LGBTI-inclusive practice audit tool for health and human service organisations

2nd edition

Does your organisation tick all the boxes?

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GLHV

About GLHV

GLHV is a lesbian, gay, bisexual, trans and gender diverse, and intersex (LGBTI) health and wellbeing policy and resource unit. GLHV is funded by the Victorian Government and sits within the Australian Research Centre in Sex, Health and Society (ARCSHS), La Trobe University.

GLHV's mission is to improve the health and wellbeing of LGBTI Victorians and the quality of care they receive. GLHV runs training and provides information and resources across the health, education and community and aged care sectors, including the HOW2 and Rainbow Tick Programs. GLHV undertakes LGBTI research and policy in collaboration with ARCSHS, other academic institutions, LGBTI community organisations and Government. GLHV also maintains a comprehensive, on-line LGBTI health research and information clearing house (www.glhv.org.au).

About the LGBTI-inclusive practice audit tool

This audit tool can be used by organisations to get a sense of how LGBTI-inclusive they are. The audit tool is built around the six Rainbow Tick Standards. Each of the Standards is accompanied by its own set of quality-based indicators that organisations can use to gauge how well their current systems, practices and protocols are meeting the intent of that particular Standard.

The six LGBTI-inclusive practice Standards are:

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

The audit tool poses a question for each of the indicators that make up the six Rainbow Tick Standards. You and your audit team are asked to rate how well you believe your organisation is doing by using the following scale to answer each of the questions:

Not met – Little or no progress has been made
Part met – Some progress has been made
Met – Good progress has been made

As you answer each question, identify and record the evidence that substantiates the rating you have given. In the case of 'not met' of 'part met', identify and list possible areas of improvement to achieve a 'met' rating.

Developing an LGBTI-inclusive action plan

The audit tool can be used by an organisation to identify achievements and to determine where improvements are required. The results of the audit can inform forward planning including change management, systems redesign/improvement and cultural reform.

The results of the audit can also be used to assist in the development of an LGBTI-quality improvement and change management plan that prioritises action areas and identifies the resources that will be required. GLHV has recently released *The Rainbow Tick guide to LGBTI-inclusive practice* (2016) which assists organisations to develop a comprehensive change management plan and is an ideal resource for organisations that are considering going for Rainbow Tick accreditation (www.glhv.org.au/lgbti-inclusive-practice).

Tips for getting the most out of your audit

1. Assemble the team of people who can best answer the audit questions. This may mean assembling a different group of people for different Standards. Consider gaining a range of different perspectives and involve different stakeholders in the audit, including consumers. **Appendix 1** provides a check list of the audit team and who was involved in auditing each of the six Standards.
2. In order for change to occur across the whole organisation and to be sustained it has to be embedded in organisational systems. Consider the following:
    - Does your organisation have adequate guiding documentation to ensure people know how things should work – 'Who does what, when and how'?
    - Do staff and volunteers know what is expected of them?
    - Do consumers know what they can expect?
    - Are staff and volunteers' practices in line with guiding documentation?
    - How is this monitored?
    - How do you know the organisation achieves its objectives?
    - Who is responsible for making sure all this happens?
    - Are systems capable of dealing with complexity?
    - Are systems agile enough to cope with change, both from within and outside the organisation?
3. Think about the evidence, which may be written, observed or verbally reported. Written evidence can be:
    - Guiding documentation E.g. legislation, external funding/program/clinical guidelines, policies and procedures and associated forms and templates
    - Records of the way a system is implemented E.g. databases, case records, or minutes of meetings
    - Records of the way a system is monitored and evaluated E.g. audit results and reports, service review reports, reporting to the executive and governing body.

Standard 1 - Organisational capability			
The organisation embeds LGBTI-inclusive practice across all its systems and continuously seeks opportunities for improvements.			
Indicator	Evidence	Improvements	Rating
1.1 LGBTI-inclusive practice Standards are reflected in the organisation's mission statement, vision, values, position descriptions, service contracts, performance management system, service models and quality management plan.			
1.2 The organisation facilitates LGBTI inclusion amongst staff and volunteers and on the governing body and other committees.			
1.3 The organisation has an integrated LGBTI consumer feedback system that ensures continuous LGBTI-quality improvement and planning**.**			
1.4 The organisation values its LGBTI staff and volunteers, understands and meets their needs, and has processes to manage risk and provide them with a safe and healthy workplace.			
1.5 Workforce planning, recruitment and selection, and performance management processes and documentation are inclusive of LGBTI staff and volunteers.			
1.6 The organisation has systems for monitoring compliance with these Standards and continuously improving LGBTI-inclusive practice.			

Standard 2 - Workforce development

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

Indicator	Evidence	Improvements	Rating
2.1 The organisation has a systematic process for assessing the LGBTI-inclusive practice professional development needs of the governing body, leadership team, staff and volunteers.			
2.2 The organisation provides professional development to the governing body, leadership team, staff and volunteers that includes their legal responsibilities, LGBTI cultural safety and a consideration of the impact of employees' attitudes and beliefs on LGBTI- inclusive practice.			
2.3 The organisation keeps up to date with current trends in the field of LGBTI-inclusive service provision and uses this information in the ongoing development of staff training and resources.			
2.4 The organisation participates in relevant professional associations and other forums aimed at improving the quality of services provided to LGBTI consumers.			

Standard 3 - Consumer participation

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

Indicator	Evidence	Improvements	Rating
3.1 The organisation works with LGBTI consumers and community representatives to identify LGBTI consumers' needs and develop and continuously improve their provision of LGBTI-inclusive services.			
3.2 The organisation has a system for identifying and monitoring the changing needs of its LGBTI consumers and evaluating the impact of service improvements on their quality of care.			
3.3 As part of its ongoing assessment of consumer experience, the organisation analyses its performance in working with LGBTI consumers and undertakes appropriate service improvements.			

Standard 4 - A welcoming and accessible organisation

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

Indicator	Evidence	Improvements	Rating
4.1 The organisation welcomes LGBTI consumers through a range of different strategies that are appropriate to different contexts and environments.			
4.2 The organisation's communication and educational materials are LGBTI-inclusive (E.g. inclusive language and images, and LGBTI specific information where relevant).			
4.3 The organisation effectively communicates its services to the LGBTI community.			

Standard 5 - Disclosure and documentation

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

Indicator	Evidence	Improvements	Rating
5.1 The organisation has a policy on when it is and is not appropriate to collect information on a consumer's sexual orientation, gender identity, intersex status and/or relationship status.			
5.2 The organisation only collects information about a consumer's sexual orientation, gender identity, intersex status and/or relationship status from the consumer themselves or from their nominated representative.			
5.3 The organisation has processes to ensure that LGBTI consumers understand that information about their sexual orientation, gender identity or intersex status is confidential and that they will be consulted on how and why this information is recorded, stored and shared.			
5.4 Staff understand the significance to LGBTI people of disclosing their sexual orientation, gender identity or intersex status and that the organisation has strategies to ensure that staff respond in a respectful and positive way when consumers, other staff or volunteers disclose.			
5.5 The organisation has systems for collecting, storing, using and sharing LGBTI staff and volunteers' personal information, including their sexual orientation, gender identity, intersex status and/or relationship status.			

Standard 6 - Culturally safe and acceptable services

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

Indicator	Evidence	Improvements	Rating
6.1 The organisation understands the needs of LGBTI consumers and addresses these needs in the design and delivery of services and programs.			
6.2 Individual intake, assessment, care planning and case management processes and documentation are LGBTI-inclusive.			
6.3 The organisation's service delivery risk management system includes strategies to identify and manage potential risks to the cultural safety of LGBTI consumers.			
6.4 The organisation has processes in place to identify and respond to breaches of the cultural safety of LGBTI consumers, staff and volunteers by other staff, consumers, volunteers or visitors.			
6.5 The organisation disseminates information about LGBTI cultural safety across its programs and services and to other organisations.			

Appendix 1 – LGBTI-inclusive practice audit check list

Organisation's name		
	Name/s of audit team	Date of audit
Standard 1		
Standard 2		
Standard 3		
Standard 4		
Standard 5		
Standard 6		