2013	Participation in Midsumma Carnival 2013	GLBTI people generally and residents of Darebin	GLBTI Survey - Community engagement opportunity
February 2013	Participation in Pride March 2013		Opportunity for Council and SSAGD Committee members to show support for an inclusive Darebin.

Darebin Council Program Logic Model

Health and wellbeing of all ageing residents living in Darebin	
Priority Area	
Target Group	Ageing residents living in Darebin who identify as Lesbian, Gay, Bisexual, Transgender & Intersex (GLBTI)
Goals	<ol style="list-style-type: none"> 1. To develop an understanding of the needs of older GLBTI people living in Darebin. 2. To increase awareness of Aged and Disability Services to the older GLBTI community living in Darebin 3. To create culturally safe work practices within the Aged and Disability Department that is inclusive of the needs of GLBTI community. 4. To ensure organisational policies and practices reflect equity of access to Darebin Council's Aged and Disability Services.
Objectives	<ol style="list-style-type: none"> 1. To review the policies and procedures currently guiding Aged and Disability Service practice 2. Undertake a practice audit of organisational policy and procedures with a view to implementing 50% of the recommended strategies as outlined through the Rainbow Tick Standards by 30 June 2013.

PHASE 1 Focus will be on identifying training and support needs of office based staff (Assessment Support Officers, Coordinators, Information and Referral Staff)

Inputs	Activities	Outputs	Impacts	Outcomes
<p>Manager & Coordinators (Aged and Disability) All office based staff (Manager, Coordinators, Assessment Support Officers, Team Leaders, Service Support Officers) Darebin Council Departments: - Community Planning and Partnerships - Communications & Marketing - Performance and Development Darebin Council Community Advisory Committees: - Same Sex Attracted and Gender Diverse Advisory Committee - Active and Healthy Ageing Board - Darebin Aboriginal Advisory Committee - Darebin Disability Advisory Committee Gay & Lesbian Health Victoria</p>	<p>1. Increase awareness of GLBTI history for older people, clarification of barriers and how these can be overcome. 2. Conduct a needs analysis for office staff (Team Leaders, Assessment Officers, Administration staff) using a staff survey to measure their understanding of importance of GLBTI practice. 3. Undertake GLBTI Inclusive Practice Audit with each of the 5 Active Service Approach Working groups.</p>	<p>Attendance at How2 workshops through GLHV 2012 – 2013. Identification of training and support needs based on outcome of staff survey. Score on GLBTI practice audit</p>	<p>Raised awareness of the issues for older GLBTI people and the impact on access to HACC services. Key staff (Coordinators, Assessment Officers) to attend GLBTI training. Quality improvement through: review of current practices/ and internal/ external communication to incorporate GLBTI brochures in each of the</p>	<p>1. Increased understanding and awareness of the importance of GLBTI inclusive practice 2. Commitment to GLBTI inclusive practice is reaffirmed through policy; practice, culture, workforce development and community engagement. 3. Increased confidence that we are working towards GLBTI inclusive practice.</p>

Inputs	Activities	Outputs	Impacts	Outcomes
	4. Internal/ External awareness raising campaigns	Development of a Calendar of GLBTI Events Midsumma Carnival 13 January 2013 Pride March Sunday 3 Feb 2013	Increased staff awareness through participation in Darebin stall at Midsumma festival/ Pride March. Opportunity to talk to local residents and highlight our progress in working towards GLBTI inclusive services.	Information and feedback collected will inform reviews of existing policies and the development of future policies and practices.
	5. Establish GLBTI working group	Contributes towards planning events aimed at raising GLBTI profile in the organisation. Monitors progress of the implementation of Rainbow Tick Standards through policy and processes that promotes GLBTI practice.	Improve GLBTI practice score from original score. Increase the number of Rainbow Tick standards from 30% in Year 1 (2012-2013) to 70% in Year 2 (2013-2014)	
	6. GLBTI – On the Agenda forums	Quarterly presentations at Branch meetings that provide office based staff with progress reports about our GLBTI work.		
	7. Consultation with consumers	Development of a GLBTI survey (On Line and hard copy) Consultation through key Council community events such as Kite Festival, Backyard Harvest Festival, IDAHO. Involve SSAGD Advisory Members at these events. Formal consultation by invitation to community to tell us of their experiences/ how we can improve our Aged and Disability services to be culturally safe and sensitive to GLBTI community.	Feedback through survey and consultations informs our practice, processes and communication. Sharing of stories and personal experiences of older GLBTI people are used (with care) to shape and inform service development, staff learning and service improvement.	A clearer understanding of: The needs of older GLBTI people The barriers encountered by older GLBTI people and how these could be overcome. Narratives shared by older GLBTI people are used to: Educate staff Develop services Improve services.

PHASE 2 Focus will be on staff working off site (HACC Community Support Workers; Meals Drivers; Community Transport Staff; Dementia Care Staff) – NOT YET COMMENCED

Leader Advertisement December 2011



Expressions of Interest open for the Darebin Same Sex Attracted and Gender Diverse Advisory Committee

Darebin Council is seeking expressions of interest from people in Darebin who identify as gay, lesbian, bisexual, transgender or intersex to form a new Darebin Same Sex Attracted and Gender Diverse Advisory Committee.

The new Committee will meet quarterly to advise Council on issues and barriers to equality affecting gay, lesbian, bisexual, transgender and intersex residents in Darebin. The Committee will also partner with Council to develop Darebin's first Sexual Orientation Inclusion Plan.

Applications are now open for membership to the Same Sex Attracted and Gender Diverse Advisory Committee, and close on 27 January 2012. Priority will be given to applicants who live, work or study in Darebin.

For more information about the Darebin Same Sex Attracted and Gender Diverse Advisory Committee or to obtain an Expression of Interest Form contact Darebin Council on 8470 8528 or go to www.darebin.vic.gov.au/ssagd

MEDIA ENQUIRIES

Maureen Devlin

Communications Officer

Ph: 8470 8511

Midsumma Festival Survey 2013

Hi, I'm from Darebin City Council / Darebin Sexuality, Sex and Gender Diversity Advisory Committee. I'd like to have a chat with you regarding how well Council responds to the needs of GLBTIQ residents and how this could be improved. Is it ok if we go through this quick survey together?

[Note: this is a conversation first and foremost]

1. Do you live in Darebin? Yes, No,

If 'No', please state your municipality or postcode. _____ [We're still interested to hear what you might have to say, even if it's about another Council - we can surely learn from it.]

2. How well do you think your Council addresses issues of concern to GLBTIQ people? [choose 1]

Very Well Well Average Poorly Very poorly Don't know

3. Why do you say that?

4. In regards to your Council's programs and services, how inclusive of sexuality and sex and gender diversity do you think they are? [choose 1]

Extremely inclusive

Inclusive

Average

Not very inclusive

Not at all Inclusive

Don't know

5. Why do you say that?

6. What Council services have you used? [choose all that apply – read out for prompt if needed]

Libraries

Youth Services

Events/festivals

Maternal & Child

Aged & Disability

Planning

Rubbish

Family Support

Leisure services

Environment

Other _____

Other _____

7. What prevents you from accessing your Council's programs and services? [choose all that apply]

- | | | |
|---|------------------------|---------------------|
| Past discrimination | Fear of discrimination | Not feeling welcome |
| Not feeling understood | Feeling excluded | Safety concerns |
| Promotional materials do not convey that I am welcome | | |
| Services not tailored to my needs | Other _____ | Other _____ |

8. What would encourage you to access your Council's programs and services more often?

About You

9. What is your age group?

- | | | |
|-------------|-------------|------------------|
| 15-19 years | 20-35 years | 36-45 years |
| 46-60 years | 61-75 years | 75 years or more |

10. Thinking about sex or gender, do you think of yourself as [do NOT read out initially]:

- Male Female Intersex Transgender (identifying as male)
Queer Gender questioning Genderqueer Transgender (identifying as female)
I prefer to think of myself as _____

11. In terms of sexuality, do you think of yourself primarily as [do NOT read out initially]:

- Lesbian Gay Bisexual Heterosexual
I prefer to think of myself as _____

12. Do you speak a language other than English at home?

- Yes (please state) _____ No (English Only)

13. Are you of Aboriginal or Torres Strait Islander background?

- Yes No

14. Do you have a healthcare card?

- Yes No

Confidential Staff Survey

The City of Darebin is committed to developing actions to become more inclusive of people who identify as gay, lesbian, bisexual, transgender, intersex and queer (GLBTIQ). Through our Diversity Plan, the Aged and Disability Department will be looking at how we can incorporate GLBTIQ inclusive practices in our work. To help us identify what the needs are in our organisation with regard to training and support in this area, we would like you to complete this short confidential survey today at the branch meeting and place it in the box provided at the end of the meeting.

(0 = low knowledge and 10 = High knowledge)

- 1) How would you rate your knowledge about the needs of GLBTIQ clients? **-circle one**

0 1 2 3 4 5 6 7 8 9 10

Can you comment on your knowledge of what the needs are?

(0 = low confidence and 10 = High confidence)

- 2) How would you rate your confidence providing services to GLBTIQ clients? **-circle one**

0 1 2 3 4 5 6 7 8 9 10

(0 = low comfort and 10 = High comfort)

- 3) How would you rate your level of comfort providing services to a GLBTIQ client?

0 1 2 3 4 5 6 7 8 9 10

If you scored between 0 – 5 is there anything that would help increase your level of comfort?

(0 = low importance and 10 = High importance)

- 4) How important do you think it is that our service is GLBTIQ inclusive?

0 1 2 3 4 5 6 7 8 9 10

- 5) Do you agree with any of the following? (Tick one)

- We can be more inclusive of GLBTIQ clients
- We already do GLBTIQ inclusive practice- we treat everyone the same
- I don't mind GLBTIQ people, but I don't see why I have to do this.

Do you have one practical idea that can help improve our service becoming more inclusive of the GLBTIQ community?

What did you learn from today's presentation?

If you have an interest in being a change champion to help raise awareness of inclusion of GLBTIQ community in our services please let us know by either writing your name on this sheet or let Kate or Gillian know. Awareness raising activities may include: organising informal social events, participating in the Midsumma Carnival (13 January 2013) or Pride March Sunday (3 February 2013).

Name: _____

- Thank you for your time -



Melbourne & Greensborough Family Relationship Centres

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Family Relationship Centres (FRC's) provide information and advice about family relationships at all stages. FRC's have a focus on providing families experiencing separation with information, advice and family dispute resolution (mediation) services to help them to reach an agreement on parenting arrangements for children, without going to Court. They also play a key role in referring individuals, couples and families to a range of other support services.

There are a total of 65 FRC's across Australia and 15 in the state of Victoria. The FRC's are funded by the Australian Government, and are staffed by independent, professionally qualified staff offering confidential and impartial services.

Relationships Australia Victoria (RAV) is the lead consortium partner of four FRC's in Victoria, including Melbourne and Greensborough. RAV is a community-based, not-for-profit organisation which provides specialist relationship support services to enhance the lives of individuals, couples, families and communities.

The following services are provided at Melbourne and Greensborough FRC's:

- Information, advice and referrals
- Family Dispute Resolution (formerly known as mediation)
- Workshops and Information Sessions
- Post-Separation Parenting Programs
- Counselling on-site (at Greensborough FRC)
- Access to legal advice and community legal services

Family Dispute Resolution (FDR) is the main service provided by Melbourne and Greensborough FRC's. Counselling is also provided at Greensborough FRC for clients who are accessing FDR services. FDR is a process that helps separated parents to reach workable parenting arrangements and make decisions regarding their children. The process is facilitated by a qualified practitioner who can help both parents to discuss issues and reach an agreement. The aim of FDR is to assist separating or separated families to resolve disputes in the best interests of their children, where this is assessed as a suitable option for the parties. FRC's can work with anyone involved in caring for a child including grandparents, step-parents, carers and other significant people in a child's life.

Melbourne FRC has a total of 13 staff including; 7 Family Dispute Resolution practitioners (including 3 specialist child-inclusive practitioners), 1 Centre Manager, 2 Client Service Officers, 1 Client Service Coordinator and 2 Community Liaison Officers. In 2011 - 2012 Melbourne FRC had a total of 1560 registered clients. Greensborough FRC has a total of 15 staff including: 9 Family Dispute Resolution Practitioners (including 1 specialist child-inclusive practitioner), 1 Centre Manager, 1 Client Service Manager, 2 Client Service Officers and 2 Community Liaison Officers. In 2011 – 2012, Greensborough FRC conducted 656 assessments and 442 family dispute resolution sessions.

As a community organisation, Relationships Australia Victoria (RAV) is committed to ensuring equal access for all Victorians to all of RAV's services and programs. Melbourne and Greensborough FRC's recognise that we work within a diverse community and acknowledge the range of needs and characteristics within those communities. As such, we recognise the need to provide an inclusive service for all families and value the importance of people feeling understood, respected and supported in the use of our services.

Melbourne and Greensborough FRC's feel that GLBTI inclusive practice in particular is important for a number of reasons. Firstly, both FRC's are aware from research, anecdotal evidence and staff feedback that there are barriers in GLBTI parented families accessing mainstream family support services and there may be particular issues around accessing post-separation parenting support. Having GLBTI staff at the FRC's has also increased the Centre's awareness of particular issues GLBTI parented families may experience as well as barriers they may face when accessing our service and the need to address these. Secondly, while a number of GLBTI parents have attended the FRC's for information, advice and family dispute resolution services, feedback regarding their experiences in accessing and using our services has not been sought. We wanted to know if we are in fact providing an inclusive service for GLBTI clients and how we might be able to improve our service and practice.

The How² program with Gay and Lesbian Health Victoria presented us with a valuable opportunity to genuinely examine the way our Centres work with GLBTI clients, evaluate their experiences in accessing our services and explore how we can improve outcomes for families and children.

Aims of the project

The aims of the project are:

- to increase our understanding of the needs of GLBTI parented families and their experiences in accessing family support services and specifically, Family Relationship Centres;
- to build strong relationships with GLBTI organisations and communities;
- to provide services that meet the needs of GLBTI communities; and

- to provide a basis from this project for implementing GLBTI inclusive practice across the organisation.

Ultimately, we aim to be a GLBTI inclusive service. We would like the families and individuals who access our service to feel understood, respected and supported.

Project processes

The Community Liaison Officers at Melbourne and Greensborough FRC's undertook the role of project coordinators at their respective centres for the How² program. The role of the Community Liaison Officer (CLO) is to increase awareness of the services provided at the FRC's amongst service providers and the community. The CLO role also involves building relationships and partnerships with a variety of services and communities, with a particular focus on those communities who may experience barriers in accessing FRC services. The CLOs were therefore well placed in their role to coordinate the How² program at the FRC's. Both CLOs had support from their Centre Managers and the FRC Senior Manager to participate in the program.

A GLBTI working group was established with the purpose of discussing How² program activities and processes, seeking input and suggestions and sharing the findings and information with management and staff. Members of the working group included the two project coordinators, two FRC Centre Managers, one Family Dispute Resolution Practitioner and the Social Inclusion Manager from RAV. Time constraints and competing priorities hindered the group's ability to meet formally throughout the project. However, both project coordinators maintained regular communication with, and sought input from, centre managers and key staff around various aspects of the project. The working group plan to meet in 2013 to discuss an ongoing action plan for GLBTI inclusive practice.

Needs analysis

The needs analysis involved an organisational audit and a staff survey to begin exploring how inclusive our service is of GLBTI consumers and to determine where improvements are needed.

Audit

The project coordinators at each FRC used the GLBTI inclusive practice audit tool developed by Gay and Lesbian Health Victoria. We audited the two FRC's, rather than the whole organisation. In a number of areas, the FRC's appeared to be doing well in terms of GLBTI inclusive practice. However, we were able to identify a number of areas which could be improved including: consumer consultation, service promotion and professional development.

Staff survey

Both FRC's conducted online and anonymous staff surveys using survey monkey. The aim of the survey was to gather information about the level of staff comfort and confidence in providing services to GLBTI clients, as well as their perspectives and suggestions around the FRC's becoming more GLBTI inclusive.

Several discussions had taken place with staff prior to this survey being sent and additional information about the program and further resources were also sent along with the survey. Discussions with staff indicated that while many were supportive of the FRC's becoming more GLBTI inclusive, staff comfort,

confidence and knowledge of the needs of GLBTI clients appeared to vary. The project coordinators felt that the questions listed below (developed by Gay and Lesbian Health Victoria) would give the FRC's a greater understanding of staff perceptions and views:

1. How would you rate your knowledge about the needs of GLBTI clients?
2. How would you rate your confidence providing services to GLBTI clients?
3. How would you rate your level of comfort providing services to a GLBTI client?
4. Please rate how important you think it is for our organisation to become more GLBTI inclusive.
5. Do you have any suggestions for how Melbourne FRC can become more GLBTI inclusive?

The survey was sent to a total of 26 staff across both Centres, of which 16 responded. More than half of the respondents rated their knowledge about the needs of GLBTI clients as moderate, high or very high. Staff confidence in providing services to GLBTI clients varied from not at all confident through to extremely confident. The majority of respondents indicated a moderate to very high level of both confidence and comfort in providing services to GLBTI clients. Overall there was a high level of support for the FRC's becoming more inclusive of GLBTI clients, with 6 out of 7 respondents from Melbourne FRC indicating they thought it was "very important".

A number of suggestions were made by staff relating to how FRC's can become more GLBTI inclusive, including; understanding the barriers for GLBTI parents accessing FRC's, staff training around GLBTI specific family issues, the inclusion of GLBTI information in education sessions and other FRC materials for clients. One staff member commented:

"My level of comfort in dealing with GLBTI clients would be increased if I knew we were 100% in providing the service needs of the clients, at the moment I think we try but not enough research has gone into finding out 'Are we in fact providing the service needs of these clients?'"

Other comments in response to the survey indicated a concern that the FRC is already heavily focused on being inclusive of GLBTI clients relative to other groups. One comment questioned the need to be more inclusive if there is no clear demonstration that we are being discriminatory. This highlighted the need for staff education and further discussion around the barriers that GLBTI clients face when using mainstream services.

The staff surveys showed that while there is a high level of support from staff to become more GLBTI inclusive, people experience varying degrees of comfort, confidence and knowledge in providing services to GLBTI clients. Staff at both Centres also expressed a desire to know more about GLBTI clients' experiences in using our services and what the barriers are.

Consultation

The How² project coordinators also met with two researchers from the Bouverie Centre who are part of the "Work, Love, Play: Understanding resilience in same-sex parented families" longitudinal study, of which Relationships Australia had been part of the research team. As part of this study families have been surveyed about family processes including; division of labour in households, connections to extended family, social relationships and connections, and accessing services. Information gathered through this study provided the project coordinators with valuable insights into same-sex parented families', experiences of mainstream

services as well as a better understanding of some of the barriers. One on one interviews conducted with separated same-sex couples also revealed valuable feedback about experiences with post-separation support services. This consultation with researchers at the Bouverie Centre provided a basis from which we could develop a community consultation. It was also valuable in building relationships with other services, which was one of the aims of the project. Furthermore, the Bouverie Centre was able to provide training to Melbourne and Greensborough FRC staff as part of the staff education component of the How² program (see standard 5).

Progress against the GLBTI Inclusive Practice Standards

Standard 1: Access and intake processes

Relationships Australia Victoria (RAV) have an Access and Equity Policy which demonstrates a commitment to identifying and addressing barriers that impede equal access to RAV services. People in same-sex relationships are identified in this policy as a client group who may experience a range of barriers in accessing RAV services. This policy is currently being updated and recommendations have been made by the project coordinators to broaden the policy to include GLBTI clients, not only those in same-sex relationships. RAV also have a 'Vulnerable and Disadvantaged Client Access Strategy' through which the organisation reports on strategies employed at each Centre for improving access and service delivery to particular groups who have been identified as disadvantaged and experiencing barriers in accessing our services. While GLBTI people are not specifically included in this strategy, individual Centres may report on activities and initiatives they have undertaken to engage with GLBTI communities. Further discussions will take place with the Social Inclusion Manager at RAV regarding the inclusion of GLBTI people as a priority group for improving access to our services.

The project coordinators reviewed the access and intake processes at both FRC's using the GLBTI inclusive practice audit tool as a guide. They found that overall, both Greensborough and Melbourne FRC's create a welcoming environment for GLBTI consumers through a range of posters in the waiting areas, interview rooms and group meeting rooms which welcome GLBTI people to use our service and indicate that it is safe to disclose sexual orientation and gender identity to FRC staff. However, we found that resources and information for GLBTI parents was limited and needed to be updated. We also found that standard information packages provided to clients did not include any specific information for GLBTI parented families.

Information and resources for GLBTI specific and GLBTI inclusive services were updated and are now available for clients in the waiting areas at the FRC's. Referral information for use by practitioners has also been included and updated in Melbourne FRC's referral guide. A further review of the resources and information provided to clients through our Client Resource Tool will also occur and resources will be added and updated as necessary. The project coordinators will continue to initiate and maintain contact with services working with GLBTI clients to ensure updated and relevant information is available for clients and that staff are aware of services to make appropriate referrals.

In reviewing the FRC's promotional and education materials, the project coordinators found some room for improvement. While gender neutral language is often used in these materials, the project coordinators suggested improvements with regards to the use of images of GLBTI people and the inclusion of statements or information which sends a clear message that GLBTI parented families are welcome at our service. Some materials, such as the educational DVD used during information sessions, are provided by the Australian

Government and are standardised across all Centres so they cannot easily be changed. Website content for Melbourne and Greensborough FRC's has been updated with information about our participation in the How² program as well as steps we are taking towards GLBTI inclusive practice. Other materials (such as brochures, DVD resources and the RAV website) will be reviewed further with ongoing discussion with the GLBTI working group and the Social Inclusion Manager of RAV.

With regards to improving access to our services, engagement with GLBTI communities and services will be an ongoing priority for both centres. The wide distribution of the community consultation survey (see standard 2) has increased awareness of our service and has shown that we are looking at GLBTI inclusive practice. Keeping the community informed of the outcomes of this consultation is important and we will continue our communication with GLBTI communities, services and networks. We will inform them about the feedback we received through the consultation and how this has informed any changes that are made within the FRC's. We will also seek opportunities for community engagement and promotion of our services amongst GLBTI communities through participation in various events such as Midsumma and the National LGBTI Health Alliance's Conference. Relationships Australia Victoria, through the Melbourne FRC, has sponsored a film as part of the Melbourne Queer Film Festival in 2013 and will also hold an information stall at the ChillOut Festival in Daylesford. As part of the Community Liaison Officer role, the project coordinators have made contact with a number of services working with GLBTI communities. We plan to increase engagement and collaboration with other services and explore possibilities for future work, consultation and facilitating mutual referrals.

Standard 2: Consumer consultation

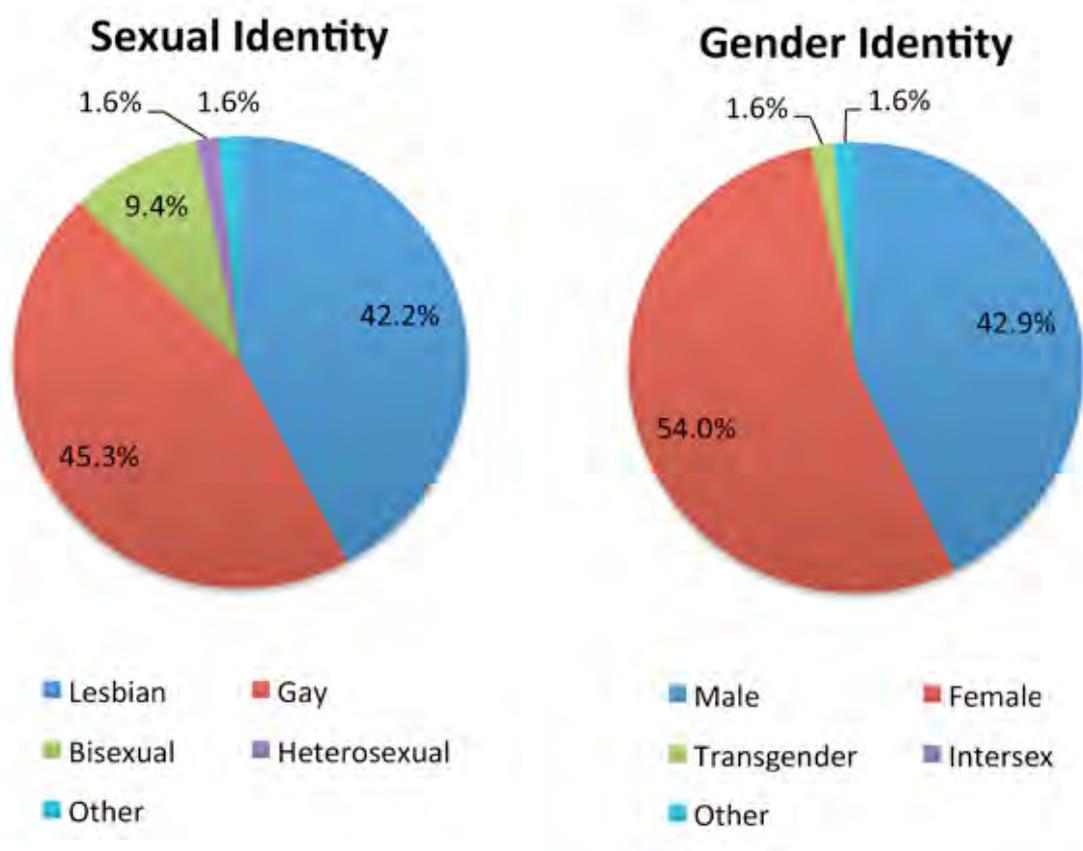
There is limited information about GLBTI parents' use of and experiences with post-separation services at Family Relationship Centres. Consequently, Greensborough and Melbourne FRC's decided to conduct a community consultation using an online survey tool. The survey was designed for Rainbow Families – defined as parents who identify as lesbian, gay, bisexual, transgender or intersex, and their children. The aim of the survey was to explore the way FRC's work with Rainbow Families and their experiences in accessing family support services in order to find out how we can improve services and outcomes for individuals, families and children. The survey was distributed widely through various GLBTI networks. The following questions were asked in the survey:

FRC Rainbow Families Survey

1. What is your sexual identity?
2. What is your gender identity?
3. Do you identify as being part of a Rainbow Family?
4. Have you or anyone in your family ever accessed mainstream family support services?
5. When you accessed this service, to what extent did you and your family members feel comfortable accessing the service and feel that it was responsive to your needs?
6. Have you experienced separation in your family?
7. Did you seek assistance in relation to the separation?
8. Please specify what type of assistance you sought
9. Did you contact a Family Relationship Centre or mainstream service providing family dispute resolution?

10. When you accessed the Family Relationship Centre or family dispute resolution service, to what extent did you and your family members feel comfortable accessing the service and feel that it was responsive to your needs?
11. Has your family experienced difficulties with co-parents or donors?
12. Did you seek assistance in relation to this issue?
13. Please specify what type of assistance you sought
14. Did you contact a Family Relationship Centre or mainstream family dispute resolution service?
15. When you accessed the Family Relationship Centre or family dispute resolution service, to what extent did you and your family members feel comfortable accessing the service and feel that it was responsive to your needs?
16. As a Rainbow Family, would you feel comfortable in accessing services provided by a Family Relationship Centre?
17. Rate the importance of the following factors when choosing a family support service (a list of factors was provided).

There were a total of 64 responses to the survey. The sexual and gender identity of respondents is shown below.



Approximately half the respondents reported accessing a mainstream family support service. Nineteen per cent had experienced separation in their family, and 17% had experienced difficulties with co-parents and/or donors. Few of the respondents had actually accessed a Family Relationship Centre or mainstream family dispute resolution service in relation to separation and/or difficulties with co-parents and donors, so we received limited information about specific experiences with FRC's. However, the survey results provided valuable information about the perception of FRC's and other mainstream FDR services. Respondents also shared their experiences of using other mainstream services, which provided valuable insight into what people are looking for in a service as well as their specific experiences in using services.

Of those who had accessed mainstream family support services (which included; mediation, counselling, sleep school, maternal child health services and parenting programs), many reported having positive experiences. A number of respondents commented that they hadn't experienced any negative responses from services and that workers appeared comfortable in working with their families. There were a number of factors that were identified as contributing to a positive experience, including: the use of language that is inclusive of gender and sexuality, staff who were trained and experienced in working with Rainbow Families and who had a good knowledge of appropriate referrals.

Others reported having a more negative experience with mainstream services and there were a number of factors, which were raised. These included; lack of staff education, a lack of acknowledgement and understanding of parental roles, the use of language that is not inclusive (for example, references to "Mother" and "Father"), heteronormative assumptions being made and organisational systems that do not accommodate for diverse family structures (such as forms and computer systems). Many also stated that they would seek a GLBTI specific service, rather than accessing a mainstream service.

When asked if the respondents would feel comfortable as a Rainbow Family to access services provided by an FRC, 53% said yes, 11% no and 36% were unsure. The explanations for these answers provided valuable insights into the perception of Family Relationship Centres. There were some respondents who stated that they would not have any issue with contacting an FRC if the Centre was providing a service that the family needed. However, overall, there appeared to be a lack of confidence in FRC services being GLBTI inclusive. The majority of respondents stated that they would want to be confident first that the service is GLBTI inclusive and that the staff are educated and experienced in working with Rainbow Families:

"I would need to be pretty sure that the service would be sensitive to the issues of our family structure. I would only consider services that had been recommended by someone I trust ... "

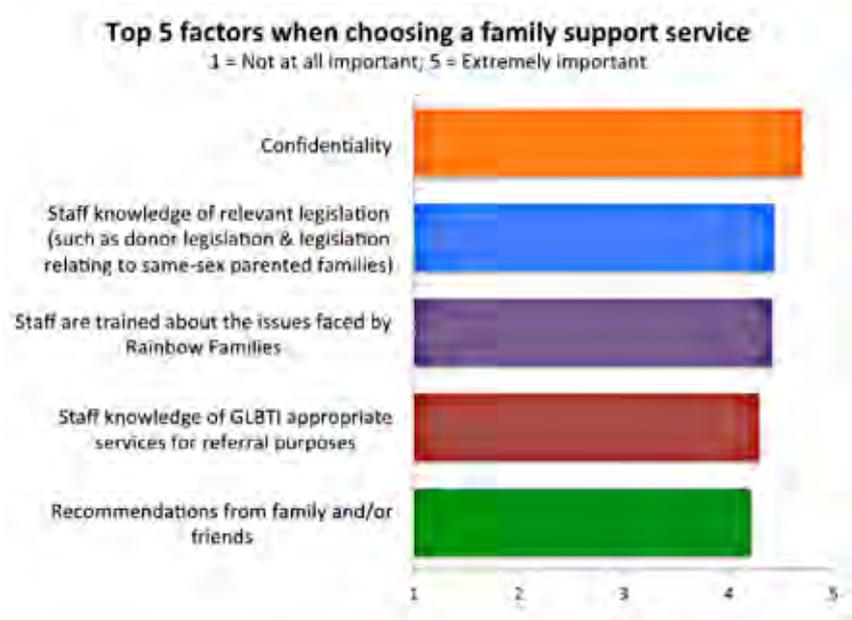
A number of people said that they would look for specific information from the service, which stated that they are open to working with Rainbow Families. Moreover, many stated that they would be specifically looking for recommendations from GLBTI communities. Some also noted a lack of confidence in FRC's being GLBTI inclusive due to a lack of visibility, engagement and promotion within GLBTI communities and at significant events.

Some people also expressed frustration at having to educate staff and explain their family situation:

"It would be intolerable to us if we're having to educate, raise awareness, deal with staff ambivalence if we were also in the heat of a family issue"

"I think when staff at intake approach all families without assumption of heterosexuality it is really affirming. It is very frustrating to be assumed to be a certain type of family all the time"

The survey also asked people to rate the importance of a variety of factors when choosing a support service for their family (from 1 – not at all important, through to 5 – extremely important). The five most highly rated factors are shown in the graph below:



Other factors also rated highly included; recommendations and referrals from GLBTI organisations/services and images of GLBTI people used in promotional materials.

The results of this survey assisted the FRC's in understanding Rainbow Families' experiences with, and perceptions of, our services. More consultation is needed with transgender and intersex parents as they were underrepresented in this survey. This is something that the project coordinators plan to work on in the near future. We also plan to continue to receive feedback and suggestions from the community on service improvement through informing clients of our complaints and suggestions procedure, engaging with GLBTI communities and increased consultation with other services working with GLBTI people.

Standard 3: Cultural safety

The audit tool showed that the FRC's hadn't identified risks related to cultural safety of GLBTI clients. A risk register was then developed which assisted us to identify potential risks in undertaking GLBTI inclusive practice as well as strategies for minimising such risks.

One of the potential risks identified was that the FRC's engage in activities such as community consultation, community engagement and promotion of services and raise community expectations without delivering. Risk minimisation strategies to deal with this included:

1. Continued dialogue with the GLBTI working group and other staff and management around GLBTI inclusive practice and how it can be embedded into organisational systems;
2. Communication with GLBTI networks to inform the community and services about the results of the Rainbow Families Survey, how this information has been used and any improvements or changes in our service delivery; and
3. Ensuring there is a complaints, feedback and suggestion procedure for GLBTI clients if they do experience homophobia or breaches of cultural safety.

Further discussions will take place around how RAV and the FRC's can encourage GLBTI clients to use these complaints and suggestions procedures to report any instances of homophobia, transphobia, exclusion and to provide suggestions for service improvement.

The risk register will be reviewed and updated with the working group and further discussions will take place around developing processes for responding to breaches of cultural safety for GLBTI clients.

Standard 4: Disclosure and documentation

The project coordinators conducted a preliminary review of the disclosure and documentation practices, policies and procedures. The audit found that the FRC's do not routinely collect information about sexual orientation and gender identity. The FRC's and RAV have policies relating to client confidentiality and privacy, however, they do not specifically address sexual orientation and gender identity. All clients are provided with an information sheet and consent form regarding client data including what type of data is collected, how it is stored and how it will be used. They also receive an information statement regarding the family dispute resolution process with a specific section on confidentiality and disclosure, complaints, feedback and suggestions.

It was reported by staff that clients will often disclose their sexual orientation to staff at intake or during their assessment with a practitioner. There are a number of ways in which staff signal to clients that they are welcome to discuss their sexual orientation or gender identity. Inclusive and gender neutral language is commonly used by staff and in forms, for example; referring to "parents" and "parties" in the mediation process and asking open questions. Some practitioners reported that they will often use additional statements or cues to indicate to clients that it is safe to disclose their sexual orientation or gender identity and to put them at ease. Furthermore, in the group information sessions some staff will acknowledge the diverse range of family structures in our community although it may not be represented in the audio-visual material used.

During the staff training session with the Bouverie Centre (see standard 5), some staff raised a concern that heteronormative assumptions can be made about participants attending parenting programs and other group sessions. We know anecdotally and from the community consultation that such assumptions can have a negative impact on the client's experience with services and may make them feel uncomfortable in disclosing their sexual orientation or gender identity. It was useful to discuss this during the training and staff had the opportunity to reflect on some of these issues and their own practice.

Further discussions through the working group will take place regarding policy development relating to disclosure and documentation.

Standard 5: Professional development

The audit process and staff survey results provided us with an indication of staff knowledge, comfort and confidence in working with GLBTI clients. While the majority of staff are supportive of the FRC's becoming more GLBTI inclusive, there were some who questioned the need for this. There were varying levels of reported comfort and confidence in working with GLBTI clients as well as a lack of knowledge about the needs of GLBTI clients. Overall, staff from both FRC's clearly indicated a desire to know more about GLBTI clients experiences of using our services and how we may be able to better meet their needs.

Having GLBTI staff at FRC's has been beneficial in raising staff awareness and providing practical expertise in working in inclusive ways with GLBTI clients. However, staff at Greensborough and Melbourne FRC's had not previously received any specific professional training on working with GLBTI clients. Staff education was an important component of the How² program and our consumer consultation also showed that having staff who are trained in working with GLBTI clients and Rainbow Families is an important consideration for people when choosing a support service for their family.

As mentioned previously, the project coordinators had met with two researchers from the Bouverie Centre, Jennifer Power and Luke Gahan, to discuss the findings from their research with same-sex parented families. The Bouverie Centre has recently released some guidelines and training for healthcare providers working with same-sex parented families. We were fortunate to have Jennifer and Luke provide some tailored training to staff at Melbourne FRC and they will also provide the same training to Greensborough FRC in early 2013. The training will also be available to all other Relationships Australia Victoria Centres.

The staff training session at Melbourne FRC ran for 2.5 hours with participation from all Centre staff including; the Centre Manager, Family Dispute Resolution Practitioners, Client Service Officers and Community Liaison Officers. The project coordinators, Centre Manager and an FDRP met with the trainers initially to discuss an appropriate training outline and content and to discuss how the training may be tailored for the specific work of the FRC's. Included in the training was a discussion based activity around Riddle's Homophobia Scale which explored the subtleties of heterosexism and homophobia, particularly as it relates to GLBTI parents and their children. A presentation also included the research undertaken by the Bouverie Centre and the lessons about same-sex parented families, their experiences in accessing mainstream services and what services can do to be more inclusive of same-sex couples and their families. A number of case studies were also discussed, using scenarios relevant to the work of the FRC's. During this session, the How² project coordinators also discussed the preliminary results of the community consultation survey with staff.

The training was well received and generated healthy discussion. Staff were able to discuss specific scenarios and situations in which they had worked with GLBTI clients and there was opportunity to explore how we could be more GLBTI inclusive.

This training focused predominantly on same-sex parents. Further training and information for staff on working with transgender and intersex clients is necessary. This is something that the project coordinators and Centre Managers will look into for further professional development and training for staff. RAV will explore the possibility of having this training delivered at other Centres across the state. RAV are also looking into having GLBTI inclusive practice incorporated into a structured orientation and induction program for all new staff.

Standard 6: Organisational capacity

Relationship Australia Victoria's core values support GLBTI inclusive practice. While participation in the How² program at this stage has involved the two Family Relationship Centres, the project coordinators and Centre Managers will share the information, lessons learned and findings from this program with other FRC's and RAV centres with the ultimate goal being that RAV can work towards being a GLBTI inclusive organisation across all services and sites. The GLTBI working group plan to meet formally in the near future and will develop an action plan for continuing the work from this project. Ongoing discussions will take place regarding appropriate changes and actions that can be implemented towards becoming GLBTI inclusive and embedding this into organisation systems.

The staff surveys conducted through this project demonstrates an overall commitment to GLBTI inclusive practice amongst FRC staff. There is an acknowledgement of the importance of undertaking this work and a strong desire to provide the best possible service for all families. Nevertheless, the surveys did show some uncertainty about the need to engage in GLBTI inclusive practice. The professional development component aimed to address this and the project coordinators will continue to work towards increasing our organisational capacity to engage in GLBTI inclusive practice. We will do this by exploring further opportunities for professional development, staff education and ongoing dialogue. The project coordinators at the FRC's, with support and collaboration from Centre Managers and other staff will continue the work from this program with a focus on GLBTI inclusive practice which is sustainable within the organisation.

Outcomes

Participation in the How² program has been extremely beneficial for our Centres and for the organisation. At a Centre level, it has raised staff awareness of the issues facing GLBTI parented families and how to provide an inclusive service that is responsive to their needs. Furthermore, it has helped us to gain insight into people's experiences of using family support services and has highlighted the need for engagement with the GLBTI community and other services.

Based on Melbourne and Greensborough FRC's involvement in the program, some recommendations, considerations and next steps for the organisation have been suggested. These will be discussed further within the working group and will also be presented to management. It is hoped that these will provide some ideas and direction for future work in this area.

To some extent, the implementation of the project has been hindered by limited time for staff and other commitments and hence the difficulty in coordinating a working group. Nevertheless, participation in this program has confirmed our commitment to GLBTI inclusive practice. The How² program has provided us with a framework and has assisted us to develop a plan and clearer direction for becoming GLBTI inclusive.

What we have learnt through this project is just a starting point and there is much potential for further work within the two FRC's and across the whole organisation. It is time consuming and the staff involved are often working with a number of other priorities and commitments. However, we are fortunate to have support from staff and management within the Centres as well as at an organisational level from Relationships Australia Victoria. It is hoped that what we have learnt through the How² program will provide a sound basis and starting point for implementing GLBTI inclusive practice across the organisation.



Care Connect, Victoria

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Care Connect is a major secular community care provider in New South Wales, Queensland and Victoria. We support people to live independent lives at home and in the community.

The organisation provides information, advice and guidance to assist people navigate and access support services they need to live the life they want. Staff specialise in coordinating services for people of all ages and abilities including children, young people, adults, older adults and carers.

Care Connect specialises in providing services, including complex care, related to: aged care, disability, mental health, Acquired Brain Injury, Autism Spectrum Disorder, transitional care, preventative care, dementia and respite.

Valuing the diversity of communities, the organisation provides inclusive services to people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander communities, people who are gay, lesbian, bisexual, transgender or intersex or people who are financially and/or socially disadvantaged.

Care Connect's approach is flexible, collaborative and designed to meet each person's changing needs. Care Connect builds on a person's strengths and capacity so that individuals can make informed choices about the services and support they require. This unique, person-centred approach is called **My Life, My Choice, My Way™**.

Care Connect has over 300 staff and 12 offices across New South Wales, Queensland and Victoria and delivers 30 programs to over 7,000 people per year.

Care Connect's vision is to be Australia's leading community care organisation, actively sought for its innovation, care leadership and community participation. Care Connect's mission is to create excellence in community care through innovation, commitment, knowledge and choice.

In Victoria, Care Connect has offices in Abbotsford (National Office), Doncaster, East Brighton, Kew, Lilydale, Echuca and Moonee Ponds. Within these offices, we have over 90 staff working in Client Services and offer the following programs:

- Community Aged Care Packages (CACPs)
- Extended Aged Care in the Home (EACH)

- Extended Aged Care in the Home Dementia (EACHD)
- Complex Case Support- Department of Immigration & Citizenship (CSS- DIAC)
- Flexible Support Packages
- Linkages
- Individual Support Plans
- Slow to Recover Rehabilitation packages
- Respite packages
- Individual Support Packages (ISP)/Facilitation
- Individual Support Packages (ISP)/Support Coordination

Care Connect has been advocating for the GLBTI community for many years. In 2010, the organisation was the first in Australia to receive federally-funded GLBTI-specific aged care packages designed to meet the needs of GLBTI seniors in South East Queensland. This service provision is currently being expanded to Victoria and New South Wales.

As part of Care Connect's commitment to providing inclusive services to the GLBTI community, the organisation has a dedicated GLBTI Portfolio Officer who provides specialist knowledge and networks to support the organisation's leadership position. This role supports the organisation's national approach to providing best practice community care for the GLBTI community. This resource will see the consolidation of a National GLBTI Strategy designed to:

- advocate on behalf of the GLBTI community
- build the awareness and capacity of service providers in the sector
- deliver culturally appropriate supports and services to the GLBTI community.

Aims of the Project

The aim of the project is for Care Connect to be accessible to GLBTI seniors and people with a disability residing in the Melbourne Metropolitan Region by providing a flexible, inclusive service. This is to be achieved by implementing GLBTI-inclusive practice throughout the aged and disability teams in Victoria.

This is to be achieved through:

- the implementation of GLBTI-inclusive policies and practices
- identifying service gaps
- staff training
- the development of a communication strategy to develop awareness of the GLBTI service
- outreach and promotion to assist GLBTI people access services and support.

Project Processes

In order to expand the GLBTI program in Victoria, a Client Services Manager was selected to hold the GLBTI portfolio for the state. As the portfolio holder, the Client Services Manager took the lead in setting up and completing the project across Victoria. One of the first steps was for the Client Services Manager to register to take part in the How² create a GLBTI inclusive service 2012-2013 program.

The first task that was completed as part of the program was the development of a program logic model

which set the basis for the project. The logic model included the aim, resources, activities, outputs and outcomes. It included eleven activities that Care Connect needed to complete in order to become GLBTI-inclusive, including completing an audit, staff and consumer surveys, staff training and allocation of a GLBTI portfolio holder for each team in Victoria across aged care and disability services.

Next, a needs analysis was conducted. This included the GLBTI Inclusive Practice Organisational Audit, a staff survey and consultation with GLBTI people. The organisational audit was completed to form a benchmark from a national and local Victorian perspective. This determined how GLBTI-inclusive Care Connect was and whether there were any gaps in practice that needed to be addressed.

Once the results from the survey are received, the audit, staff and consumer survey results will be combined. Analysis of these findings will indicate the overall gaps and areas of improvement that need to be addressed to form GLBTI objectives for a national and local strategy.

Progress against the GLBTI Inclusive Practice Standards

Standard 1: Access and intake process

Being GLBTI inclusive is an ongoing commitment and needs to be proactively communicated to the people Care Connect serves now and into the future using a range of implicit and explicit strategies.

Care Connect has undertaken a review of corporate promotional materials to ensure that GLBTI inclusion is reflected across the organisation.

The general statement about who Care Connect is and what the organisation does now includes a statement about valuing the diversity of communities and providing inclusive services with specific reference to the GLBTI community. This statement is included in printed and online materials. The Care Connect website has a section on 'Inclusion and diversity' with a link to a specific page on GLBTI issues. The homepage of our site also lists news relevant to GLBTI people, for example the launch of the National LGBTI Ageing and Aged Care Strategy.

As part of Care Connect's visual style, a series of jigsaw pieces with different images representing different services that the organisation offers is used. These visuals now include a jigsaw showcasing 'rainbow hands' which is used on all GLBTI-related promotional items. Additional jigsaw pieces that feature pictures of people from the GLBTI community will also be developed.

Care Connect has developed an 'LGBTI Charter of Inclusion' in partnership with a GLBTI organisation. The Charter sets out the organisation's commitment to the GLBTI community through the provision of an inclusive service, support for social justice and the organisation's responsibilities as a supportive employer.

Marketing plans have been developed at a local and national level to promote Care Connect to the GLBTI community. Marketing strategies and messages are at three levels:

1. Care Connect valuing diversity
2. Care Connect providing an GLBTI-inclusive service across all service areas
3. Care Connect providing GLBTI-specific services (in some areas).

Care Connect is active in commenting on issues relevant to GLBTI people and community care and is often sought by media for comment. This is important to show that Care Connect stands with the GLBTI community and does not just provide services to them.

A postcard promoting Care Connect as GLBTI-inclusive has been developed and is distributed at GLBTI community events including Midsumma and ChillOUT. In Queensland, where the organisation received GLBTI-specific aged care packages, a range of additional promotional materials have been produced, including factsheets, banners and promotional giveaways. These will be made available in Victoria over the next 6-12 months.

All staff at Care Connect undertake an online corporate orientation module that includes a section on GLBTI issues. This ensures that all staff know that Care Connect provides an inclusive service to GLBTI people and that the GLBTI community is a priority community for the organisation. This module also further educates staff with basic terminology and background. Care Connect is in the process of completing a GLBTI training program that all staff at Care Connect will undertake.

Assessment tools and client management databases have been adapted to capture:

- gender categories – male, female, other (specify)
- sexual orientation (specify)
- relationship Status (specify)
- preferred Name.

Standard 2: Consumer consultation

Feedback from GLBTI people was sought from two GLBTI events: the Midsumma and the ChillOUT festivals 2013. Participants were provided with an opportunity to participate in a consumer survey. Eighty seven surveys were completed with findings as follows:

- When choosing a community care provider, the majority will choose a provider based on how GLBTI inclusive they are.
- With community care providers, it is important that sexuality, sex and identity issues are recognised and included in the organisation's equity, diversity and anti-discrimination policies and procedure.
- When seeking information about a community care provider, the majority of people will look at the organisation's website.

Many of the people who completed the survey:

- a) requested to be added to the Care Connect mailing list to receive regular information on Care Connect
- b) requested for Care Connect to contact the individual to discuss how Care Connect can assist them.

Care Connect's approach to consumer consultation has been to work alongside GLBTI people and communities on a range of joint initiatives. Through this the organisation has been able to learn about the needs of GLBTI consumers and build trust and confidence. Care Connect has been part of the LGBT Ageing Action Group in Brisbane for over five years, contributing to social events for LGBT seniors and developing a range of services and policy submissions. Care Connect also facilitates LGBTI human service/ community care inter-agencies networks in Brisbane and Sydney.

From Care Connect's involvement in the LGBT Ageing Group, the organisation identified the need for GLBTI-specific aged care packages, and working with local partner Healthy Communities, developed an

application for funding, which was successful. Part of the partnership between Care Connect and Healthy Communities has involved the development of a Memorandum of Understanding (MOU) outlining how the organisations will work together. An MOU has now also been developed between Care Connect and ACON in NSW.

Care Connect has also been an active member of the National LGBTI Health Alliance, including being on the LGBTI Ageing and Aged Care Working Group. Care Connect represented Leading Aged Services Australia on the Department of Health and Ageing steering committee for the development of the National LGBTI Ageing and Aged Care Strategy.

Care Connect has a Consumer Voice Committee made up of current/past consumers and carers. The role of the Committee is to provide feedback and input into organisational projects, policies, procedures and information. The Consumer Voice Committee has taken an active interest in GLBTI issues and is seeking a GLBTI person to join the committee. A wider Consumer Participation Register is being established, which will include GLBTI consumers.

Consumer feedback questionnaires are provided regularly to consumers and at key points in the care pathway. A review of the content of these questionnaires has been undertaken and recommendations about being more GLBTI inclusive (e.g. asking sexual orientation of respondents) have been made. A consumer survey has also been developed to gather information from the wider GLBTI community on how Care Connect can be more GLBTI inclusive. This survey is conducted at all GLBTI events the organisation attends including MidSumma and ChillOUT.

As part of the organisation's approach to practice through the service model, **My Life, My Choice, My Way™** Client Advisers conduct regular reviews of the needs and goals of clients. A range of tools are used to help the client identify the type of care they want to receive and how that care will support them in achieving their goals. This may include continuing connection to the GLBTI community, including GLBTI media, attendance at events or accessing services that are GLBTI-inclusive. These reviews will often include the wider care network of the client, including partner and/or carers.

As Care Connect was awarded the first GLBTI-specific aged care packages in Australia, the organisation has a commitment to evaluating the development and delivery of the packages so that Care Connect and other care providers can learn from the experience. An evaluation framework is currently in development.

Standard 3: Cultural safety

The aim of Care Connect is to provide a safe environment for all staff and clients. All staff at Care Connect, including the Executive Management Group and management have received training on Equal Opportunity and discrimination. The organisation has a very clear policy and procedure on Equal Opportunity.

The organisation also has a risk register that captures details that relate to service provision for all clients. The register outlined four potential areas of risk that Care Connect would need to address and the ways in which those risks could be minimised to ensure the successful implementation of the project. An example of an identified risk is where the required changes would need to be done at a National level, even though the project is local. This could cause delay in timeframes. This feedback mechanism has the capacity to capture any breach in client cultural safety in a timely manner and ensuring that actions are taken to resolve the breach and prevent future cultural safety breach for staff and clients who identify as GLBTI.

Care Connect's Welcome Booklet has an Advocacy and Support section that includes information on advocacy, offering feedback, complaints resolution and privacy and confidentiality. This is discussed with clients when they are first engaged in a program and at every review. Any staff breaches of the cultural safety of GLBTI clients or staff will be reviewed and actioned by the HR and Quality departments.

Standard 4: Disclosure and documentation

Care Connect's overall approach to disclosure and documentation is guided by the organisation's Client Privacy and Confidentiality Procedure. This procedure states that information should only be collected where relevant to the care of the individual and only shared with those within the service who have a need to know. Information should only be disclosed to third parties with the client's consent. This is important as Care Connect uses a brokerage model, purchasing a variety of services for clients from a variety of providers. Clients are provided with a written statement about how Care Connect deals with privacy and within this the contact details of the Privacy Office are provided.

With the GLBTI individual's permission, where appropriate Care Connect will ensure that in-home carers are fully briefed about GLBTI seniors' sexuality, sex or gender identity. Permission to do this must be explicitly given by the individual. Whilst it is in the best interests of the individual to allow Care Connect to pass this information to service providers, (so that they can be matched and briefed on the needs of the client), it is always the individual's decision as to whether this disclosure can happen.

This work will be developed further to create a uniform approach across all service types in the organisation.

While Care Connect's forms can capture GLBTI identity and partnership status, this is of little use unless staff know how to raise the issue or ask the question. GLBTI training has been provided to those staff who are providing GLBTI specific services. An online training module is being developed for all staff which will include suggestions for how to create an environment where it is safe to ask about and disclose GLBTI identity. This includes using open-ended questions and gender-neutral language when initially inquiring about a client.

Privacy and confidentiality are discussed with clients when they are first admitted onto a program, at every review or when their service needs change.

Standard 5: Professional development

A staff survey was conducted across all Victorian Client Services teams. Staff were provided with information on the project and asked to complete the confidential survey via the Survey Monkey online tool. Fifty-three staff (which equates to 79%) completed the survey.

Overall, staff were supportive about the project and scored important or extremely important for most of the questions. Some of the additional comments were that:

- *some staff may not feel comfortable due to background/cultural or religious reasons*
- *are GLBTI people different to others? Shouldn't they be treated the same?*

This highlighted the need for a GLBTI learning and development strategy.

A draft GLBTI Learning & Development Strategy has been developed to ensure staff receive appropriate professional development in relation to GLBTI issues. The first level is 'GLBTI Aware' where staff are educated about GLBTI people and communities, their needs and differences. This is achieved through an online corporate orientation module that all staff at Care Connect complete.

The second level is 'GLBTI Friendly' where staff and key support functions (e.g. Marketing) are able to treat GLBTI people with respect and dignity and meet their individual needs using Care Connect's service model **My Life, My Choice, My Way™**. This will be achieved through an online training module currently being developed. Initially, this would be delivered to existing staff teams face-to-face, with new staff completing this module online.

The third level is 'GLBTI Inclusive' where senior management ensure that all of the organisation's policies and processes are GLBTI-inclusive (see Standard six: organisational capacity). GLBTI training has already been provided to the senior management team with extensive discussion at Board level.

The fourth level is 'GLBTI Specific' where staff already working on GLBTI specific services are trained to a higher degree of skills and knowledge. This training is to be provided by the local GLBTI organisation (e.g. Gay & Lesbian Health Victoria). In addition to training, staff providing specific services would be expected to keep up to date with developments in GLBTI community care and undertake other professional development activities, including GLBTI specific team meetings/debriefings.

A 'GLBTI Information Page' has been established on Care Connect's intranet, that provides a wide range of information at the national and state level. Documents include practice guides, research reports, strategy, policy, information for consumers and links to GLBTI services and networks. The page is kept up to date by the National GLBTI Portfolio Officer. Local GLBTI service directories have also been produced for each state.

Care Connect is a member of the National LGBTI Health Alliance, is involved in local GLBTI networks at the state level and has formal MOUs with GLBTI organisations. The organisation also facilitates GLBTI human service/community care inter-agencies meetings in Brisbane and Sydney. This enables Care Connect to keep up to date with current trends in GLBTI service provision. All teams have staff with a portfolio lead on GLBTI issues and at a national level we have a dedicated National LGBTI Portfolio Officer.

Standard 6: Organisational capacity

Care Connect has made an organisational commitment to GLBTI people and is following this through with a range of organisational capacity developments. Valuing diversity is a core principle in the organisation's Strategic Plan. Care Connect has developed a specific LGBTI Charter of Inclusion which details the organisation's commitment to GLBTI people and approach to service provision and social justice. The organisation reports on GLBTI-related activities in its Annual Report.

GLBTI has been identified as a key focus area in Care Connect's Victorian Client Services Diversity Plan. A staff member from each team has been allocated the GLBTI portfolio. The GLBTI portfolio holders will develop an operational work plan to meet their 12 month goals.

A significant amount of staff capacity is dedicated to GLBTI issues. In Victoria a Client Service Manager has participated in the How² Create a GLBTI-inclusive service program and other Victorian office staff have a lead responsibility for GLBTI issues. Care Connect's National GLBTI Portfolio Officer is charged with taking best practice from the organisation's local sites together with best practice in the external environment to develop a standard national approach to GLBTI issues across the organisation. In Queensland GLBTI staff have been recruited to deliver GLBTI-specific services as part of a wider care team and a Client Service Manager represents Care Connect on the National LGBTI Health Alliance's Ageing & Aged Care Working Group. Care Connect's Consumer Voice Committee is looking to recruit a GLBTI member.

Further development is required for the service providers that Care Connect partners with. As the organisation uses a brokerage model, care is provided by a range of service providers. Care Connect has a responsibility to ensure that care workers are matched to the needs of GLBTI clients and are appropriately briefed. The organisation is investigating how support can be provided to service providers so that they become GLBTI-inclusive and ensure a minimum level of quality.

Outcomes

There have been a few challenges with this project. The project initially started as a pilot program for the North West Metropolitan Region. Halfway through the project, it was decided that it would also be rolled out in the Eastern and Southern Metropolitan Region. This meant that Care Connect then needed to review the program logic and risk register to ensure that it captured rolling out the project throughout the Melbourne Metropolitan Region and not just the North West Metropolitan Region. The staff survey needed to be repeated to include staff working in the South East Metropolitan Regions.

Being a national organisation that strives for consistency across all offices, regions and states means that any requirements identified (e.g. staff training, changes to documentation, marketing materials) need to be agreed upon and delivered at a national level. This has resulted in delays in identified changes.

Care Connect has made significant progress at both national and local levels when it comes to providing services that are both GLBTI-inclusive and specific. As the project has only recently begun in Victoria the journey to create GLBTI-inclusive services needs more development.

The next 12-18 months will set the foundation for this exciting phase.

There have been several milestones:

1. commitment from Care Connect staff at all levels to assist in the organisation becoming GLBTI-inclusive
2. the recruitment of a dedicated National GLBTI Portfolio Officer
3. the willingness from staff and the number of expressions of interest received for the GLBTI portfolio holders
4. being part of MidSumma and ChillOUT, with positive responses and consumer feedback
5. making changes to Care Connect's client information booklets, assessment and planning tools to ensure that they are GLBTI-inclusive
6. the development of draft GLBTI cultural training that will be rolled out to all staff and the Consumer Voice Committee over the next 12 months.

Even though the How² Create a GLBTI-inclusive service program has come to an end, Care Connect is still committed and passionate about continuing the work it is doing as part of this project. Care Connect is excited about what the next 12 to 18 months will bring for the organisation and the GLBTI community in developing inclusive services to this community. Care Connect's hopes that at the end of the 12 to 18 month period it will receive the Rainbow Tick accreditation.



Are you, your partner or family requiring support to live independently at home and in the community?





City of Casey Community Care Services, Melbourne

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Located in Melbourne's south-eastern suburbs, the City of Casey covers a diverse geographic region geographic coverage. From the foothills of the Dandenong Ranges to highly productive farmland area, the City of Casey also has coastal villages, residential and commercial centres with rapidly developing suburbs. Being one of Victoria's most populous municipalities, the City of Casey's Community Care Services have identified an increasing need to meet the demand of current service user expectations, as well as working towards what prospective future users may identify as an inclusive, accessible service.

The City of Casey aims to provide a distinct and diverse environment, where people can enjoy a secure and quality lifestyle, cultural and economic opportunities and a sense of community. The Community Care Department's service mission is to provide unified services that offer choice, support independence and respect people, their families and communities.

Community Care provides a comprehensive range of home and community based services aimed at supporting and maintaining independence and building on the capacity and aspirations within home and community environments. Services include those under the Home and Community Care (HACC) program, for eligible older frail residents and people with a disability and their carers.

In 2010 the Victorian Department of Health developed a diversity framework for HACC services. The framework focuses on five special needs groups and different characteristics within each of the groups, these are:

1. People from Aboriginal and Torres Strait Islander (ATSI) background
2. People from culturally and linguistically diverse (CALD) background
3. People with dementia

4. People living in rural and remote areas
5. People experiencing financial disadvantage

The different characteristics within and across these groups include age, gender, sexual orientation and gender identity, and socio-economic status. As a result, sexual orientation and gender identity needs to be considered in diversity planning for HACC services. In response, the Community Care program took up the opportunity to be involved in the How² program. Participating in the How² program has enabled us to consider how GLBTI inclusive our service was – from the perspective of the client's journey.

Aims of the Project

The aim of participating in the How² program was to assist the Community Care team to become inclusive of GLBTI clients. A particular focus was to develop knowledge, skills and resources to be able to create an appropriate training package for staff in this service.

The first step in the project involved conducting a needs analysis. A needs analysis was conducted using a variety of methods. This included an organisational audit against the National Standards for GLBTI inclusive practice, a staff survey and staff consultation.

The audit was conducted by the project facilitator in consultation with the HACC Diversity Reference Group and provided a useful summary of the organisation's current situation..

To assist in engaging organisational support for the project, broad consultation was sought at a Community Care Department meeting; where staff and volunteers were asked about key strategies and actions Council could focus on to create a GLBTI inclusive service.

To provide support for the project, the project facilitator reported to an internal reference group, established to support the implementation of our diversity plan. A number of other staff, including Direct Care Workers, have since requested to join this group to support the development of GLBTI inclusive practice.

Standard 1: Access and intake

The audit identified that, in terms of creating a welcoming environment for GLBTI clients, there were no visual prompts that existed within our service provision that would communicate a message of welcome to GLBTI clients. The audit also highlighted that intake staff do not routinely collect information about sexual orientation or gender identity. There are currently no processes for gathering this data and there is no capacity within the existing assessment tools mandated to enable this to be gathered and stored.

To send a message of welcome to GLBTI clients we will review the language in all organisational documents to ensure it is GLBTI inclusive. We will also post information about our work towards GLBTI inclusive practice on our website and review all our images to ensure they are also inclusive. To address the gaps relating to assessment we will provide training for intake staff that includes information on how to conduct a GLBTI inclusive assessment – using the existing templates.

The How² program highlighted the importance of ensuring that staff education about GLBTI inclusive practice is provided alongside strategies to promote our service to GLBTI clients. In particular, that staff are aware that even though they are not directly asking about sexual orientation or gender identity – GLBTI clients who are aware of this project may assume that staff will be welcoming if they disclose.

Standard 2: Consumer consultation

The Community Care department have feedback mechanisms for clients, including: feedback forms, an annual survey, direct care worker feedback and consultation forums that encourage individuals to express their thoughts and ideas about the service they receive. While extensive client consultation has occurred over the past two years within the Community Care Department, there has not been any direct feedback received in relation to accessibility or responsiveness of the service for GLBTI people.

To a large degree, the needs of GLBTI people living in within the City of Casey are unknown. Community Care is committed to ensuring our service is accessible and responsive for all eligible residents. To ensure consultation with GLBTI people, the soon to be established HACC reference user group will seek representation from GLBTI people by seeking expressions of interest through our Community Care newsletter. We will also investigate the option of including GLBTI specific questions in future consumer experience surveys which may encourage feedback from GLBTI clients.

Standard 3: Cultural safety

The GLBTI inclusive practice audit identified that there are currently no strategies to review the cultural safety of GLBTI clients. Given the traditionally conservative nature of this local government area, it is important to have a risk register that identifies potential risks and strategies developed to minimise such risks. Such risks could include for example, that we promote our service as GLBTI inclusive and a client discloses their sexual orientation to a staff member who doesn't know how to respond appropriately. Another risk may be that a staff member is exposed to homophobic or transphobic remarks from colleagues or the community about our strategies to become more GLBTI inclusive.

To address this gap, the project facilitator will develop a register of the potential risks and strategies to minimise them, which will be included in staff training and awareness programs.

A comprehensive training package and staff support is required to ensure that the organisation is GLBTI inclusive and that the cultural safety of GLBTI clients is ensured. To assist in achieving this, staff supervision will need to occur on a regular basis, together with a detailed training plan and access to personal support services for staff and volunteers if required.

Standard 4: Disclosure and documentation

The audit clarified that the organisation currently has no processes for guiding staff on how to respond to GLBTI clients, nor how to document sexual orientation or gender identity. To address this gap, the training package for staff will address strategies for data collection and consent, interviewing, disclosure and documentation. In conjunction with the training package, a strategy will be developed to guide staff responses to disclosure about sexual orientation and gender identity.

Standard 5: Professional development

A staff survey was conducted within Community Care so that we could get a sense of staff knowledge, confidence and comfort relating to GLBTI inclusive practice. The survey was then expanded to all of Community Services. The survey tool, developed by Gay and Lesbian Health Victoria was slightly amended and provided a multiple choice question, asking staff how they felt about our service becoming more GLBTI inclusive.

The following responses were received:

- 60% responded: I think it is important that our service is more GLBTI inclusive;
- 33% responded: We already 'do' GLBTI inclusive practice (we treat everyone the same);
- 2% responded: I don't think it's appropriate for our service to be working towards becoming more GLBTI inclusive; and
- 5% did not answer the question.

The survey asked staff to rate their level of knowledge about the needs of GLBTI clients using a five point scale with the following response:

- Very low: 6.35%
- Low: 17.46%
- Moderate: 38.10%
- High: 27%
- Very high: 9.51%
- Unanswered – 1.58%

It is interesting to note that these relatively high levels do not appear to translate to similar levels of confidence. In response to the survey question about confidence providing services to GLBTI clients, staff reported their confidence levels were:

- Very low: 1.58%
- Low: 4.76%
- Moderate: 23.81%
- High: 38.10%
- Very high: 31.75%

However, when asked about their level of comfort providing services to GLBTI clients, staff appeared to be more comfortable than confident as shown in the following responses:

- Very low: 0%
- Low: 1.58%
- Moderate: 14.29%
- High: 39.68%
- Very high: 44.45%

To help understand what some of these measures mean, space was provided for staff to make comments. Some of the comments included:

"Working with the HACC diversity planning group it gives us a huge opportunity to propose new changes towards the implementation of new methods in making the GLBTI group more inclusive in the community"

"All clients should be treated equally irrespective of age, race, gender or sexual orientation"

"Why isn't it HGLBTI? If we are serious about equality then surely we should include heterosexual. I don't think that sexual preference should be queried unless heterosexuality is included in the options; otherwise it infers that heterosexuality is the 'norm' and the rest is abnormal"

“This is an important initiative that will result in both a more client centred service and inclusive workplace.”

The survey indicated a fairly high level of staff knowledge and comfort, but relatively lower levels of confidence relating to GLBTI inclusive practice. As the project progresses and education is provided, the project facilitator will have an opportunity to determine the extent to which staff understand what GLBTI inclusive practice is – particularly given the belief among some staff that GLBTI people are no different to other clients. While a positive staff attitude is a key consideration, without the practices and systemic support, change is not possible.

We acknowledge that professional development on its own is not sufficient to sustain change in this area. A systemic approach is required where policies and procedures are endorsed by management. Upon developing a training package, content will be sought from peak bodies in the sector, including guest speakers to assist with presentations as required.

Future education will also focus on the importance of consistency in staff approach to GLBTI inclusive practice – and will target staff and volunteer recruitment and induction programs.

Education partnership opportunities with other local councils such as Stonnington, Darebin and Knox are being explored. The How² program has assisted in making connections with other agencies and organisations who have implemented such training in previous times. While these local councils have different demographics to the City of Casey, knowledge and experience of council staff can be used in developing a Community Care GLBTI inclusive training package.

Standard 6: Organisational capacity

The staff induction program, as outlined in the staff manual, includes information on equal opportunity, bullying and harassment, and information on client rights and responsibilities. Staff must work according to the City of Casey’s values and policies such as the staff Code of Conduct, Equal Employment Opportunity Policy and Access and Inclusion Policy.

This project also provides opportunity to influence future council direction in regards to the corporate staff training calendar, council’s Access and Inclusion Policy and future staff induction content.

A key action for 2013 is to document and implement a GLBTI inclusive services action plan, with one task being the delivery of a Community Care staff training package. This will be initially for all Community Care staff – management, office based staff and Direct Care Workers, with the hope this can be extended to Community Services staff and volunteers. The GLBTI inclusive services action plan, once accepted and adopted by management, will propose further strategies to implement and explore following the delivery of staff training.

The organisational audit will be repeated on an annual basis to monitor our progress towards becoming GLBTI inclusive. We also hope that this will assist us to work towards achieving the Rainbow Tick accreditation in the future.

The momentum of the project will be supported by the HACC Diversity Plan reference group and by GLBTI champions within the organisation who continue to step forward to work to educate and provide opportunities for staff to learn more about GLBTI inclusive practice.

Outcomes:

As a result of Community Care's participation in the How² course, staff from other areas within Community Services have initiated contact with the project facilitator, with the view of working together to develop GLBTI inclusive services across the division. We have begun to analyse and implement the lessons learnt from the self-audit and staff surveys. This has enabled us to identify areas of improvement and to develop an action plan accordingly.

Working with Gay and Lesbian Health Victoria has been fantastic. There is so much to do, however recognising that it takes time, commitment, resources and the right environment in which to roll it out, is setting the City of Casey up for a successful outcome.



Knox City Council – Youth Services

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The City of Knox is located in Melbourne's outer eastern suburbs, approximately 25 kilometres from Melbourne's CBD. Knox is one of the most populous municipalities in Victoria covering an area of 114 square kilometres with 154,000 people residing in 11 suburbs, including: Bayswater, Boronia, Ferntree Gully, Upper Ferntree Gully, Lysterfield, Knoxfield, The Basin, Rowville, Scoresby, Wantirna and Wantirna South.

Knox residents are proud of their city's leafy green image. They are protective of the nearby foothills and other special places of biological significance. It is a community concerned for the welfare of others with residents from 130 different countries speaking more than 54 different languages.

The City of Knox is a diverse municipality with a range of services and agencies for young people. There are approximately 36,300 young people aged between 10 to 25 years living in the City of Knox. Knox Youth Services (KYS) acknowledges and celebrates the diversity of young people in Knox as well as supporting young people who are experiencing disadvantage and challenges. The primary target group of the programs, services, advice and support provided by Council's Youth Services team are those young people who live, work, study or recreate within the municipality.

KYS prides itself on working within a strong youth participation framework and maintaining strong links with the community. Young people in Knox have a diverse range of interests, aspirations and needs. KYS gains an understanding of these through its interactions and consultations with young people and their families, when delivering individual support, and the many varied community and school programs.

At the same time, KYS recognises that young people can experience challenges and face many complex issues in their lives. Young people who still face significant issues and barriers within the community are same sex attracted and gender diverse (SSAGD) young people.

Over the past 13 years, KYS has provided support programs, as well as individual support, counselling and advocacy aimed at meeting the needs of SSAGD young people. In addition, KYS has been involved in specific SSAGD projects and networks, including:

- *Purple Bus Magazine: 10 issue magazine for SSAGD young people by SSAGD young people.*

- *SEA Network (Same sex attracted & transgender Eastern Action Network): made up of Schools, Youth Specific agencies, community health and local government organisations to advocate for the needs of SSAGD young people within the Eastern Region.*

This has been achieved by employing experienced, knowledgeable and supportive youth workers who understand the needs of this group, as well as specifically setting realistic worker time to network with schools and organisations and promote the programs to young people.

In 2008, after trialling different types of SSAGD support programs KYS established a support program for 14-18 year old young people who may identify as same sex attracted, gay, lesbian, bisexual, transgender, queer or questioning their sexuality / gender identity. The group is known as: Free 2 be me Knox (see poster below). KYS also provides individual support and counselling for young people aged between 10 – 25 years and support for families, friends and other support people in young people's lives.



The support group is based on a youth participation model, that strengthens social connections and support networks, and build skills for young people to advocate and actively participate in the local Knox community, as well as the broader community. The young people involved in the program focus on:

1. asset building; e.g. identifying their own supports – family, community and peers; meaningful adult / peer role models; positive peer influences;
2. fostering healthy relationships;
3. navigating resources within the local community but also the wider SSAGD community;
4. safety – including personal safety, sexual health, drugs and alcohol, understanding sexuality/ gender identity;
5. building resilience;
6. building social connections; and
7. goal setting.

Recent research findings on the health and wellbeing of SSAGD young people documented in the Writing Themselves in 3 (WTI3) report informed the development of programs at KYS. The WTI3 report included a number of recommendations that are particularly relevant to KYS:

1. Incorporate an understanding of the needs of SSAGD young people, and their considerable skills and experience.
2. Assist education institutions to show leadership in the area of addressing homophobia in schools, by allocating resources and developing policies to support SSAGD students.
3. Ensure those people in schools / community who offer individual support/counselling are adequately trained to work with SSAGD young people in a supportive, non-judgemental and constructive manner.
4. Incorporate material inclusive of SSAGD young people into schools sexuality education, and do not make judgements of young people's sexual behaviours based on identity.
5. Support health services to provide training in SSAGD sensitive service delivery and in designing and creating a welcoming and inclusive service.

To assist in implementing these recommendations, a KYS staff member participated in the How2 program facilitated by Gay & Lesbian Health Victoria (GLHV). As KYS has a commitment to continued service improvement and excellence, it was seen to be an opportunity to ensure that our service is an accessible and welcoming service for all SSAGD young people and those who support them.

Aim of the Project

The aim for KYS's participation in the How² program is to: Enhance Knox Youth Services through support & advocacy for SSAGD young people within the City of Knox.

Project processes

From the outset of participating in the How² program, a reference group was established consisting of the: Youth Services Coordinator; School Focused Youth Services Coordinator; Youth Participation and Policy Worker and the; and Team Leader / Youth Development Worker – Groups.

The key steps the reference group determined the project would take were to:

1. inform KYS staff, volunteers and placement students about the How² program and how KYS would be involved;
2. seek input from KYS staff, volunteers and students about their knowledge and experience of working with SSAGD young people through an online staff survey;
3. consult with young people and the community about their experiences and needs from the service; and
4. develop and implement a strategy (including a program logic and risk register) that will be embedded into the team/organisational policies, procedures and practices over the next three years.

The program logic model (see Appendix "A") was developed by the Youth Participation and Policy worker and reviewed by the reference group. The program logic model has provided the opportunity to develop a shared understanding for KYS about the activities that will be undertaken over the next 2 – 3 years.

The first stage of the project for KYS was to inform staff, volunteers and students of our participation in the How² program and what our aim would be for KYS. Once KYS staff were informed about the project and that the Team Leader / Youth Development Worker – Groups would be participating, they were invited to complete an anonymous online survey, which is described in the standard on professional development. Overall the feedback from staff, volunteers and placement students has highlighted further opportunities to celebrate the work we have done and are doing, but also the importance for future professional development for staff to achieve whole team inclusive practice. Concurrently with the staff survey, the reference group completed an audit of KYS against the Standards for GLBTI inclusive practice developed by GLHV.

Progress against the GLBTI inclusive practice standards

Standard 1: Access and intake

KYS sends a message of welcome to SSAGD young people with rainbow 'pride' stickers located in every office within Youth Services. In our reception area there are brochures and fliers available about our services. KYS also has a Youth Information Centre (YIC) that is located within the Westfield Knox Ozone Shopping complex. Within the YIC and the Youth Health Clinic (facilitated by Knox Community Health Service), SSAGD posters, rainbow stickers, fliers, purple bus magazines, PFLAG, GLTBI community newspapers and other information and resources are provided.

Young people who access the support programs are also able to access and borrow SSAGD themed novels, DVD's and magazines (all reading material and DVD's are age and content appropriate to the young people accessing the programs).

As KYS has been an active member of SEA (now known as the Eastern Region SSAGD alliance) and Rainbow Network Victoria. We have been able to access a wide range of information on services, programs and events available for SSAGD young people, their families and friends.

In 2013, KYS will repeat the service audit and the Team Leader / Youth Development Worker-Groups will provide a half day training for KYS staff, students and volunteers to ensure everyone is aware of SSAGD specific services, professional development and support that is available to SSAGD young people, their families and friends. Seven KYS staff will be attending the 'Same Sex Parented Families Guidelines Training' through the Bouverie Centre in March 2013.

Standard 2: Consumer consultation

The audit revealed that while KYS has been working with SSAGD youth there has been no formal process for consulting young people about how to improve our service to meet their needs.

To address this gap, an online survey and group discussions were established for participants of KYS's SSAGD programs and more broadly young people across the municipality. The survey was promoted through KYS's Facebook page, young people's databases, Youth Service Providers Network (YPSN) and young people currently attending the supporting groups facilitated by KYS. The survey was available to

young people for a three week period. Through online and group discussions, a total of 65 young people provided feedback to KYS. The following questions were asked:

1. What do you think are the issues for SSAGD young people within Knox?
2. How could KYS address these issues and needs?
3. What is awesome about being SSAGD in Knox?

The feedback from SSAGD young people was valuable. Some of the responses to the first question regarding young people's perceptions of issues included:

"More inclusive spaces."

"Not enough organised, friendly, mature events for LGBT people in their late teens or early 20s."

"Bullying and intolerance."

"Lack of acceptance making it difficult to be yourself."

"Finding people in the same situation in Knox, having a group that can do activities and support for LGBT young people 12-25."

This feedback was provided to the Reference Group and it was agreed that the consumer consultation reinforced the importance of our participation in the How² program to improve the cultural safety of our service.

The second question invited participants to identify how KYS could address the needs that they had identified in question one. Some responses included:

"Making it more aware that it is normal to be gay and maybe put more posters up around Knox."

Have more organised events or discussions. There's not much you can do about prejudice

I think by creating more awareness in the community through activities and information days would help immensely."

"I think we need to have young people talking to young people more. Not only having places for individuals who are Bi, or gay, but for individuals who are friends of those people. Especially for the ones who may not be as understanding to their friend being attracted to someone of the same gender. An opportunity that allows people to see the reality of the situation, rather than the perceived social stigma."

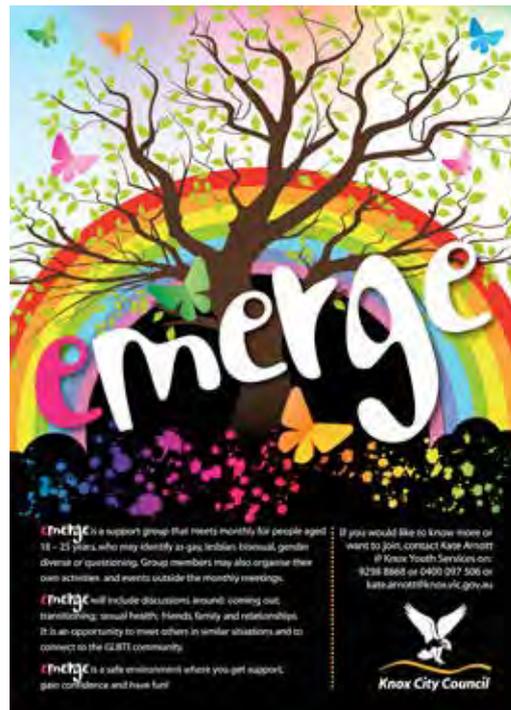
"Incorporate diversity training in all general KYS programs such as young leaders, mums groups, Green foot Flicks, etc."

The final question invited participants to identify what they thought was awesome about being SSAGD in Knox. The reason for asking this question was to encourage young people to celebrate and value same sex attraction and gender diversity. Some of the responses included:

"I'm personally not same sex attracted, but for me, the thing that's most awesome is watching my friends who are gay, come out and just say "HELLO THIS IS ME!" Nothing is more awesome than someone truly being themselves, and then being accepted by those around them. ACCEPTANCE IS AWESOME."

"It's just a normal part of life no different from anyone else!"

Through the consultations with young people, KYS were able to identify the need for a support group for SSAGD young people between 18 – 25 years. In August 2012, a monthly support program was established for SSAGD young people aged 18 – 25 years, this program is known as 'EMERGE' (see poster below).



In 2013, KYS will continue to consult with this age group to further develop this program. KYS will also continue to be part of local and state-wide networks, which support and advocate for the needs of SSAGD young people.

Standard 3: Cultural safety

The GLBTI inclusive practice audit highlighted the opportunity to establish a risk management plan for the project. As the aims of the project are to look at opportunities to improve our service, the reference group felt it was important for the first stage of this project to establish a risk management plan that would support the key worker who was working on it. Some of the key risks identified and strategies for their minimisation are shown in the table below.

No	Potential risk	Risk minimization strategy
1	That GLBTI inclusive practice is not embedded into Youth Services systems and the work ceases when the project coordinator leaves.	Internal Reference Group kept up to date with project progress; Project documentation recorded and folder stored in G:Drive. Youth Services has taken on the project; Team ownership; Staff will be trained in SSAGD inclusive practice Embed the project into the Youth Development Worker – groups role (PDR)
2	GLBTI inclusive practice project doesn't consume the champions entire workload	Coordinator to supervise Champion workload. Internal Reference Group Ensuring Champion has and processes in place to ensure the workload of the project doesn't take over, from whole role.
3	Youth Services has GLBTI inclusive assessment and intake processes that invites GLBTI clients to disclose, but Youth Services is not GLBTI inclusive as a whole.	Review of GLBTI inclusive practice across all of Knox Youth Services
4	That Youth Services promotes itself as GLBTI inclusive and SSAGD clients disclose their sexual orientation and gender identity when it is not safe to do so.	Set up the clear expectations of all group programs and / or Counselling / Individual support sessions. Clear boundaries and guidelines within the groups.

The risk management plan will be incorporated into the KYS staff training and manual, as well as being reviewed during the 2 year project annually.

Standard 4: Disclosure and documentation

In the review of the service audit the reference group identified that there are no explicit assessment questions about sexual orientation or gender identity. While there were no explicit questions, a number of SSAGD people disclosed to staff or were referred to the Youth Development Worker – Groups to be involved in one of the SSAGD support programs. The reference group identified a need for a centralised intake form which included a young person's sexual orientation and gender identify. Plans are currently being made to ensure that responses to disclosure and documentation are addressed in staff training. In addition, a SSAGD policy and procedure document will be developed for KYS to provide further guidance for staff.

Standard 5: Professional development

To inform strategies for professional development, KYS staff were invited to complete a confidential online survey. The survey was adapted by the reference group from the survey tool developed by GLHV. All staff, volunteers and students participated in completing the survey. The aim of the survey was to determine the needs of staff within the KYS team, particularly regarding supporting and advocating on behalf of SSAGD young people. Participants were asked how they felt about the service becoming SSAGD inclusive as well as the following questions:

1. How would you rate your knowledge about the needs of SSADG young people?
2. How comfortable are you asking or talking to young people about their sexuality?
4. Do you feel you have the skills to provide SSAGD information/ workshops/ services/ support?
5. Are there areas you would like assistance in working with SSAGD young people when providing information, workshops, services or support?

The survey was completed by 11 staff (100%). Most staff (73%) noted that they thought “it was important that our service is SSAGD inclusive”. Respectively, 27% felt that “we already do SSAGD inclusive practice – we treat everyone the same”. The reference group felt that overall, the responses were positive about the willingness of those surveyed at KYS in regards to becoming a more SSAGD inclusive service.

The survey did highlight an area of improvement within KYS. The second question about knowledge of the needs for SSAGD young people came back with 73% of staff feeling they only have a moderate understanding about the issues facing SSAGD young people. Some people also provided comments:

“Although I acknowledge that I don't know everything and there would be some areas/ issues that I'm not as confident working with.”

“I feel our service does practice inclusiveness across most topics but in terms of knowing if ‘we’ all treat everyone the same I can't say!”

“I don't understand what it is like to be same sex attracted or appreciate how this impacts on a person. - Not sure if this can be workshopped!!”

Overall the feedback from staff, volunteers and placement students has highlighted further opportunities to celebrate the work we have done and are doing, but also the importance for future professional development for staff to achieve whole team GLBTI inclusive practice.

From the staff survey, it was identified that a specific training package should be developed for KYS staff. As well as a training package, a manual for all staff will also be established. The training session would assist KYS staff with understanding the needs and issues facing SSAGD young people, as well as providing staff with knowledge of:

1. current national research on SSAGD young people's health and wellbeing;
2. how to support and advocate for SSAGD young people;
3. tools and strategies for working with young people, families and/or own services/ organisations; and
4. program plans to deliver training to other groups of young people, services/ organisation and schools.

Currently (as of March 2013), the Youth Development Worker – Groups is developing the KYS staff training as well as sourcing other trainings KYS staff can attend. As previously stated, KYS staff will be attending the Bouverie Centre's Same Sex Parents Guidelines training. The Youth Development Worker – Groups continues to provide two same sex attracted and gender diverse support programs (Emerge meets monthly, but young people may organise their own activities outside the group, and Free 2 be me Knox will be embarking on a ten week support program starting in Term 2, 2013). KYS have also been invited to provide training sessions to other professionals (including Teachers, Youth Workers, Community Health Workers and family and friends of SSAGD young people), as well as secondary consultation.

Standard 6: Organisational capacity

The key strategy for developing the capacity of the KYS service was undertaking the GLBTI inclusive practice audit developed by GLHV. The audit enabled us to benchmark where we were at and will be repeated at the end of the year to check our progress. We hope to repeat the audit on an annual basis to continue checking our progress and identifying opportunities to improve our service.

Through the How² program and from hearing from KYS staff, volunteers and placement students, it became evident that the development of GLBTI inclusive services required ongoing commitment beyond the 12 month program. The development of a program logic model was key to planning this. The logic model enabled the organisation to check where it was at on a regular basis. The logic model also assisted us to clarify a shared understanding of the outcomes we expected to achieve, including:

1. GLBTI inclusive practice within KYS;
2. training/skill development implemented for Youth Services staff, volunteers and students regarding the health and wellbeing of SSAGD young people;
3. implementation of policies and procedures for supporting and advocacy SSAGD young people accessing KYS; and
4. community education initiatives investigated and an electronic resource developed outlining those initiatives.

Future actions will be to repeat the staff survey, as well as continued consultation with SSAGD young people, their families, friends, schools and other youth and community organisations.

Outcomes:

Participating in the How² program has been a valuable experience. As a service that has been heavily involved in supporting and advocating for SSAGD young people, as well as giving advice and training to schools and other organisations over many years, this program has allowed KYS to participate in further professional development beyond what is already available within the community (both locally and state-wide).

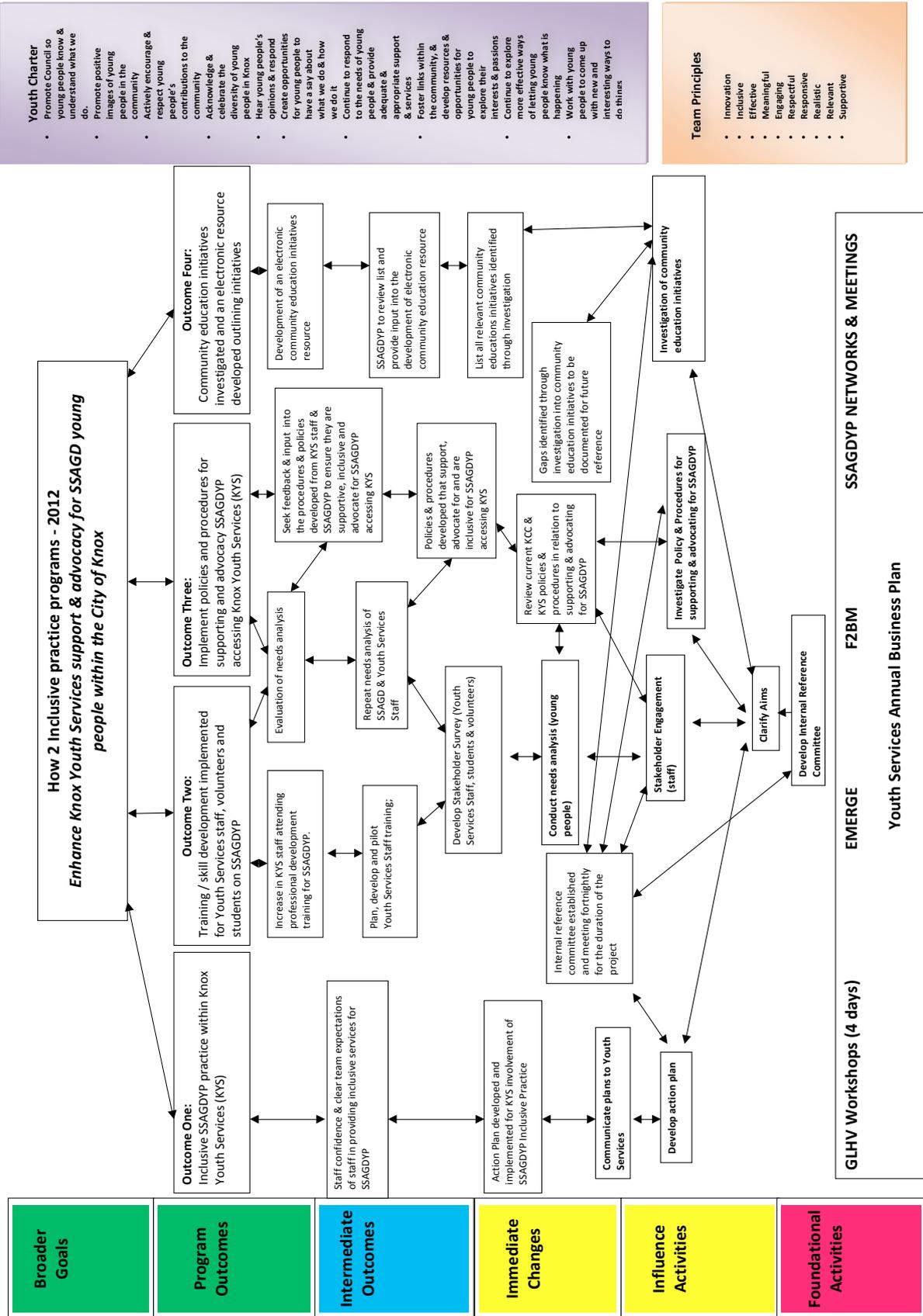
In 2013, the Youth Development Worker – Groups will be developing a manual and training package to deliver to all KYS staff, volunteers and placement students. It is important to acknowledge the achievements made on the project over the past 9 months:

1. KYS staff have requested access to professional development regarding the health and wellbeing of SSAGD young people;
2. increased discussion within team meetings and between workers about SSAGD young people; and
3. the establishment of a second support program for SSAGD young people aged between 18 – 25 years.

KYS encourages other youth specific agencies to participate in the How² program to assist their service to move beyond: 'treating everyone the same'.

Appendix "A"

KYS Program Logic Model



Western Region Health Centre

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The Western Region Health Centre Ltd. (WRHC) is a not-for-profit community health service committed to improving the health and well being of people who live and work in the western region of Melbourne by providing an accessible range of comprehensive, high quality and integrated health and welfare services. Services offered include community and allied health, medical, dental, counselling, community mental health, homelessness, drug and alcohol and health promotion services.

WRHC currently employs over 330 staff in a range of professional categories, operating from 19 sites, located across six local government areas of the Western & North Western Metropolitan Regions of Melbourne. These include the local government areas of Maribyrnong, Hobson's Bay, Brimbank, Melton, Wyndham and Hume - which are among the most disadvantaged local government areas in Victoria.

WRHC's vision is "To create healthy and connected communities in Melbourne's west through the delivery of high quality, accessible community and health services". Our work is underpinned by a human rights based approach, a strong historical focus on equity, non-discrimination and culturally responsive practice, with increasing attention to consumer-led service design and community engagement.

WRHC was made aware of a recent report focusing on experiences from same sex attracted young people in Melbourne's West (Roberts, Furneaux & Rice, 2011). Although not focusing explicitly on health, the report noted that most participants mentioned depression and mental health issues at some point during the research. Training for staff and organisations around gay, lesbian, bisexual, transgender, intersex and queer (GLBTIQ) health needs and appropriate service delivery was one recommendation made in the report.

WRHC's management team have shown a strong commitment to addressing the health and wellbeing needs of the GLBTIQ community, including the CEO and General Manager, Participation both of whom have previously held roles within GLBTIQ organisations.

As a major community health provider in the west, WRHC management believes it had an obligation to be GLBTIQ inclusive, and that to do so is consistent with our strategic commitment to prioritising vulnerable and marginalised groups and providing services where and when they are needed.

WRHC understands that there is a lack of GLBTIQ specialised services in the west, and therefore a gap in accessibility to appropriate health care for these communities, particularly for the transgender community. Members of the sex and gender diverse (SGD) community often find themselves alienated from both GLBTIQ-specific services *and* mainstream services as healthcare providers are often unfamiliar with the experiences of this community and can be both unsure of how to address general health needs, as well as those related specifically to sex and gender diversity.

As a starting point in addressing the health and wellbeing needs of GLBTIQ communities, WRHC invited participation from all interested staff to form a working group that would act as a 'think-tank' to promote and guide GLBTIQ inclusive practice throughout the organisation.

Expressions of interest to join the group were posted on WRHC's intranet newsletter and Yammer social networking site. From this, a core group of nine interested staff formed what would become the A2Z Working Group. The group includes a General Manager, three Program Managers, two Team Leaders, a Health Promotion Officer, the Zoe Belle Gender Centre (ZBGC) project worker, and a Support Worker. The group's name is in reference to the many sexual and gender identities which are often culturally identified through abbreviations, encompassing much of the alphabet.

In addition to the formation of the A2Z working group as described above, and some of its key activities to date described below, this period was also marked by WRHC entering into an MOU with the Zoe Belle Gender Centre (ZBGC) for the auspice of its HEY Consortium-funded Youth Suicide Prevention Project.

ZBGC is a centre to support and improve the health and wellbeing of Victoria's sex and gender diverse (SGD) population. This project is a state-wide initiative which aims to increase the quality of services offered by mainstream health providers to the sex and gender diverse community, and is being managed on behalf of the funding recipient - the ZBGC.

Aims Of The Project

The aim of the WRHC How² project is to develop and improve GLBTIQ inclusive practice at WRHC for staff, volunteers and clients, and to foster an environment of improved access and inclusivity for GLBTIQ people.

In working towards our aim, WRHC has identified the following objectives:

1. to increase staff's understanding of GLBTIQ related health issues;
2. to understand the current gaps in providing GLBTIQ inclusive service at WRHC;
3. to increase the capacity (knowledge and skills) of WRHC staff in addressing the health needs of GLBTIQ communities;
4. to support staff to develop/enhance confidence in working with GLBTIQ clients/communities/colleagues;
5. to enhance visibility and confidence for the GLBTIQ community to access our full range of services;
6. to identify and further develop partnership opportunities with relevant agencies and community members; and
7. to explore possible new service offerings to appropriate communities.

Project Process

It was timely that expressions of interest were sought for the GLHV How² program at the same time as WRHC's involvement with ZBGC and its commitment to addressing the health needs of the GLBTIQ communities through the A2Z Working Group.

Five WRHC staff members registered their participation in the How² program. These staff members were from across different program areas of the agency: the executive management team, health promotion, residential services, community mental health, and the auspiced ZBGC project. The decision to involve staff from across the agency and from different levels of management was made with the intent to pilot the project at a couple of sites, and then identify opportunities to recreate it at others. It also provides more sustainability for the project if staff members involved in the How² program move on from the organisation.

This project enables WRHC to identify and address inequities in health care for GLBTIQ people through investing in staff development, changes in policies, procedures and overall by ensuring that the WRHC culture is one where GLBTIQ clients feel safe and welcome to access services.

We developed our program logic to identify what we aimed to achieve and how we would get there, and a risk register to identify possible barriers and challenges. Although we had five staff members committed to attending the training, and nine staff involved in our working group, it became clear that in order to implement the learnings from the How² Program and successfully address the health and wellbeing needs of GLBTIQ communities across all of our 19 sites, the work would need to be led by a dedicated project worker. As this was beyond the current capacity of existing staff, an internal grant was sought to fund the project workers position. As a further indication of the commitment of the organisation to this project, the funding was approved. Ultimately the A2Z working group was successful in applying for a proportion of the resources it needed for this role (through the WRHC internal grants program), and at the time of writing, was in the process of engaging a respected and experienced consultant to lead the next phase of work with the Centre.

The role of the consultant will be to conduct an organisation-wide audit and develop an implementation, staff development, consultation and communication plan with practical strategies to improve GLBTIQ inclusive practice throughout WRHC.

Initially the plan for the project was to pilot it at our Youth Community Mental Health site and through one of our Community Mental Health programs, before being delivered at other sites. However, it has since been decided that it may be better to roll it out to the entire organisation.

Reasons for this include one of the risks we identified as clients assuming the whole of the organisation as being GLBTIQ inclusive, when perhaps only certain sites had taken part in the project. It was also something that the working group together with management just wanted to aim for – for the whole organisation, not just a few sites, to take part in the project and improve their GLBTIQ inclusive practice.

Progress Against The GLBTIQ Inclusive Practice Standards

At the time of writing this report, engagement of the consultant for GLBTIQ inclusive practice was underway, but their work had not yet commenced. This work presents a key opportunity to utilise our learnings from the How² program to develop a list of potential strategies related to each standard – as a tool to assist in the orientation of the consultant to WRHC and the project. The strategies are based on our general understandings of WRHC and existing policies, processes, systems, and gaps in such.

Standard 1: Access and intake processes

Although the formal audit has not been completed, it is clear from visual scans of WRHC sites that some programs/sites are further advanced in sending a message of welcome to GLBTIQ clients than others. Some programs display rainbow stickers, GLBTIQ welcoming posters, brochures and newspapers in open areas whilst others do not.

However, as documented in the risk register, it would be considered a risk if the service promotes itself as GLBTIQ inclusive while it's actually not ready for it, and could be counter-productive towards the process. This is also the case with GLBTIQ inclusive/welcoming statements in intake process, whereby some programs are further progressed with adopting new systems than others. As a result of participation in How², our Young Persons Community Mental Health program has included the following statement in its assessment form and Welcome Booklet:

“What you can expect from this program is a Gay, Lesbian, Bisexual, Transgender and Intersex friendly space, a space that embraces people from diverse cultural backgrounds and a service that recognises the indigenous people's [sic] of Australia.”

We have only had positive feedback from the young people regarding this inclusion, mainly from young people who identify GLBTIQ and have felt the statement has made them feel more comfortable using our service than others. Our Young Persons Community Mental Health program also conducted a piece of work where workers asked heterosexual men to come up with strategies on how to deliver GLBTIQ friendly messages within the service. This was expected to assist us to understand how to promote messages about inclusivity to all clients. The young men came up with a range of strategies and were enthusiastic about the work.

Some considerations regarding access and intake processes that may come from the project include:

1. a commitment to including GLBTIQ posters and/or information in common areas of every WRHC site;
2. training staff to ensure that GLBTIQ inclusive language is used with all client contact; including GLBTIQ inclusive practice within the proposed Concierge role that will be trialed within WRHC over the coming months. This is a role where a volunteer will welcome clients to the centre foyer and direct them or answer any questions they may have;
3. ensuring that GLBTIQ inclusive/welcoming statements are put onto the WRHC website and intranet;
4. a review of existing intake procedures and recommendations for ensuring questions and language are GLBTIQ inclusive; and
5. including GLBTIQ inclusive/welcoming statements in client information booklets and WRHC program brochures.

Standard 2: Consumer consultation

WRHC has a strong commitment to consumer engagement and consultation and there are plans to consult with the GLBTIQ community as part of our work. It was decided that this would occur once we have a baseline understanding of how we rate against the GLBTI inclusive practice standards. This will help in communicating our aims and current position to the community.

It is envisaged that consumer consultation may include:

1. advice and consultation with the existing WRHC Consumer Engagement and Advisory Committee (CEAC), with a view to ensuring a GLBTIQ representative on this committee. The CEAC previously had a member of the GLBTIQ community among its members, although this person did not explicitly identify this as part of their role. The rainbow flag icon was included on recent promotional materials for CEAC recruitment, but we have not yet sought to explicitly recruit a person on this basis;
2. ongoing involvement in the GoWest Festival, which is part of the Midsumma GLBTIQ festival of arts and cultural events spread over 85 different venues throughout Melbourne and Regional Victoria. GoWest is held in the Western region of Melbourne continuing to host events over MidSumma
3. ongoing involvement in Qwest, a newly developed working group for workers working with same sex attracted sex and gender diverse young people in the Western region of Melbourne;
4. and inclusion of GLBTIQ questions on the organisational wide WRHC Consumer Satisfaction/ Experience survey that is currently being developed.

As part of the GoWest festival in 2013, WRHC facilitated a writing workshop presented by writer and poet Sandy Jeffs for GLBTIQ people with experience of mental illness. Six people attended the workshop which was held at the WRHC's Barkly Arts Centre and we are keen to continue developing opportunities for arts engagement with the GLBTIQ community. For example, the Barkly Arts Centre is currently exploring a collaboration between the MASSIVE Hip Hop Choir and the Gay and Lesbian Youth Choir, and for next year's GoWest/Midsumma festival we are considering opportunities for an expanded range of activities.

WRITING FROM THE OUTSIDE

**IS IT MAD TO BE QUEER?
IS IT QUEER TO BE MAD?**

TAKE SOME TIME TO CHANNEL YOUR CREATIVITY USING YOUR EXPERIENCES OF EITHER OR BOTH AS YOUR INSPIRATION.

THURSDAY, 17TH JANUARY
5.30PM TO 7.30PM

NO NO CONSIDERATION, PLUS MIDSUMMA BOOKING FEE
25 PER L. PRICE, PLUS MIDSUMMA BOOKING FEE

Barkly Arts Space,
Upstairs, 233 Barkly Street,
Footscray, 3011
Midways Ref: 42 C4

A writing workshop for all genders, sexualities, ages, people affected by mental health challenges, their families and friends. Get your inner writer free!

SANDY JEFFS IS A POET AND MEMOIRIST WHO WRITES ABOUT LIFE, LOVE AND LIVING WITH SCHIZOPHRENIA.

For one evening only, she is running a writing workshop for queer people with experience of mental illness, whether your own or the experience of someone close to you.

Her most recent memoir, *Flying with Paper Wings: Reflections on Living with Madness*, was shortlisted for The Age Book of the Year Award.

Light supper will be provided.

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Standard 3: Cultural safety

A risk register was completed at the beginning of the project, identifying some risks where consumer and staff cultural safety may be compromised. This includes promoting WRHC as GLBTIQ inclusive before it is ready, and consumers assuming that one site becoming GLBTIQ inclusive (or working towards it) translates to all WRHC sites - when this may not be the case. We thought it was important to be clear in our intentions and communication, giving a clear message that we are working towards improving our GLBTIQ inclusive practice and that this is an ongoing process.

Other considerations regarding cultural safety may include:

1. adequately reflecting the needs of the GLBTIQ community in future organisational and program specific risk registers;
2. developing strategies to minimise the risks;
3. developing policies/plans or processes that respond to incidents of homophobia, biphobia, and transphobia and of those against people from sexual minority groups for both staff and clients of the centre; and
4. ensuring that GLBTIQ inclusive statements are present in position descriptions and orientation manuals, complying with and reflecting relevant legislation and policies.

Standard 4: Disclosure and documentation

Although the audit has not been conducted as yet, anecdotally WRHC does not routinely seek information about a client's sexual orientation and gender identity, and there is no policy to inform this. Considerations for GLBTIQ inclusive practice may include:

1. developing a shared understanding/staff development across WRHC about the sensitivity of disclosure;
2. developing a shared understanding of the value derived in collecting information relating to a person's sexual orientation and gender identity;
3. a review of current data collection practices giving thought to the many different programs offered at WRHC and the different data collection tools used;
4. amendments to current data collection tools to include GLBTIQ inclusive/sensitive questions if applicable;
5. policy development;
6. development of processes to enable GLBTIQ staff and clients to feel safe to disclose if they wish (e.g. staff wearing rainbow badges or having rainbow stickers on their desks)

Standard 5: Professional development

Currently there is no specific training/professional development for WRHC staff or volunteers to develop their skills and confidence relating to GLBTIQ inclusive service delivery.

To assist in identifying staff needs, a pilot survey was conducted with the South West Community Mental Health staff, with 20 out of 25 staff responding (three of those who did not respond were on leave).

Survey questions are below:

1. How would you rate your knowledge about the needs of same sex attracted & sex and gender diverse people?

2. How would you rate your confidence providing services to same sex attracted & sex and gender diverse clients?
3. How would you rate your level of comfort providing services to same sex attracted and sex and gender diverse clients?
4. Please rank how confident you feel working with each of the following groups: Lesbians, gay men, bisexual people, transgendered people, intersex people and people questioning their sexual identity
5. What do you think WRHC needs to do in order to become a service that is inclusive of and accessible to same sex attracted and sex and gender diverse people?
6. What would you need to develop your practice with same sex attracted and gender diverse clients?
7. Are there any other comments you would like to make?

Responses to the open ended questions were positive, with staff keen to attend training and education session to increase their skills in GLBTIQ inclusive practice. They also had a range of ideas as to what the organisation could do in order to become an inclusive and accessible service. Results also showed that there was a full range of responses relating to staff's knowledge, confidence and comfort in providing services to GLBTIQ people. The majority of staff responded that they felt "somewhat skilled" regarding all groups in question 4, however there were some staff members who reported feeling "extremely unskilled" when working with bisexual people, transgendered people, intersex people and people questioning their sexual identity.

It is envisaged that strategies for GLBTIQ inclusive practice arising from the audit may include:

1. development/identification of GLBTIQ inclusivity/sensitivity training that is embedded within the mandatory WRHC core training schedule for staff;
2. continuing attendance at the QWest working group;
3. presenting GLBTIQ inclusive practice work at conferences; and
4. education related to the different issues faced by different groups within GLBTIQ communities.

Standard 6: Organisational capacity

We have developed the A2Z working group, which is made up of members attending the How² program and other interested staff. This is a group that supports this project, in addition to the ZBGC auspiced project. It is also a forum where any staff members can come with concerns they may have about GLBTIQ inclusiveness within the agency, as well as other community concerns. For example, a staff member was concerned about a picture, which had been placed on the front of the staff toilets at one of our sites depicting the usual female toilet signage with a penis. The staff member who brought it to our attention felt it may have been considered offensive for trans* people. The staff member was able to bring their concerns to the attention of the group who discussed the best course of action to address the issue.

It is hoped that once the audit is completed we will be able to better identify gaps and look at ways to build the capacity of WRHC to become more GLBTIQ inclusive. Some strategies may include:

1. processes to continually audit ourselves against the National Standards for GLBTI Inclusive Practice (perhaps annually);

2. including GLBTIQ inclusive statements into our strategic plans, quality plans and program plans; and
3. inclusion of a GLBTIQ consumer representative on the Consumer Engagement and Advisory Committee.

Outcomes

Although discussions had occurred at a management level about how WRHC could best provide inclusive services to the GLBTIQ community, attending the How² program has assisted in giving shape and direction to this work and has consolidated the enormous amount of goodwill shown by staff into practical strategies for change. From our involvement with How², we have created the A2Z internal working group and acknowledged that progressing this work is a priority for the organisation.

As a result of securing the internal grant, we can employ a project worker to audit our current practices and develop an action plan with achievable strategies and timelines to ensure that WRHC improves our GLBTIQ inclusive practice, whilst also building in mechanisms to continue monitoring this after the project has concluded.

We have been fortunate to have so many staff interested in being involved in How², and have found it beneficial to have an internal support system available to discuss potential risks, challenges and ways to overcome them. However, upon reflection a learning that has come from this is that it may have been better to appoint someone into a “key worker position” at the onset of this project, and to identify roles and responsibilities for the delivery of the project earlier on.

WRHC is committed to becoming more GLBTIQ inclusive and has ‘put its money where its mouth is’ to ensure that we come to the end of this project with systems in place that promote WRHC as being a safe, welcoming, professional service for clients from GLBTIQ communities. We look forward to seeing all of the positive progressions with this project over the next six months.

Section 5: Additional information

Support from Gay and Lesbian Health Victoria

Gay and Lesbian Health Victoria offers an array of training, programs and resources aimed at assisting organisations develop and implement GLBTI-inclusive practice and service provision. A number of these are listed below. To visit our website go to: <http://www.glhv.org.au>

In addition to the How² program, GLHV offers half-day and all-day training packages on GLBTI health and wellbeing. They include a module that explores GLBTI people's everyday lives and a set of targeted modules that address areas of concern to GLBTI people and specific subpopulations within the GLBTI community. For more information go to: <http://www.glhv.org.au/training>

Resources for GLBTI-inclusive practice

Gay and Lesbian Health Victoria has also developed a range of resources to assist services seeking to become GLBTI-inclusive. This includes an Organisational Audit tools and resources on the application of the Standards to: rural services, community aged care, residential aged care, home and community care and the care of transgender people. For more information go to: <http://www.glhv.org.au/glbti-inclusive-practice>

Resources relating to young people: Rainbow Network Victoria

Rainbow Network Victoria is the state-wide support network for anyone working with same sex attracted and sex and gender diverse young people. We offer free training, resources, a monthly eBulletin, secondary consultation and professional supervision. Membership is free, so join today!

For more information go to: <http://www.rainbownetwork.net.au>

Resources relating to older people: Val's Café

Val's Cafe works to improve the health and wellbeing of older GLBTI Australians. The Cafe assists workers in providing services that are GLBTI-inclusive and understand and respect older LGBTI people. With almost 200 members, we provide support through regular events, education, resources and monthly newsletter. Val's Café have developed a range of resources to assist aged care service providers develop GLBTI inclusive services.

For more information go to: <http://valscafe.org.au>

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 and gay men 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.