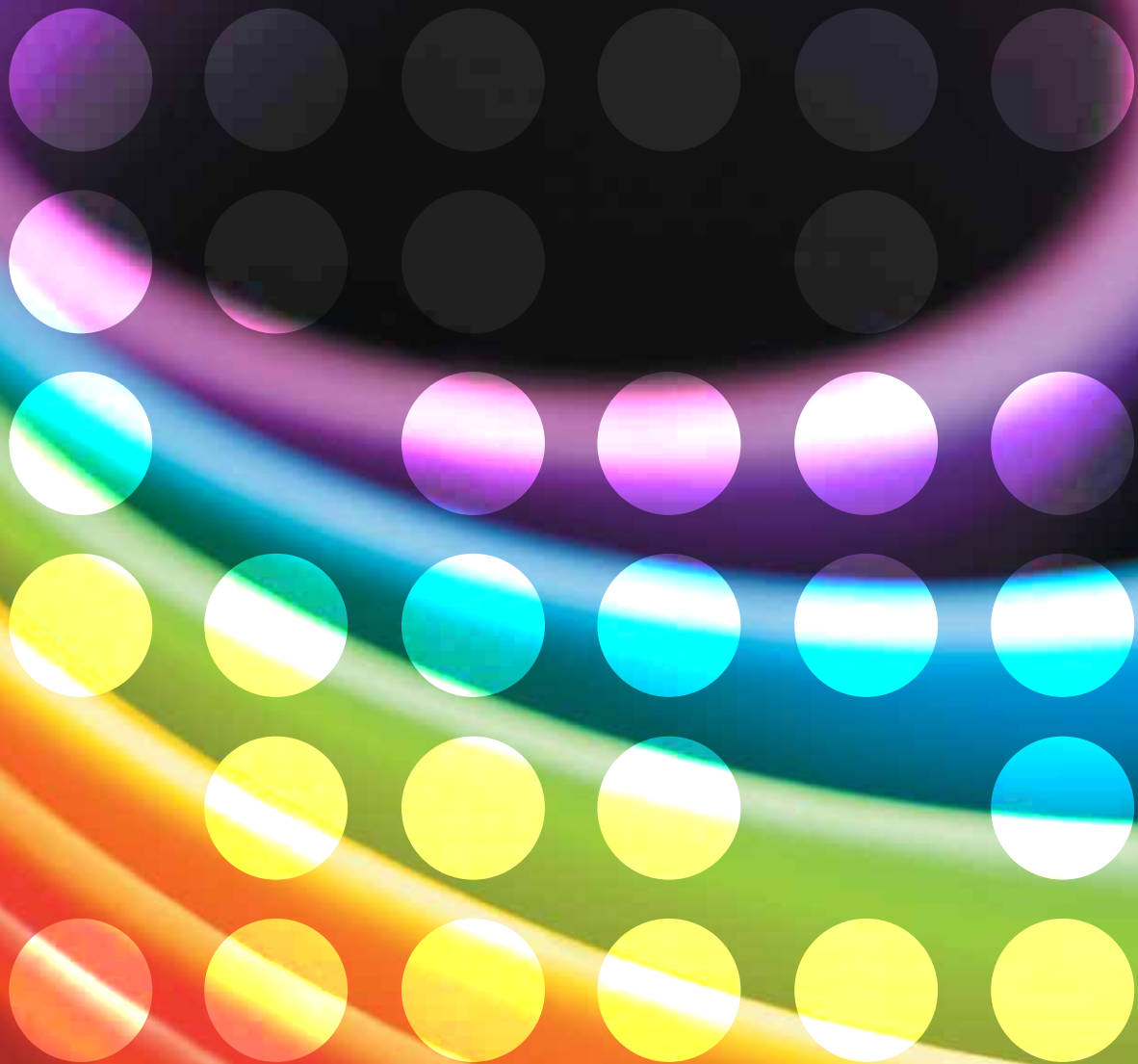


Well proud

A guide to gay, lesbian, bisexual, transgender and intersex inclusive practice for health and human services



Enquiries about this publication:

GLBTI MAC

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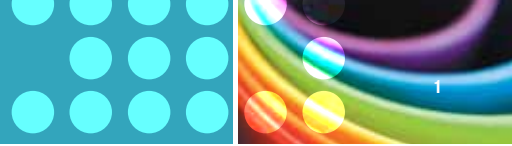
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- Dr Ruth McNair, working group chair and GLBTI MAC member
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- Anne Mitchell, Director, Gay and Lesbian Health Victoria, GLBTI MAC member
- Daniel Reeders, GLBTI MAC member
- Jacinta Waters, Manager, Women's Health Information Centre and Well Women's Services, The Women's Hospital.

Chair's foreword

The gay, lesbian, bisexual, transgender and intersex (GLBTI) community is as diverse as the colours of the rainbow itself. Many of us live healthy, supported and positive lives.

But for some GLBTI people, discrimination on the basis of sexual orientation or gender identity directly contributes to poorer health and wellbeing outcomes, particularly mental health.

This is why we have developed *Well proud* – to support health and human services to improve service delivery for GLBTI people. We know that the way services include, or exclude, people can have significant ramifications for their health and wellbeing – this resource provides guidance and examples of good practice in responding to the health and wellbeing needs of GLBTI communities and individuals.

The Ministerial Advisory Committee on GLBTI Health and Wellbeing developed the guide after extensive consultation across a range of sectors – health, mental health, alcohol and drugs and aged care to name a few. We found great examples of good practice, and enthusiasm for doing things better.

I look forward to the day when this good practice is ordinary practice, carried out by all services, ensuring all people are treated respectfully and their needs are understood.

I commend this guide to you.



A handwritten signature in black ink, which appears to read 'Rowena Allen'.

Rowena Allen
Chair, GLBTI MAC



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Section 1: Introduction

This guide has been developed by the Ministerial Advisory Committee on Gay, Lesbian, Bisexual, Transgender and Intersex Health and Wellbeing (GLBTI MAC), to assist the Department of Health, the Department of Human Services and funded agencies improve the quality of care provided to their GLBTI clients.

Well proud draws on national and international research on the health and wellbeing of GLBTI people and on guidelines for GLBTI-sensitive practice and service delivery that have been developed here and overseas. The guide provides evidence-based recommendations aimed at supporting services to be more responsive to issues related to sexual orientation, gender identity and intersex conditions. It includes additional recommendations for specific health care settings, and for subgroups within the GLBTI population that have specific health and wellbeing needs. As many as 15 per cent of people who can potentially use any health or community service may be same-sex attracted – this guide will help services identify ways they can be more welcoming and sensitive.

‘...the single most important contribution to improved health and wellbeing in GLBTI people is likely to be increased legitimation and acceptance of their lives, their relationships and of the positive contribution they make to society.’

(Pitts et al., 2006 p.63)

The GLBTI MAC

The GLBTI MAC was established to provide advice to the (then) three Human Services Ministers (covering the portfolios of Health, Mental Health, Community Services, Housing and Senior Victorians) on action required to promote and support the health and wellbeing of GLBTI Victorians. Membership of the MAC includes people with GLBTI expertise and/or community status, as well as senior departmental representatives in order to focus effort on the work of the departments.¹ It works to influence the programs of the departments of Health and Human Services and their funded agencies across the issues of inclusivity and service responsiveness. It also aims to ensure optimal access to mainstream and, where appropriate, specialist services. The GLBTI MAC builds on two successful terms of the previous Ministerial Advisory Committee on Gay and Lesbian Health (2000–2006).

1.1 GLBTI-inclusive practice

While differences in race, gender, age, ability and location are typically included in diversity policies and practices, this is not always the case for sexual orientation and gender identity. With a few exceptions, active consideration of the needs of GLBTI people remains an optional extra, often the result of case-by-case advocacy. This exclusion may reflect prejudice against, or a lack of awareness and knowledge of, GLBTI people on the part of policymakers and practitioners.

Rather than considering GLBTI issues and needs on an ad hoc basis, GLBTI-inclusive practice should be regarded as part of the broader cultural competence required of health and human services. This requires:

- recognition that diverse sexual orientation and gender identities can have an impact on social connections, lifestyle, risk factors, health and wellbeing

- attitudes that are respectful and accepting of GLBTI status
- not assuming that everyone is heterosexual
- appropriate referral pathways to practitioners and services that are regularly assessed as being GLBTI sensitive.

In Victoria the social policy and human rights agenda has been supported by key policy documents such as *A Fairer Victoria*, and legislative change such as the *Victorian Charter of Human Rights and Responsibilities 2006*. This guide focuses on the difference that more inclusive service delivery and care can make.

It's the law!

Legislative change over the past decade has sought to protect GLBTI people against discrimination. The *Victorian Equal Opportunity Act 1995* makes it unlawful to discriminate based on sexual orientation or gender identity with some exceptions and exemptions. Both the Victorian and Commonwealth governments have reformed legislation to recognise some (but not all) of the rights and responsibilities of GLBTI people and same-sex couples in relation to tax, social security and family.

The *Victorian Charter of Human Rights and Responsibilities Act* was enacted to ensure that government services, including health care and community services, respect people's basic rights and make sure that people are not treated unfairly. Experience in other countries shows that when human rights are considered when making laws, developing policies and delivering services, the community is more united and people can participate fully and equally in society (Victorian Equal Opportunity and Human Rights Commission, 2006).

1.2 GLBTI-specific needs

GLBTI communities are not a homogenous group and many GLBTI people lead healthy, connected and positive lives. We acknowledge that documenting the poorer health and wellbeing outcomes of GLBTI communities runs the risk of pathologising and victimising them. The GLBTI MAC strongly believes that being GLBTI is not a risk factor for poor health and wellbeing. The stigma and discrimination GLBTI people face, however, can trigger or compound risk factors such as drug and alcohol use, violence, isolation, high rates of depression, homelessness, unsafe sex practices and exposure to sexually transmissible infections such as HIV and Hepatitis C. Some services assume that all their clients are heterosexual, or that sexual orientation or gender identity are irrelevant to their care (Mayer et al., 2008). The GLBTI MAC knows how important sexual orientation or gender identity can be in understanding people's needs – this resource will help to shape more appropriate and effective care and support.

Discrimination is bad for your health

The prevalence of ongoing discrimination and marginalisation on the basis of sexuality and gender identity directly affects the health and wellbeing of many GLBTI people. This has been called ‘minority stress’ (Meyer, 2003), and effects are well documented, including poorer health outcomes, reduced social participation and engagement, and avoiding or delaying seeking care because of actual or fear of prejudice (see, for example, Leonard, 2002). In addition, a recent survey of prejudice-motivated violence against GLBTI Victorians showed that GLBTI people experience higher rates of harassment and abuse than the general population and that the threat of heterosexist² violence is part of many GLBTI people’s everyday lives (Leonard et al., 2008).

The effects of this abuse are even more pronounced on the wellbeing of vulnerable subgroups. A recent national survey of the health and wellbeing of same-sex attracted young people (SSAY) found that of the three quarters of respondents who had experienced homophobic bullying at school, 60 per cent had harmed themselves (Hillier et al., 2005). Young people who had experienced physical and verbal abuse fared worse on almost every health and wellbeing indicator than young people who had not. Other vulnerable subgroups within the GLBTI community include: Indigenous GLBTI people; GLBTI people from culturally and linguistically diverse backgrounds; older GLBTI people; and GLBTI people with disabilities (Mann et al., 2006; Barrett, 2008).

1.3 Sub-populations within GLBTI communities

Within GLBTI communities there are some sub-populations with needs that are particularly poorly understood or met. For example, there is inadequate provision of health and human services for transgender people and an inadequate understanding of their specific health needs (Sinnott, 2005). These include pre and post-operative counselling and support for gender reassignment procedures from hormone therapy to surgery. Similarly, there is a lack of information and resources for the parents and legal guardians of intersex infants to assist them in making informed decisions regarding possible surgical interventions, particularly when those interventions are not warranted on medical grounds (Warne, 2003; Spriggs and Savulescu, 2006). A further example is the interaction between ethnicity, GLBTI status and health. GLBTI people from ethnic minority groups can face additional difficulty ‘coming out’ to their parents and other relatives, and may be ostracised within their own ethnic communities.

The material presented in this section clearly demonstrates a pressing need for a set of generic skills and specific understandings allowing for the inclusion of sexual orientation, gender identity and intersex conditions to be incorporated into health and human service delivery. It also highlights the need to provide additional guidance for specific services and sub-populations.

1.4 What this guide provides

The following four sections provide recommendations for the care of GLBTI people. To begin, generic recommendations are presented that apply to all health and human services for welcoming GLBTI clients, staff education, staff-client communication, documentation, appropriate referral and service evaluation.

Next, specific recommendations are provided for: mental health services; drug and alcohol services; housing and homeless services; children and family services; services in rural areas; aged care; health services; and disability services.

Then, a guide to the health issues of specific subgroups within the GLBTI population includes: gay and bisexual men; lesbian and bisexual women; and sex and gender diverse people.³

Fourth, information is provided on quality improvement and the correlation between inclusive practice and existing quality frameworks.

The remaining sections provide information to assist services to use the guide. This includes: examples of inclusive practice; sample intake and interview questions; a glossary of terms; and useful websites, reports and articles.

Section 2: Generic recommendations for inclusive practice

There is a large body of work that identifies key elements of good practice in service delivery across health and human services, focusing on accessibility, inclusion, responsiveness, respect and consumer or client participation. The following recommendations are designed to assist organisations in providing quality care to their GLBTI clients by highlighting particular needs or issues GLBTI clients may face, and which good service delivery would respond to.

They are partially drawn from similar documents produced by the Gay and Lesbian Equality Network in Ireland (Allen, 2008), the Gay and Lesbian Medical Association in the United States (Gay and Lesbian Medical Association, 2002), the Royal College of Nursing in the UK (Royal College of Nursing UK, 2004) and a number of other agencies, both local and international, all with an interest in improving the quality of care provided to GLBTI people.

The Gay and Lesbian Equality Network suggest that inclusive or diverse mainstream practice has three broad organisational aims:

- recognition and respect for diversity of the client population
- understanding the issues facing diverse client groups and responses to their specific health needs
- providing an accessible and appropriate service and referral where necessary (Allen, 2008).

The recommendations that follow aim to promote recognition and respect, understanding and responsiveness, and appropriate service delivery. They are by no means exhaustive but provide a simple set of GLBTI-sensitive practices.

2.1 A welcoming environment

Given GLBTI people's history of discrimination and abuse⁴ many are wary when approaching a new service or individual providers. GLBTI people will often scan a service for clues to determine how GLBTI-friendly a service is and what personal information they are prepared to share with individual staff. There are a number of simple measures that can make a service welcoming to GLBTI people including:

- displaying GLBTI posters, stickers and/or symbols in waiting areas
- providing GLBTI information and images in educational or promotional materials produced by the service
- listing or advertising the service in the GLBTI press or GLBTI directories
- displaying GLBTI-related health and service information in English, and in other languages where possible and appropriate
- addressing transgender people as their preferred gender.

'It's not about the service as such but about the whole organisational culture – from the governance structure to the service interface. It is not just about being sensitive but about being affirming, and actively trying to support rather than just passively not trying to discriminate.'

(Mann et al., 2006 p.45)

2.2 Staff education and training

Education and support for staff can ensure they are better skilled in working with GLBTI people. Topics for education and training about GLBTI sensitivity include:

- identifying and challenging discriminatory beliefs and behaviours (including heterosexism, homophobia and transphobia) about GLBTI people, both at the personal and organisational level
- familiarity with key GLBTI health and wellbeing issues such as the health-related effects of discrimination (such as difficulty disclosing GLBTI status, mental health problems, problematic drug and alcohol use⁵)
- staff obligations towards GLBTI clients under the Equal Opportunity Act, Victorian Charter of Human Rights and Responsibilities Act and recent federal legislation recognising same-sex couples
- use of inclusive and non-discriminatory language when dealing with GLBTI clients and their family members (in particular transgender clients)
- recognition of the diversity of intimate and caring relationships including recognition of same-sex partners and non-biological parents.

In addition, with agency support and recognition, openly GLBTI staff can provide practical expertise in dealing with GLBTI issues and make GLBTI clients feel represented and comfortable. At the same time, it shouldn't be assumed that openly GLBTI staff want to be, or even see themselves as, a local expert on GLBTI issues.

2.3 Staff–client communication

It is important that GLBTI clients feel comfortable interacting with and providing relevant information to staff, from the gathering of client data to clinical examination and treatment. To maximise client comfort it is important to practise the following.

- signal to clients that they are welcome to discuss their sexual orientation, gender identity and relationship status, and that heterosexuality is not presumed. Use open and inclusive questions that are gender neutral and demonstrate acceptance (for example, 'Do you have partner? Are you in a relationship? What is your partner's name?').
- consider using additional prompts when knowing a client's sexual orientation or gender identity impacts on their quality of care (for example, 'In our service we see a lot of straight and gay people...').
- respond positively when GLBTI clients are open about their sexual orientation, gender identity or intersex condition. Be aware that some clients may be unsure of their sexual orientation and gender identity while others may be in the initial stages of 'coming out'.

- be sensitive to the different ways in which GLBTI people talk about their sexual orientation, gender identity or intersex condition. Address GLBTI clients using terms that are respectful and consistent with their self-understanding. If unsure, ask clients how they would like to be addressed.
- understand that sexual orientation and gender identity may be fluid or fixed, and that different GLBTI people will prefer GLBTI-specific or mainstream community connections.
- provide extra support and sensitivity to GLBTI people who have disclosed experiences of homophobic violence, particularly as many believe they will not be taken seriously or the issue trivialised.

2.4 Documentation

Both staff and clients may be concerned about what is recorded in the client file. The most useful approach may be to discuss this between staff and client, with the staff member taking responsibility to:

- seek a client's consent when recording information about their sexual orientation, gender identity or intersex condition
- inform clients why the information is needed, how it will be used and stored, and to whom it will be made available (such as referrals)
- include optional self-identification in the categories of sexual orientation, gender identity, intersex condition, relationship and family status.

2.5 Referral and resources

GLBTI culturally sensitive service delivery does not mean that all staff are experts on GLBTI health and wellbeing. However, it does mean that staff can refer GLBTI clients to appropriate services if needed (where they exist) and provide them with or refer them to relevant information and resources. To enable client referral the following strategies may be helpful:

- develop a database or list of GLBTI support groups, information networks, directories and GLBTI-sensitive health care providers and agencies
- ensure follow-up with a client on their experience of the referral to build knowledge of the GLBTI sensitivity of referral networks
- develop protocols and procedures for referring GLBTI clients to GLBTI-sensitive health care providers and agencies (including mainstream services that are GLBTI inclusive)
- provide GLBTI clients with GLBTI-specific health and wellbeing information and resources or direct them to agencies or sites where such resources can be obtained, such as the Gay and Lesbian Health Victoria clearinghouse
- in the case of crime, including violence, contact Victoria Police, which has appointed gay and lesbian liaison officers who can assist by providing discreet, non-judgemental advice and assistance in the reporting of crimes.

2.6 Disclosure and confidentiality

Privacy and confidentiality are significant issues for all clients. For many GLBTI people, however, there is the added concern of being 'outed' in contexts where being known to be GLBTI carries significant personal risk or risks to family and friends. To provide an appropriate level of confidentiality staff should:

- reassure clients that information and client-provider discussions are confidential and where there is a need to share client information or records consent must be given (see 2.4)
- develop and distribute a written confidentiality statement that specifically addresses the concerns of GLBTI clients
- respect a client's right not to disclose but inform them when disclosure of sexual orientation, gender identity or intersex condition is likely to lead to improved quality of care and outcomes.

Section 3: Recommendations for specific services

To complement the generic recommendations presented in Section 2, this section presents information for specific services related to needs of GLBTI people including: mental health services; drug and alcohol services; housing services; children and family services; aged care; health services; and disability services. It also presents recommendations for rural services.

Furthermore, recommendations are provided for clients in institutional settings as these clients often have prolonged contact with, and are physically dependent on, staff. The effects of discrimination and the potential for inappropriate and reduced standards of care are particularly acute in these settings. GLBTI people may be subject to increased control and paternalism and to heterosexist attitudes from service providers, family members and other clients that reduce their quality of care and everyday freedoms (Harrison, 2005; Barrett, 2008). They may also be 'desexualised' and their opportunities for having intimate, caring relationships, including sexual relationships, severely compromised. Furthermore, they may lose their connection to GLBTI community and support networks and become invisible in a predominantly heterosexual if not heterosexist environment. This 'return to the closet' is a particular risk for GLBTI people entering aged care and for GLBTI people with disabilities in supported accommodation.

3.1 Mental health services

GLBTI people face a number of social pressures in relation to 'coming out', as well as when and how to be out in new and different social environments. Same-sex attracted and gender-questioning young people also face particular pressures in their interactions with family, peers and schools, with vulnerability to depression, homelessness and drug use in response to a lack of acceptance from family and peers, and bullying (particularly at school). As previously discussed, discrimination and abuse can have acute impacts on mental health and wellbeing (including internalised homophobia and transphobia). This can be compounded for people experiencing discrimination on the basis of Aboriginality, cultural diversity, disability and other factors. To ensure that staff can support and work effectively with GLBTI clients it is suggested that services:

- provide education for staff about these issues
- ensure that staff have an opportunity to discuss and explore how they are meeting the needs of GLBTI clients
- consider the facilitation of GLBTI-specific support groups
- build up and regularly review a directory of GLBTI-friendly or specific counselling services, medical services and support groups to which consumers can be referred as needed.

'Everyone has the right to the highest attainable standard of physical and mental health, without discrimination on the basis of sexual orientation or gender identity.'

(Yogyakarta Principles, 2007)

3.2 Drug and alcohol services

There are a number of factors to consider in relation to alcohol and drug use among GLBTI communities. On the gay commercial scene, drug and alcohol use is a social activity, and research has shown a link between illicit drug use and sexual risk-taking. For other GLBTI people, drug and alcohol use is related more to coping with pressures associated with 'coming out', entering the gay and lesbian social scene, or hiding their sexual orientation or gender identity when they feel unsafe. To better respond to GLBTI clients, the following activities are recommended:

- provide education and support to staff around the relationship between recreational drug use, alcohol use and sexual risk-taking, including how to take sexual histories of clients (where appropriate)
- develop working relationships with sexual health services, including referral pathways when needed
- consider providing specialist GLBTI drug and alcohol programs
- link clients to GLBTI community and support networks as part of treatment programs and follow up where appropriate.

3.3 Housing and homelessness services⁶

For young people in particular, being same-sex attracted or gender questioning, or 'coming out' can create particular vulnerabilities when their family or home environment is not supportive. Studies show that 15 per cent of homeless young people may be same-sex attracted, where they have been rejected from their home or felt unsafe staying. In other cases, GLBTI clients may connect to housing and homelessness services as a result of intimate partner violence, which raises particular challenges for the current service system as female victims of female perpetrators and male victims of male perpetrators are not currently well accommodated. Family and domestic violence services, and transitional housing, vary in how well they meet the needs of GLBTI clients. Transgender people, particular those in transition, struggle to have their housing needs met, particularly when they need crisis housing. Strategies that would be relevant include:

- better education and training for housing workers to understand and respond to these needs
- mediation skills in dealing with family and friends of GLBTI clients
- referral of GLBTI clients to GLBTI counselling and support services (such as PFLAG (Parents and Friends of Lesbians and Gays) and the Rainbow Network)
- sensitivity and housing requirements for transgender people in transition from their gender of upbringing to their preferred gender
- particular attention to emergency housing environments to ensure that clients do not face further discrimination from other clients.

3.4 Children and family services

There is overwhelming evidence that children of GLBTI parents attain the same psychological, social and physical development as other children, yet there continue to be debates about whether GLBTI people 'should' parent. It is these negative social attitudes that are more likely to have adverse effects on both children and parents than family formation. Despite recent legislative changes, non-biological parents still face a lack of recognition, which can also put continual pressure on families. This can become particularly problematic in the event of relationship breakdown. Children can be bullied by peers about their family and, as they grow older, are more aware of social attitudes. Children and family services may also work with children showing signs of conflict between their gender identity and their gender of upbringing. Strategies to better respond to these needs include:

- understanding the evidence documenting positive outcomes for GLBTI-parented children
- GLBTI-sensitive counselling during family conflict or breakdown
- the early assessment of children showing conflict between their gender identity and gender of upbringing to identify support needs. Depending on age, this could include reversible hormonal treatment to delay puberty until they can make a mature decision about their gender.

3.5 Services in rural areas

GLBTI people in rural areas can face additional challenges, as certain sub-groups of people in rural areas may be less tolerant of diversity in general and more homophobic. GLBTI people living in rural areas are more likely to hide their sexual orientation or gender identity, which stresses the need for the practices outlined in Section 2 (with confidentiality being particularly important). GLBTI people in rural areas can also be more isolated, with fewer social and support networks, and may have fewer opportunities to find compatible partners. There are higher rates of suicide among young people in rural areas. The risk of suicide is particularly high for same-sex-attracted or gender-questioning young people at the time of acknowledging their sexual orientation or gender identity. Suggested strategies include:

- identify and work with GLBTI support groups, information networks, directories and GLBTI-sensitive health care providers and agencies so that clients can be referred to appropriate services if needed
- actively address GLBTI issues in service planning and delivery, and seek input from any local or regional GLBTI community groups
- respond positively when any same-sex attracted or gender-questioning client acknowledges their sexual orientation or gender identity – your service may be one of the few places where they feel they can share this.

3.6 Aged care⁷

Services can struggle to support the sexuality of heterosexual clients, and often fail to recognise non-heterosexual sexualities. This can mean that clients do not feel comfortable or safe to come out, or talk about their needs. This may have a range of impacts from limited sexual expression to social isolation that, in turn, can have negative physical and mental health consequences. Key topic areas for the education of staff include how to:

- support the rights of those in their care to be safe (including being culturally safe), cultural expression, intimacy and sexual expression, and privacy (given that not every one will be comfortable being ‘out’)
- support connections with existing GLBTI networks (which could include GLBTI media such as television, radio, newspapers, community events and outings and community visitors)
- provide additional care for seniors with dementia and others with limited cognitive ability who may not have the capacity to understand when and where it is safe to disclose their sexual or gender identity
- support transgender people who, with ageing, may experience difficulty maintaining gender roles and appearance
- deliver respectful, informed and non-heterosexist assistance for personal activities, such as bathing
- protect GLBTI clients from discrimination from other staff, clients, visitors and families, and how to respond when discrimination is experienced
- support HIV positive clients so they are not quarantined or mistreated by other staff, clients or visitors.

3.7 Health services

The law requires that people in same-sex relationships have the same rights as heterosexual couples to authorise medical treatment, access information and visit their partner in hospital. Despite this legislative change, same-sex partners are still challenged about whether they are ‘allowed’ to do these things. The importance of a welcoming environment and staff–client communication (see Section 2) cannot be underestimated in providing comfort to people when they enter health services. Given the situation is likely to be stressful already, ensuring that the environment and encounter are inclusive and supportive is a very important step. This also means the client will be more likely to return for follow-up treatment. Other particular issues for GLBTI people using health services are related to domestic violence or sexual assault, treatment after exposure to HIV and end-of-life care. Key issues for staff awareness and education include:

- GLBTI victims of domestic violence or sexual assault may be reluctant to disclose the identity and gender of the perpetrator if it is their same-sex partner.

- clients accessing N-PEP (non-occupational post-exposure prophylaxis) after exposure to HIV may be experiencing distress, regret, anxiety and confusion. This can be made worse by having to recount details of sexual activity in an emergency setting.
- if clients encounter judgmental attitudes about gay sex and/or having unprotected sex, they are less likely to complete the protocol or to attend health services in future when they might need to.
- end-of-life care requires respect for people's partners.

3.8 Disability services⁸

GLBTI people with a disability can face a number of additional challenges, which can have an impact on the kinds of services and supports they seek, and how they interact with service providers. For example, they may have had limited information and opportunities to develop a positive self-perception of their sexual orientation or gender identity. They may rely on a small network of supporters who may not be aware of their sexual orientation or gender identity. Alternatively, they may be out, but feel that their sexual orientation or gender identity is ignored as a result of their disability. Through 'coming out' they may have lost vital family support to manage their disability and find themselves distanced from peers with disabilities. They may also experience isolation and marginalisation within the GLBTI community, and find themselves rejected in the culture of 'body beautiful' that exists in some parts of the GLBTI community. Staff may benefit from:

- education and training that explores these issues and identifies strategies that may be useful for individual clients
- clear policy directions within services that validate individual self-expression and explicitly include sexual orientation and gender identity.



Section 4: Guide to issues for specific groups

4.1 Gay and bisexual men

- Sexual health screening is important for all sexually active clients. STI rates among sexually active gay and bisexual men are higher than among heterosexual men, so regular sexual health screening is important (Leonard, 2002).
- Sexual history-taking should include drug use history and safer sex advice should be tailored to the behaviours of each individual.
- Pre- and post-test counselling for blood-borne viruses is required for every test.
- Condom use in the gay community is common, but information about occasional non-use can be difficult to elicit (Smith et al., 2003).
- Gay men have a significantly broader sexual repertoire than most heterosexual men, and may not disclose 'sexually adventurous' practices (Kippax et al., 1998, Smith et al., 2004) unless asked. Adventurous and non-conventional sexual behaviour requires an open and respectful response, and is important to elicit because sexually adventurous clients are more likely to have unprotected sex with partners of unknown or different HIV status.
- Sexual behaviour may not match sexual identity, for example, a man who has sex with men may not identify as gay and he may have been, or still be, married (Smith et al., 2003).
- Sexual behaviour may continue despite ageing or disability, so a sexual history may be required of any age group or ability group.
- While recreational drug use is common among some groups of gay/bisexual men, the use by an individual may vary from not using, through to experimental or irregular use, to occasional, binge or regular use.
- Anorexia and bulimia rates are slightly higher than among heterosexual men so should be considered if the history is suggestive (Herzog et al., 1991; Siever, 1994).
- Illicit use of steroids for body building may be more common among gay men than their heterosexual peers (Leonard, 2002), so careful exploration for this history might be needed in men involved in body building.
- Anal screening for HPV may be useful to prevent anal cancer and, if HPV is suspected, referral to a specialist service for treatment is advised (Pitts et al., 2007).
- Hepatitis A and B immunisation is recommended for all sexually active gay and bisexual men (Department of Health and Ageing and Council, 2008).
- Increasing numbers of gay and bisexual men are forming families or becoming sperm donors (Dempsey, 2004), so these men may need support and guidance regarding semen testing, STI testing in preparation, as well as referral for legal advice.

'For many (transgender) respondents, the best experiences in the health system involved encounters where they felt accepted and supported by their practitioners. Respondents' worst experiences with health services usually involved encounters where they were met with hostility and not treated respectfully.'

(Couch et al., 2007 p.7)

- Gay and bisexual men may be at higher risk for heart disease and some cancers due to high rates of smoking and alcohol consumption, so advice and screening should be offered.
- Depression and anxiety rates among gay and bisexual men are at least twice those of heterosexual men (Jorm et al., 2002), so staff need to be attentive to cues indicating mental health issues.

4.2 Lesbian and bisexual women

- Cervical screening is required for all sexually active women, including for women who have only ever had sex with women (Marrazzo et al., 2001).
- Sexual behaviour may continue despite ageing or disability, so a sexual history may be required of any age group or ability group.
- STI rates overall are approximately the same as in heterosexual women, with higher rates of bacterial vaginosis and genital HSV and lower rates of blood-borne viruses (Bailey et al., 2004), so lesbian and bisexual women should be offered STI screening if appropriate to their sexual history.
- Same-sex-attracted young women are more likely to have an unwanted pregnancy compared with their heterosexual peers (Saewyc et al., 1999), so targeted advice regarding contraception may be required.
- Increasing numbers of lesbian and bisexual women are forming families within same-sex relationships and so are needing conception and pregnancy advice and care (McNair et al., 2002).
- Lesbian and bisexual women are at higher risk of breast, cervical and ovarian cancers as a result of lower pregnancy rates, higher smoking and reduced rates of screening (Cochran et al., 2001), so regular breast and cervical screening should be encouraged.
- Lesbian and bisexual women may be at higher risk for heart disease and some cancers due to high rates of smoking and alcohol consumption (Case et al., 2004).
- Depression and anxiety rates among lesbian and bisexual women are at least twice those of heterosexual woman (McNair et al., 2005), so specific mental health screening should be undertaken if the history suggests.

4.3 Sex and gender diverse people

Some people are assigned a gender at birth that is not the gender with which they identify. Others are not born nor identify as being either exclusively male or female. This includes people who identify as transgender or intersex. There is enormous pressure for people to conform to cultural and social expectations of gendered behaviour and appearance, which are most often organised around the dichotomies of female/male and femininity/masculinity.

- Some transgender or intersex people do not opt for surgery or hormonal treatments to live as their preferred gender.
- Some transgender or intersex people maintain a fluid approach to their gender.
- Health and wellbeing needs are not always associated with sexual and gender diversity.
- Children showing signs of gender identity in conflict with their gender of upbringing can benefit from early assessment to identify support needs, including the possibility of reversible hormonal treatment to delay puberty until they can make a fully mature decision about their gender.
- It is important to respect and use the preferred name, title and gender pronoun on forms and in conversation.
- Sex and gender diverse people may avoid or delay seeking care at health services due to actual or perceived transphobia and/or lack of knowledge about transgender or intersex health and wellbeing.
- Confidentiality of a person's transgender or intersex status is very important, particularly when in transition.
- Some sex and gender diverse people have specific medical issues associated with gender affirmation treatment/surgery, outlined in the following examples.

Transgender men

- Some transgender men may have a lifelong need for testosterone therapy. If so, they may need periodic assessment of liver function and polycythaemia screening.
- There is an ongoing need for regular cervical screening if the cervix has not been removed.
- Transgender men often, but not always, opt for chest reconstruction (bilateral mastectomy), or for hysterectomy and removal of the ovaries, so may need advice and referral.
- Breast screening maybe be required in transgender men who choose not to have chest reconstruction, or if significant amounts of breast tissue remain.
- Most transgender men do not have genital surgery such as phalloplasty as the procedure is not yet well developed.

Transgender women

- Some transgender women may have a lifelong need for oestrogen therapy, at lower levels if they have had genital surgery.
- Many transgender women, but not all, would like or have had genital gender reassignment surgery.
- There is an ongoing need for age-appropriate prostate screening.
- Age-appropriate breast screening is recommended.

Intersex people

- Early management of children with intersex conditions is challenging and complex. Body image and mental health issues may affect intersex children and adults related to genital surgery and gender assignment.
- Informed consent by parents is crucial regarding treatment, and permanent treatments are preferably delayed until the child is old enough to consent themselves.
- Many people with intersex conditions experience problems with osteoporosis, sexual dysfunction, hormone replacement therapy and access to appropriate medical specialists.

Section 5: Quality improvement and accreditation

Currently in Victoria there are no formal processes of accreditation for GLBTI-inclusive practice. If services want to demonstrate GLBTI cultural competency they must rely on internal processes or external evaluation that is voluntary and not accredited. For example, Gay and Lesbian Health Victoria (GLHV) provide agencies with a toolkit and training to assess and improve the quality of care provided to their GLBTI clients;⁹ however, the toolkit and training are not formally recognised. Increasing numbers of GLBTI clients are seeking services that have been objectively assessed as providing GLBTI-sensitive and appropriate care.¹⁰ Recognising this, the Department of Health funded GLHV to work with the Quality Improvement Council to develop the *Rainbow Tick*, a more formal accreditation process.

Below are some options for developing and implementing more formal processes of GLBTI-sensitive service evaluation and accreditation:

- Consult with GLBTI consumers in developing GLBTI standards and responsive services. Wherever possible, representatives from the GLBTI community should be invited to sit on relevant boards and committees.
- Consult with specialist evaluation or accreditation bodies in the development of effective evaluation criteria. The evaluation may include assessment criteria against each of the key areas listed above.
- Conduct an annual audit against these criteria to determine how GLBTI culturally sensitive they are.
- Consider revising both their GLBTI culturally sensitive practices and evaluation in line with emerging research and information about best practice.

‘... the single biggest barrier to service use by GLBTI people is how they might select a gay-friendly service.’

(Gay and Lesbian Health Victoria, 2009)

5.1 Accreditation

In Victoria, safety and quality frameworks have been developed to assist health and human services to monitor and improve their practices, processes and procedures. The frameworks include standards against which services can be assessed and accredited. A number of independent agencies are responsible for carrying out safety and quality audits including QIC (the Quality Improvement Council standards), EQuIP (The Australian Council on Healthcare Standards) and the national *Standards and guidelines for residential aged care services*. While current quality frameworks do not explicitly include measures of GLBTI competency, Table 1 outlines where such competencies could be included as part of existing standards that relate to inclusive practice and community participation. These are explored in more detail in Section 7.

Table 1: Locating GLBTI competencies as part of current standards

Theme	QIC Standards ¹	EQuIP standards ²	Residential aged care standards ³
Consumer participation	1.1, 2.1, 2.2, 2.4, 2.5, 2.6, 3.4	1.1.1, 1.1.2, 1.2, 1.2.1, 1.6, 1.6.1	3.9
Cultural diversity	2.3 (see also p.3.08)	1.6.3	1.6, 2.13, 3.4, 3.8
Evidence-based practice	2.2, 3.3	1.4.1	2.13
Legislation	1.7, 2.4	1.6.2	3, 3.10
Health promotion	2.2	2.4.1	2
Staff development	1.2	2.2.3	1.3

¹ The Quality Improvement Council

² The Australian Council on Healthcare Standards

³ The Aged Care Standards and Accreditation Agency

Section 6: Examples of inclusive practice

6.1 Housing

Same-sex attracted young people are at increased risk of homelessness, with studies suggesting that more than 30 per cent of homeless young people identify as gay or lesbian (2010 Gay and Lesbian Youth Service, 1995). Australian data show high rates of homelessness due to rejection by family and friends (Hillier et al., 1999; Baker-Johnson, 2000). In a large study of 850 homeless young people in Melbourne (Rossiter et al., 2003), 14 per cent identified as non-heterosexual, indicating an over-representation in this group.



Family Access Network – *alsorts* a transitional housing response (www.fan.org.au)

Family Access Network's (FAN) Homeless Support Services provides services to young people, young families and accompanying children aged 15–25 who are homeless or at risk of homelessness in the Eastern metropolitan region of Victoria. FAN, in partnership with The ALSO Foundation, offer *alsorts* – a case-managed transitional support initiative for same-sex attracted, transgender and intersex (SSATI) young people.

The program, runner up in the 2009 National Diversity@Work awards in the GLBTI category, provides:

- case management and support relating to income, education, health, wellbeing, substance use and other specialist referral services
- access to brokerage funds for employment/education needs and/or counselling/family reconciliation
- assistance through supported exits to independent, longer term housing options such as private rental, public housing or family reconnection
- access to positive role modelling through fully screened, trained and supported volunteer lead tenants and volunteer mentors, through FAN's Volunteer Program
- workshops and community activities through FAN's Life Skills Program.

A key feature of the development of the *alsorts* model at FAN has been the commitment to ensuring that the organisation's other programs, services and operational systems were compatible with providing a SSATI-friendly service. FAN undertook:

- an extensive internal and external review to provide an inclusive environment for clients with diverse sexual and gender orientations
- awareness training for all staff, board members and volunteers
- an audit of resources, language used and assessment processes
- a review and improvement of the physical appearance of the FAN office
- documentation of the *alsorts* model as a best practice report to foster and enhance the broader service system to take up similar inclusive practice and processes.

'... much of the damage done to the mental health and well-being of young people through homophobia at school and in the community can be ameliorated through membership of support groups.'

(Hillier, 2007 p.6)

FAN provides sector-wide information on the *alsorts* program and has become actively involved in supporting SSATI young people's integration within the broader homelessness service system.

6.2 Rural

Research indicates that same-sex attracted and transgender young people (SSATYP) living in rural and regional Victoria may face added pressures due to increased levels of homophobia and reduced access to SSATYP-related information, resources and organisations (Leonard, 2003). Australian research suggests that SSATYP in rural areas are at particular risk of depression and attempted suicide (Hillier et al., 1998). One report suggests that rural SSATYP are six times more likely to attempt suicide than the population as a whole (Quinn, 2003).



Cobaw Community Health Service
WayOut, Rural Victorian Youth and Sexual Diversity Project (www.wayout.org.au)

WayOut, Rural Victorian Youth and Sexual Diversity Project is a partnership between Cobaw Community Health Service and Gay and Lesbian Health Victoria. This award-winning project works in rural Victoria to raise awareness about homophobia and to provide an environment that is welcoming to same-sex attracted and transgender young people. It has a gay-straight youth alliance based in the Macedon Ranges Shire and links with other similar groups based in towns such as Bendigo, Ballarat, Morwell, Shepparton, Wangaratta, Warrnambool and Wodonga. WayOut provides a range of services and support including:

- training, support and secondary consultation for workers
- working with community groups and organisations on developing inclusive policy and services
- supporting young people to form gay/straight alliances and undertake awareness raising activities in their local community
- producing and distributing resources and merchandise.

As a result of the media promotion and advocacy work conducted by young people in the Macedon Ranges Shire, a community health centre in an adjoining shire sought assistance for their local community. As a result of the training of all the staff, the agency has included GLBTI-inclusive practice goals in its organisational plans, continues to display material in its waiting areas welcoming sexual diversity and staff have a range of new resources with specialist information and referral contact details.

Support to Malmsbury Youth Justice Centre has resulted in training for staff in the secure unit, one-to-one counselling for clients, secondary consultations for workers and the continued provision of written information and resources for clients, workers and visitors. Plans are underway to provide training for 'non-secure' units.

Cobaw Community Health have created opportunities for young people and agencies to work together to create positive messages about sexual diversity and to raise community awareness about the links between homophobia and public health, in particular the negative health outcomes for young people who are same-sex attracted in rural areas. The project has mobilised a significant number of people in these communities to take direct action for change in their professional and personal lives.

6.3 Health service

Health inequalities exist for lesbian and bisexual women, largely related to experiences of discrimination, homophobia and heterosexism. These issues can lead to avoidance of routine health care and screening and reduced disclosure of sexual orientation within consultations. Facilitation of disclosure of sexual orientation, identity and behaviour within the consultation is desired by most lesbians and important for addressing specific health needs. Health care providers should develop 'cultural competence' in lesbian issues to enhance their care of lesbian and bisexual women (McNair, 2003).



The Royal Women's Hospital – lesbian friendly service (www.thewomens.org.au)

In 2000 the Royal Women's Hospital's (the Women's) Well Women's Services undertook the Lesbian Health Information Project to assess the health experience of the lesbian community. Overwhelming support from consumers, external health professionals and staff from the Women's saw it as well placed to take on a leadership role in lesbian health and thereby improve access for lesbians to the Women's health information and services (Brown, 2000). Improved access and information has included:

- working in partnership with the lesbian community to develop consumer health information that is relevant and useful (lesbian consumers are active members of the working groups and participate in writing the information)
- development of an award-winning booklet for prospective lesbian parents in Victoria called *Pride and Joy* (this will be reviewed and updated in line with the new Victorian legislation)
- development of the Well Women's Clinic so that lesbians are acknowledged and able to safely and confidently disclose their sexuality – staff are sensitive to appropriate language and specific health issues; confidentiality is assured
- ongoing professional staff development for staff who rotate through the Women's Health Information Centre (WHIC) and the Well Women's Clinic to ensure inclusive practice and competency in lesbian health care

- hosting a series of forums for lesbians and health professionals on a range of lesbian health issues such as menopause, sexual and mental health and opportunities for lesbian parents (single, couple and co-parents) to be involved in the decisions about pregnancy care and birthing options
- sensitive and inclusive childbirth education classes and individual one-off sessions specifically for lesbians are offered
- an increase in lesbian health information and support, available from the WHIC. The WHIC provides a statewide information service which can be accessed by telephone, email or face to face. The staff have extensive knowledge and experience in lesbian health and maintain their networks with lesbian friendly community organisations, support groups, fertility clinics and online lesbian information.

6.4 Residential aged care

Many older GLBTI people in residential aged care have physical or cognitive impairments that result in them being dependent on staff for assistance to undertake their daily living activities. These deficits, combined with the limited privacy, may make it difficult to include same-sex partners, a cross-dresser's wardrobe or community magazines. Some residents may require assistance from staff to cross-dress, lie on a bed with their partner or turn their radio to JOY 94.9 (GLBTI FM radio). As a consequence, staff working in residential aged care have an important role in celebrating sexual and gender diversity. The message of celebration or disapproval may have a powerful impact on older people who were coming of age at a time when their sexual orientation or gender identity could result in ostracism, imprisonment or forced medical 'cures'.

People who work in residential care are aware of their responsibility to create a homelike environment. However, many are unaware that this responsibility also involves respecting the sexual orientation or gender identity of each resident and protecting them from discrimination perpetrated by other residents or visitors to the home. Education programs for aged care service providers don't include information on sexual orientation or sexual/gender diversity and so carers generally don't expect to encounter GLBTI clients. Without an evidence base, staff responses may be based on their own heteronormative and discriminatory views. The following case study outlines how one residential care service educates staff to celebrate the individuality of their very diverse group of clients, a number of whom are GLBTI. This also has broader transferability to other non-residential aged care, for example, the delivery of more inclusive planned activities.



Sacred Heart Mission – low-care facilities

(www.sacredheartmission.org)

Sacred Heart Mission’s low-care facilities in St Kilda provide permanent accommodation for people who have been homeless or disadvantaged and have complex needs. Most residents come from the St Kilda area and many have been homeless and had a psychiatric illness and/or a history of drug or alcohol abuse.

The aim of the low-care facilities is to support the development of a community that is compassionate, just and inclusive of all. To ensure that this aim is achieved in practice, the organisation has developed a staff values statement and principles that require that all staff:

- are inclusive of others
- respect individuality and diversity
- recognise that simple acts of kindness are great acts of love
- build relationships that are respectful and empowering of others.

These principles are fundamental to the recruitment of staff, with all job applicants being provided with a copy of the values, which are then explored in the job interview. The organisation’s reputation for embodying these principles in practise is apparent in their capacity to attract GLBTI staff, who provide an important role in celebrating the sexual and gender identity of all residents.

To monitor and continuously promote inclusive practice Sacred Heart Mission contracts a counsellor to provide a fortnightly education session for staff. These regular education sessions provide staff the opportunity to discuss their concerns, values and beliefs and review the care plans for each resident. The following are examples of the support provided to GLBTI residents.

One of the residents is a transsexual woman. The staff assist her to feminise her appearance by shaving her facial hair, buying her dresses, stockings and wigs. All the staff use her chosen name and will challenge anyone who refers to her as male. The staff are supportive of her relationships with men and her need for intimacy.

One of the residents is a gay man and a cross-dresser. The staff assist him to cross-dress because they understand this is a really important part of his mental health. He has a lovely singing voice and performs each year for the Christmas concert. Until recently he had a long-term partner in a high-care facility and staff would take him to visit his partner and would call the facility so that they could speak to each other. When his partner died a number of staff attended the funeral. The staff recognised the importance of their relationship.



Section 7: Resources

This section includes the following resources:

- Sample intake and interview questions
- Glossary of terms
- GLBTI competencies and QICS (Quality Improvement Council Standards)
- GLBTI competencies and EQUIP 4 (The Australian Council on Healthcare Standards)
- GLBTI competencies and residential aged care services
- Useful websites
- Useful reports and articles
- References
- Endnotes

Sample intake and interview questions

Intake data collection

- Preferred contact for emergencies (rather than next-of-kin)
- Clarify that answering the following questions is optional:
 - sexual orientation – heterosexual, lesbian, gay, bisexual, same-sex attracted, other (please specify)
 - gender – female, male, male-to-female transgender, female-to-male transgender, intersex

Interview suggestions

It can be helpful to introduce questions regarding sexual orientation by explaining why you are asking these questions, for example:

- I ask all of my new clients about their living arrangements.
- I need to know something about your sexual history as it may be relevant to your symptoms.
- I need to ask about how you define your sexual orientation to determine the best service for your needs.

Demographic questions about partner and living arrangements

- Do you have a partner? (rather than, Are you married?)
- What is your partner's name?
- Is your partner male or female? (if the answer to the previous question is unclear)
- Do you live with anyone?
- Who do you regard as your close family?
- Are you co-parenting your children with anyone?
- Who is the biological parent/mother? (rather than, Who is the real/natural parent/mother?)

Sexual history

- Do you have a current sexual partner or partners?
- Do you have sex with men, women or both?
- Do you need any information about safer sex?
- Do you have any need for contraception?
- Do you feel safe with your partner?

Other direct questions about sexual orientation or gender identity

These questions can be useful if the client is not partnered or if relevant to understand preferred social networks, or to explore for discrimination related health issues.

- How do you describe your sexual orientation (or gender identity)?
- Have you had any negative experiences relating to your sexual orientation/gender identity/intersex status?

Glossary

Affirming gender

The process of adopting a way of life or body that matches a person's sense of their gender (see Transsexual).

Bisexual

A person who is sexually and emotionally attracted to people of both sexes.

'Coming out'

The process through which an individual comes to recognise and acknowledge (both to self and to others) his or her sexual orientation/gender identity/intersex status.

Cross-dresser

A person who has an inescapable emotional need to express their alternate gender identity and be accepted in that role on a less permanent basis.

Cultural competence/awareness/sensitivity

Minority sexual orientation and gender identity encompass cultural issues as they often convey specific values and social affiliations, of which services should be aware.

Gay

A person whose primary emotional and sexual attraction is towards 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.

Heterosexism

The belief that everyone is, or should be, heterosexual and that other types of non-heteronormative sexualities or gender identities are unhealthy, unnatural and a threat to society. Heterosexism includes both homophobia and transphobia (see below) and a fear of intersex people who challenge the heterosexist assumption that there are only two sexes.

Homophobia

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

Internalised homophobia

The internalisation by lesbians and gay men of negative attitudes and feelings towards homosexuality.

Internalised transphobia

The internalisation by transgender people of negative attitudes and feelings towards transgenderism.

Intersex

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

Lesbian

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

Men who have sex with men

Men who engage in sexual activity with other men, but who do not necessarily self-identify as gay or bisexual.

Queer

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

Same-sex attraction

Attraction towards people of one's own gender. The term has been used particularly in the context of young people whose sense of sexual identity is not fixed, but who do experience sexual feelings towards people of their own sex.

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).¹¹

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.

Women who have sex with women

Women who engage in sexual activity with other women, but who do not necessarily self-identify as lesbian or bisexual.

GLBTI competencies and QIC (Quality Improvement Council)

Section 3, CORE .08: Inclusive and culturally sensitive organisations

A quality organisation provides programs and services that are: inclusive and culturally sensitive where services and programs are designed and delivered in ways that acknowledge and accommodate the range of its consumers in terms of such characteristics as culture, language, age, gender, sexual orientation, disability and ability. Acceptability to consumers is an important consideration.

CORE Standard 1.1

Leadership and management build a collective sense of purpose and direction that enable the organisation's philosophy, goals and service priorities to be identified and met ... the interests of consumers and stakeholders are represented through formal and informal structures and processes.

CORE Standard 1.2

Human resources are managed to create an effective and competent service ... orientation, support and development needs of staff are systematically identified and met in a way that supports the organisation's goals.

CORE Standard 1.7

The organisation ensures compliance with all relevant laws and regulations.

CORE Standard 2.1

Community needs are identified and the organisation endeavours to meet these needs.

CORE Standard 2.2

Planning and provision of services and programs focus on positive outcomes for agreed consumer and community needs ... staff work with consumers to define their needs and negotiate suitable services and programs, recognising that consumers often have a range of related needs ... services and programs are based on evidence and currently accepted good practice.

CORE Standard 2.3

Services and programs are provided in a culturally safe and appropriate manner.

CORE Standard 2.4

Services and programs confirm consumer rights ... the organisation meets legislative requirements.

CORE Standard 2.5

Services and programs develop, implement and evaluate strategies that empower consumers.

CORE Standard 2.6

Services and programs within the organisation are coordinated ... to meet the needs of consumers.

CORE Standard 3.3

The organisation demonstrates that it has incorporated and contributes to currently accepted good practice in its field.

CORE Standard 3.4

The organisation works to build the capacity of the community it serves and the professional community to which it belongs.

GLBTI competencies and EQuIP 4 (The Australian Council on Healthcare Standards)**Standard 1.1**

Consumers/patients are provided with high-quality care throughout the care delivery process ... the assessment systems ensure current and ongoing needs of the patient are identified ... care is planned and delivered in partnership with the patient and when relevant, the carer to achieve the best possible outcomes.

Standard 1.2

Patients and communities have accesses to health and human services and care appropriate to their needs ... The community has information on, and access to, health and human services and care appropriate to its needs ... Access and admission to the system of care is prioritised according to clinical need.

Standard 1.4

The organisation provides care and services that achieve expected outcomes ... Care and services are planned, developed and delivered based on the best available evidence and in the most effective way.

Standard 1.6

The governing body is committed to consumer participation ... Input is sought from consumers, carers and the community in planning, delivery and evaluation of the health service ... Patients are informed of their rights and responsibilities ... The organisation makes provision for patients from culturally and linguistically diverse backgrounds and patients with special needs.

Standard 2.4

The organisation promotes the health of the population ... Better health and wellbeing for patients, staff and the broader community are promoted by the organisation.

GLBTI competencies and the national *Standards and guidelines for residential aged care services*

Standard 1.2: Regulatory compliance

The organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

Standard 1.3: Education and staff development

Management and staff have appropriate knowledge and skills to perform their roles effectively. Knowledge and skill development needs are identified and management and staff are encouraged to pursue relevant ongoing development to enhance their knowledge of contemporary practices and understanding of their responsibilities.

Standard 1.6: Human resource management

There are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives. Consideration of the care, cultural and other needs of residents when selecting and rostering staff.

Standard 2: Health and personal care

Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

Standard 2.13: Behavioural management

The needs of residents with challenging behaviours are managed effectively ... The implementation of appropriate programs relating to behavioural management in accordance with contemporary practice ... Specialist assessment and treatment that is sensitive to residents' cultural and linguistic needs, where appropriate.

Standard 3: Resident lifestyle

Residents retain their personal, civic, legal and consumer rights and are assisted to achieve active control of their own lives within the residential care service and in the community.

Standard 3.4: Emotional support

Each resident receives support in adjusting to life in the new environment and on an ongoing basis ... Residents' special needs (including linguistic, cultural and spiritual needs) are assessed, documented, regularly reviewed and acted upon.

Standard 3.5: Independence

Residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service.

Standard 3.6: Privacy and dignity

Each resident's right to privacy, dignity and confidentiality is recognised and respected ... Each resident's right to privacy to maintain intimate relationships with families and friends is recognised and respected ... Professional and respectful relationships between staff, residents and family are fostered and maintained.

Standard 3.7: Leisure interests and activities

Residents are encouraged and supported to participate in a wide range of interests and activities of interest to them ... Services are provided in a manner that promotes integration with the community and community events ... The facilitation of community and family involvement in activities.

Standard 3.8: Cultural and spiritual life

Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered.

Standard 3.9: Choice and decision making

Each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people.

Standard 3.10: Resident security of tenure and responsibilities

Residents have secure tenure within the residential care service, and understand their rights and responsibilities. Residents live, and staff work, in an environment free of harassment, retaliation and victimisation.

Standard 4: Physical environment and safe systems

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

Standard 4.4: Living environment

Management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs... A restraint-free environment where possible ... Any restraint be the least restrictive type possible and only used after all reasonable alternatives have been explored... That a decision to restrain is made in partnership between each resident (or his or her representative) and the health care team.

Useful websites

Anti Violence Project of Victoria

<http://antiviolence.info>

The peak GLBTI community organisation leading discussion on violence and its impacts within and against the community. It maps reports of violence and hate-motivated crime targeting the GLBTI community through their online reporting service.

Australian Research Centre in Sex, Health and Society

www.latrobe.edu.au/arcshs

An independent research unit within the Faculty of Health Sciences at La Trobe University dedicated to the advancement of knowledge and applied skills in sexual health research and education locally, nationally and internationally.

Australian Bisexual Network

<http://members.optusnet.com.au/~ausbinet/>

A national network and voice for all bisexual identified or bisexually active people that also provides a range of online resources and links.

Australian GLBTIQ Multicultural Council

www.agmc.org.au

The peak body for individuals/groups from GLBTI multicultural backgrounds.

Bisexuality Victoria

www.bi-victoria.org

A social and support group for bisexuals, their partners and friends.

CAN Victoria

www.can.org.au

The Country Awareness Network Victoria Inc. (CAN) is a community-based, not-for-profit, non-government membership organisation funded, in part, by the Department of Human Services. CAN provides information, education, support, referrals and advocacy to Victorian rural/regional communities regarding HIV/AIDS, hepatitis C, other blood-borne viruses and sexually transmitted infections.

Cultural diversity guide: planning and delivering culturally appropriate human services

www.dhs.vic.gov.au/multicultural/downloads/cultural_diveristy_guide_2006.pdf

A resource supporting the human services system to identify strategies to improve cultural responsiveness and effect cultural change. It also provides guidance on additional resources and supports for programs and agencies in managing for diversity.

Gender and diversity lens for health and human services www.health.vic.gov.au/wwhp/downloads/gender_diversity_lens.pdf

A resource to assist Department of Human Services programs and funded services take into account the interaction between gender, diversity and disadvantage during the planning cycle and service delivery.

Gay and Lesbian Health Victoria

www.glv.org.au

Organisation established to enhance and promote the health and wellbeing of GLBTI people in Victoria. GLHV provides support for health care providers and the community through training, the development of health resources and an information clearinghouse.

Gay and lesbian liaison officers (GLOs) – Victoria Police

http://www.police.vic.gov.au/content.asp?Document_ID=741

GLOs are police specially trained in GLBTI issues and can assist by providing discreet, non-judgemental advice and assistance in the reporting of crimes such as prejudice motivated crime and same-sex relationship family violence.

Health and health care for lesbian, bisexual and same-sex attracted women

www.dialog.unimelb.edu.au

Provides information and needs from an Australian perspective for women, for health care providers and for health researchers.

Intersex information and support

www.vicnet.net.au/~aissg

Androgen Insensitivity Syndrome (AIS) Support Group Australia: Offers information, peer support and links for people with AIS or related conditions, and their families.

Lesbian and bisexual women's sexual health

www.lesbianstd.com

American website providing research-based information and resources regarding sexual health and sexually transmitted diseases in women who have sex with women.

Ministerial Advisory Committee on Gay, Lesbian, Bisexual, Transgender, Intersex Health and Wellbeing

www.health.vic.gov.au/glbtimeac

Provides advice to the three Ministers (covering the portfolios of Health, Mental Health, Community Services, Senior Victorians and Housing) and the departments of Human Services and Health on action required to promote and support the health and wellbeing of GLBTI Victorians.

Mautner Project, the National Lesbian Health Organisation (US)

www.mautnerproject.org

A range of general lesbian health information, research, programs for consumers and health professionals.

Matrix Guild Victoria Inc.

www.matrixguildvic.org.au

Founded by and for the benefit of lesbians over forty years of age. The guild is committed to the support of appropriate care and accommodation choices and alternative lifestyle options for older lesbians in Victoria.

National LGBT Health Alliance

www.lgbthealth.org.au

Established by a number of organisations from across Australia that provide health-related programs, services and research targeting lesbian, gay, bisexual, and sex and gender diverse people.

PLWHA Victoria

www.plwhavictoria.org.au

The peak advocacy, education, advice, support and social networking body for all people living with HIV/AIDS in Victoria.

PFLAG

www.pflagvictoria.org.au

A group of parents, families and friends of gay, lesbian and bisexual people who offer support and friendship to families, particularly parents, and also to members of the GLBTI community who may need support in 'coming out' to their families and friends.

Rainbow Network

www.rainbownetwork.net.au

Rainbow Network Victoria is the statewide network for anyone who works with same-sex-attracted, bisexual, queer, or transgender young people in community or school-based settings.

Rainbow Families

www.rainbowfamilies.org.au

A website providing information, support and a resources forum for parents, partners and prospective parents who identify as being GLBTI and their families, friends and allies.

Supporting diversity in schools

www.eduweb.vic.gov.au/edulibrary/public/teachlearn/student/supportsexualdiversity.pdf

A resource supporting the total school community to take action to make schools safe and inclusive for those who are same-sex attracted and those affected by homophobia, such as family and friends.

TransGender Victoria

www.transgendervictoria.com

A community-based organisation supporting the Victorian transgender community, their family, friends, partners and others. The organisation advocates for legislative reform and works with government and community groups in all aspects of human rights for transsexuals and cross-dressers alike.

The ALSO Foundation

www.also.org.au

A not-for-profit community-based organisation working to enhance the lives of Victoria's diverse GLBTI and queer communities. Produces an annual ALSO Foundation directory of GLBTI-sensitive service providers.

Vintage Men

www.geocities.com/vintagemen

A social and support group for mature gay and bisexual men and their friends.

Victorian AIDS Council and the Gay Men's Health Centre

www.vicaids.asn.au

An organisation that aims to improve the health and social and emotional wellbeing of the Victorian HIV-positive and GLBTI communities by providing care, support and advocacy to the HIV-positive community and service providers.

Victorian Gay and Lesbian Rights Lobby

www.vglrl.org.au

Works to achieve equality and social justice for lesbians and gay men. One initiative is *Over the Rainbow Online* featuring a guide to Victorian law on issues such as anti-discrimination law, health, inheritance, property division, death compensation and superannuation.

Way Out

www.wayout.org.au

WayOut, Rural Victorian Youth and Sexual Diversity Project is a partnership between Cobaw Community Health Service and Gay and Lesbian Health Victoria. The project works with communities in rural Victoria to raise awareness about homophobia and to provide an environment that is welcoming to same-sex-attracted young people.

Useful reports and articles

Australian Human Rights Commission 2008, *Sex and gender diversity issues paper*, NSW. Online: <http://www.humanrights.gov.au/human%5Frights/gay_lesbian/gender_diversity_paper.html>.

Banks, C 2003, *The cost of homophobia: Literature review on the human impact of homophobia in Canada*. Online: <<http://rainbowhealth.ca/outlive/Docs/homophobia%20cost.pdf>>.

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Toronto Long-Term Care Homes and Services 2008, *Diversity our strength, LGBT toolkit for creating culturally competent care for lesbian, gay, bisexual and transgender persons*, Toronto. Online:<http://www.toronto.ca/ltc/pdf/lgbt_toolkit_2008.pdf>.

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Endnotes

- ¹ Since the GLBTI MAC was first established, a departmental restructure has seen the establishment of a new Department of Health, in addition to the Department of Human Services. Given the role of both health and community services in community health and wellbeing, this guide continues to focus across the relevant portfolios.
- ² Heterosexism is the belief that everyone is, or should be, heterosexual and that other types of non-heteronormative sexualities or gender identities are unhealthy, unnatural and a threat to society. Heterosexism includes both homophobia and transphobia (fear and hatred of people who are transgender).
- ³ The Australian Human Rights Commission uses the phrase sex and gender diversity as a celebration and recognition of variations in sex and gender. This includes people who identify as transgender, transsexual or intersex. See: <www.humanrights.gov.au/human%5Frights/gay_lesbian/gender_diversity_paper.html>
- ⁴ Verbal harassment and threats of violence are part of GLBTI Victorians' everyday experience. 85 per cent of GLBTI Victorians have been subject to heterosexist violence in their lifetimes and rarely report their experiences of violence. 60 per cent didn't report their experience due to the belief that it would not be taken seriously or trivialised or that reporting will lead to further abuse from service providers. Only 6 per cent of GLBT people who reported same-sex partner abuse to police were referred to advice or support services (Leonard et al., 2008).
- ⁵ Substantial national and international research shows a link between GLBTI people's experiences of heterosexist and homophobic abuse and increased levels of stress, smoking, substance abuse, depression, anxiety, suicidal ideation and reduced social support (see, for example, King et al., 2003, King et al., 2008; Pitts et al., 2006; McNair et al., 2005).
- ⁶ 'Homelessness' includes the cultural definition that identifies people as homeless on the basis of their housing circumstances. For example, primary homelessness such as 'sleeping rough', secondary homelessness such as 'couch surfing' and tertiary homelessness such as people who staying in boarding houses on a medium- to long- term basis. See <www.fahcsia.gov.au/sa/housing/pubs/homelessyouth/youth_homelessness/Documents/p1.htm>.
- ⁷ Overall, the aged care sector is a diverse sector, including public and private providers of residential aged care as well as services providing home and community care (HACC) and supported residential services. The sector is funded through a mix of Commonwealth, state and local government funding.

- ⁸ People with a disability in Victoria can access a range of services to support them to live their lives. Some of these services are funded and provided by the Department of Human Services (Disability Services) and some are provided by funded non-government services. This includes people with a sensory, physical, neurological or intellectual disability or a combination of these disabilities not related to ageing and which have a significant impact on a person's functioning and participation. There is a range of services including residential services and individualised support packages that assist people to live more independently in the community. These include outreach services, day support services and some specialist support services. Increasingly, people are accessing these types of services that are provided in their own homes or in the community.
- ⁹ <www.glhv.org.au> or <info@glhv.org.au>
- ¹⁰ GLHV, the ALSO Foundation and the Australian Lesbian Medical Association have reported increased numbers of enquiries seeking a GLBTI-friendly health service or general practitioner.
- ¹¹ The terms 'transgender' and 'transsexual' are currently subject to vigorous debate within the transgender, transsexual and intersex communities.

