

ideas for action

Change doesn't happen overnight. Reflect on the answers you gave in the audit. Using the framework suggested below, keep a record of the actions you might take to bring about short, medium and long term change.

Identify any important issues to address in relation to:

> Creating a welcoming environment

> The intake process

> The consultation

> Staff training

> Health Promotion and Outreach

> Policy

2. Identify those actions which you see as possible to implement:

> In the next 6 weeks...

> In the next 6 months...

> In the next year...

sexual diversity health services audit

> making it easier for healthcare providers to care for clients of diverse sexualities and gender

Attitudes towards sexuality in Australia have undergone remarkable change in the last 50 years.

Gay men and lesbians experience less social stigmatisation and personal hatred than what was once prevalent, and, there is increased visibility of homosexuality in mainstream social arenas. Despite these positive changes, a person who is gay, lesbian, bisexual, transgender or intersex (GLBTI) cannot take their acceptance for granted—whether from their family, in the local shopping centre, in their working lives. Or from their health care provider. It does not take much imagination to consider the effects of this uncertain position on a person's health and this is why sexuality becomes relevant to providing good health care.

While GLBTI people have the same basic health needs as the general population their shared experiences of discrimination or fear of discrimination, create common health issues, including:

- > a higher prevalence of mental health disorders, obesity, smoking, and unsafe alcohol and drug use;
- > delayed use of health services and/or keeping sexual identity and behaviours secret for fear of health providers' reactions ranging from discomfort and embarrassment to hostility;
- > reduced use of preventive screening for a range of physical health conditions, such as cervical and breast cancer among lesbians and anal cancer among gay men;
- > actual experiences of discrimination within the health care system.¹

Recognising the diverse needs of individuals and populations is a core component of providing good quality care. This audit is an informal tool to help you assess GLBTI people's access and quality of care at your service. Small changes can make a big contribution to providing better care.

¹ Ministerial Advisory Committee on Gay and Lesbian Health (2002) *What's the Difference? Health Issues of Major Concern to Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) Victorians*. Department of Human Services, Melbourne.

creating a welcoming environment

There are some simple ways of communicating to GLBTI people that they are coming to a welcoming and safe environment.

YES NO

- 1> Does your service display an anti-discrimination policy with a positive statement of equal care such as "We do not discriminate regardless of age, race, ethnicity, religion, sexual orientation, gender, or disability?"
- 2> Does your service display pamphlets and posters which include positive images of people of diverse sexualities?
- 3> Do staff use language that does not exclude GLBTI people? For example, using the term "partner" instead of husband or wife.

the intake process

The intake process provides one of the first indicators to a GLBTI person that they can feel comfortable about disclosure in this service.

YES NO

- 4> Does your intake form include gender-neutral options such as 'domestic partner' or 'same-sex partner' along with standard terms like 'married'?
- 5> Does your service adopt each client's definition of 'family' which may include, but not be limited to, significant others, relatives by blood, same-sex partners, or spouses?
- 6> Concerns about confidentiality can inhibit disclosure about sexual behaviour and/or identity. Is it obvious to the client that confidentiality is protected and privacy respected?

the consultation

Communication skills remain central to creating a trusting and open climate

YES NO

- 7> Sexual identity doesn't always correlate with sexual behaviour. For example, a lesbian-identified woman may have sex with men. Do you use gender-neutral questions to ask about relationships and sexual behaviour?
- 8> If a client's same-sex partner accompanies them, is the partner acknowledged or included in the same way a heterosexual partner is?
- 9> When a transgender person attends your service do you address them as their chosen gender?
- 10> When a child has same-sex parents can you include both in discussions about the child's health care?
- 11> Young people questioning their sexuality are at greater risk of self-harm. Fear of disclosure, chiefly that parents will be told, can get in the way of timely health care. When a young person tells you they may be GLBTI, do you assure them of their confidentiality, and provide a supportive response?

staff training

All staff dealing directly with clients have an important role in creating safe and welcoming environments.

YES NO

- 12> Have direct-care staff had training to identify and address basic health issues that may particularly affect GLBTI clients?
- 13> Do staff know that Victorian legislation recognises same-sex partners as 'domestic partners' with equivalent rights to spouses, including entitlement to decision-making regarding care, hospital visitation, and care of children?
- 14> Does your service have a written anti-discrimination policy with specific reference to sexual orientation and gender identity?
- 15> Are GLBTI staff members able to be open about the gender of their partner in your service?
- 16> Because of the potential for discrimination towards GLBTI people, do staff treat information about sexual orientation and gender identity as highly sensitive information?

health promotion and outreach

YES NO

- 17> Does your service have links to other agencies that can provide services and support to GLBTI clients?
- 18> Rather than presuming a heterosexual audience when designing health promotion activities, do you consider how GLBTI clients would be included?
- 19> Has your service ever consulted GLBTI clients in the development of health promotion activities?
- 20> Is your service able to refer GLBTI clients to appropriate, 'GLBTI-friendly' specialist services and resources if necessary?

Scoring

TOTAL

Count your total positive responses to see how your service/practice scores.

0 - 8 Your service is still a challenging one for someone who is GLBTI. Don't despair; small steps can make a big difference.

9 - 14 Your intentions are good. Your agency/practice has made a start and shows potential to providing more inclusive care.

15 - 19 The work on these issues is happening on several fronts now and starting to make a real difference – coordination and consolidation are the next steps to go further forward.

20 Your service is exemplary in its sensitivity and quality of care for GLBTI people. GLBTI people feel well-treated, respected and supported. Congratulations.