SELF-ASSESSMENT AND PLANNING TOOL FOR LGBTI INCLUSIVE AGED CARE
About Val’s Café

Val’s Café was established in 2009 to promote the health and wellbeing of older gay, lesbian bisexual, transgender and intersex (LGBTI) Australians. To achieve this, the Café conducts research and advocacy, delivers education, develops resources, and builds community capacity. The Val’s website and newsletter provide updated information on LGBTI Ageing and Aged Care.

Val’s Café is part of the Sexual Health and Ageing program located within the Australian Research Centre in Sex, Health and Society at La Trobe University.

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Self-assessment and planning (SAP) tool for LGBTI inclusive aged care

Val’s Café developed this tool to assist aged care services understand how to become LGBTI inclusive. The tool draws on the National Standards for LGBTI inclusive service developed by Gay and Lesbian Health Victoria. The six Standards are:

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

Each Standard includes pragmatic indicators that reflect the broad quality frameworks central to the delivery of aged care services.

The aim of LGBTI inclusive practice

It is important to note that the aim of the Standards is to promote the development of LGBTI inclusive services. This may not mean that older LGBTI clients/residents are more likely to disclose their sexual orientation or gender identity. However, it will mean that LGBTI clients/residents are likely to feel safer and more valued – whether or not they disclose.

How to use the SAP

The SAP can be used when starting out on your LGBTI inclusive practice journey, to monitor your progress, or to evaluate outcomes. The SAP can be completed by a range of staff to compare perspectives. For each Standard we have provided:

- a summary statement
- general considerations for the application of the Standard to aged care
- examples of strategies to meet the Standard
- a question related to each indicator and space to score your organisation against the indicator as:
  - unmet (score 0 points)
  - partly met (score 2 points)
  - met (score 4 points).
- space to record your achievements
- space for you to record your plans for improvement.

As you work through the SAP you are invited to score each indicator and to record your achievements and plans for improvement. When you have completed the tool, tally your score. An honest evaluation will ensure meaningful change and LGBTI inclusive service development. For some questions, consider how an older LGBTI person might identify that your service is inclusive. While the highest possible score of 92 indicates a more LGBTI inclusive service, don’t be disheartened if you have a low score. Conducting the audit is a great place to start.

Please note that the suggested examples of strategies are indicative and not exclusive. Your organisation is encouraged to develop its own suite of strategies.
Standard 1: Organisational capability

The organisation embeds LGBTI inclusive practice across all organisational systems and continuously seeks opportunities for improvements.

General considerations
1. Addressing myths about sexuality and ageing is an important way for an organisation/service to build its capacity to meet the needs of older LGBTI people.
2. Achieving LGBTI inclusive practice can be complex – because of the values and belief of staff, management, the Board, volunteers, other clients/residents and family members. Embarking on this journey requires a real commitment across the whole service/organisation.
3. Gaps identified in the SAP can be great catalysts for improving services.
4. It takes courage for a service/organisation to conduct a self-assessment and ask what it is doing well and what it needs to improve.
5. The self-assessment could be repeated on an annual basis to monitor improvements.

Examples of strategies
1. The organisation/service has support from the governing body (e.g. Board/Council etc.), and senior management to develop LGBTI inclusive service provision.
2. The organisation/service conducts a SAP audit and plans for improvements.
3. The organisation/service repeats the SAP on an annual basis to monitor progress.
4. The organisation's/service's strategies for LGBTI inclusive practice are included in its quality plan, diversity strategy, etc.
5. The organisation's/service's statements about diversity include explicit reference to sexual orientation and gender identity and are reflected in organisational processes including: employment processes, staff orientation, team meetings, performance reviews, service agreements etc.
6. The organisation/service has professional values and codes of conduct that are clearly articulated to staff and define their responsibility to deliver and support LGBTI inclusive services.
1.1 Are the standards outlined in this document reflected in the organisation's mission statement, vision, job descriptions, service contracts, performance appraisal system, service models, diversity plan and quality management plan?

What have you achieved in relation to this indicator? (describe)

What could you do to improve compliance with this indicator? (describe)

Please circle one of these: unmet (0 points); partly met (2 points); met (4 points)

1.2 Does the organisation demonstrate its commitment to the health and wellbeing of older LGBTI people by creating a workplace that values LGBTI employees?

What have you achieved in relation to this indicator? (describe)

What could you do to improve compliance with this indicator? (describe)

Please circle one of these: unmet (0 points); partly met (2 points); met (4 points)

1.3 Does the organisation have an integrated LGBTI consumer feedback system which ensures continuous quality improvement and planning in relation to these standards?

What have you achieved in relation to this indicator? (describe)

What could you do to improve compliance with this indicator? (describe)

Please circle one of these: unmet (0 points); partly met (2 points); met (4 points)

1.4 Does the organisation have systems for monitoring compliance with these standards and making continuous improvements to enhance LGBTI inclusive practice?

What have you achieved in relation to this indicator? (describe)

What could you do to improve compliance with this indicator? (describe)

Please circle one of these: unmet (0 points); partly met (2 points); met (4 points)
Standard 2: Cultural safety

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

General considerations

1. Cultural safety requires:
   • an understanding of LGBTI history and how this impacts on older LGBTI people
   • an understanding of the power dynamic between older LGBTI clients/residents and service providers - particularly that older LGBTI clients/residents may not feel empowered as service users
   • that all staff understand how their own values and beliefs about LGBTI people impact on the service they provide to older LGBTI people.
2. Some organisations/services don’t believe they have any older LGBTI clients/residents and so don’t believe they need to be LGBTI inclusive. The failure to provide a LGBTI inclusive service can send a message to older LGBTI people that it is not safe to disclose their sexual orientation or gender identity.
3. Staff who provide services in group settings need to understand the risks to older LGBTI people from other clients/residents.
4. Service providers need to understand their responsibility to protect older LGBTI people from discrimination perpetrated by other clients/residents and visitors.
5. Appropriate responses to discrimination provide the opportunity to communicate to older LGBTI people that they are valued.
6. In rural and remote services the concerns of older LGBTI people may be amplified because of the likelihood that they will personally know service providers.
7. Some gay men receive substandard care from service providers who mistakenly believe that all gay men are HIV positive and that they can contract HIV from touching a HIV positive person.
8. Older Trans people who are identifiably Trans may be more vulnerable to discrimination.

Examples of strategies

1. Educate staff about LGBTI history and the impacts on older LGBTI people’s health and wellbeing and their perceptions/fears of aged care services
2. Provide education to staff about why and how older LGBTI people may feel disempowered accessing aged care services or having service providers come to their home
3. Conduct a staff survey to document staff values and beliefs about LGBTI inclusive practice and LGBTI people and utilise survey findings to structure staff education
4. Identify and outline potential risks related to LGBTI service delivery and identify strategies to minimise these risks
5. Do not require that staff ask clients/residents if they are LGBTI unless you are certain that those who disclose will receive a positive response from staff.
6. Do not promote your service as LGBTI inclusive until you are sure that you are. It may be more useful to talk about ‘working towards LGBTI inclusive practice’.
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<tr>
<th>2.1</th>
<th>Does the organisation disseminate information about older LGBTI people’s cultural safety across its services and to other organisations?</th>
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<th>2.2</th>
<th>Does the organisation’s risk management system include strategies to identify and manage potential risks to the cultural safety of older LGBTI consumers?</th>
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<tr>
<th>2.3</th>
<th>Does the organisation have processes for identifying and responding to breaches of the cultural safety for older LGBTI consumers by staff, consumers, visitors or volunteers?</th>
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Standard 3: Professional development

Professional development is provided to ensure all staff in the service are confident about LGBTI inclusive practice and understand their responsibilities in relation to service delivery to LGBTI consumers.

General considerations
1. There is a general perception in the community that older people are not sexual and this contributes to the myth that older people are not sexually or gender diverse.
2. Professional development needs to include pragmatic strategies (policies, procedures, guidelines) to support such substantial changes.
3. Professional development needs to include strategies for working with families.
4. Professional development needs to address potential elder abuse or discrimination by family members who are not supportive of an older LGBTI person's sexual orientation, gender identity or intimate relationship.
5. Professional development should address the different and separate needs and experiences of each LGBTI sub-group.

Examples of strategies
1. Undertake a staff survey to determine current levels of staff awareness to assist with the planning of professional development.
2. Provide education for staff on:
   • Historical experiences of older gay, lesbian and bisexual people.
   • Historical and contemporary pathologising of Trans people.
   • The experiences and needs of older intersex people.
   • The impacts of discrimination on health and wellbeing.
   • The impacts of discrimination on older LGBTI people's expectations of aged care service providers (i.e. their fears about discrimination).
   • The impact of discrimination on the visibility of older LGBTI people.
3. Educate staff on LGBTI inclusive practice to ensure they are clear about what it is and what the organisation expects of them.
4. Facilitate opportunities for staff to discuss (in respectful ways) their values and beliefs relating to older LGBTI people and the impact these are likely to have on the services they provide.
5. Include aspects of LGBTI inclusive practice and reflective practice in other professional development opportunities e.g. Professional boundaries, diversity training.
6. Use team meetings as a way to embed and operationalise LGBTI practice and awareness on an ongoing basis.
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<tr>
<th>Standard 3 Points</th>
<th>3.1 Does the organisation have a systematic process for assessing the professional development needs of staff and volunteers relating to LGBTI inclusive practice?</th>
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<td>What have you achieved in relation to this indicator? (describe)</td>
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<th>3.2 Does the organisation provide professional development to all staff and volunteers that includes legal responsibilities, LGBTI inclusive practice and cultural safety and a consideration of the impact of employee’s attitudes and beliefs?</th>
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<td>What have you achieved in relation to this indicator? (describe)</td>
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<th>3.3 Does the organisation keep up to date with current trends in the field of LGBTI service provision and use evidence to educate staff on how to improve outcomes for its LGBTI consumers?</th>
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<th>3.4 Does the organisation participate in professional associations and other forums in its field regarding the provision of services to LGBTI consumers?</th>
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<td>What have you achieved in relation to this indicator? (describe)</td>
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Standard 4: Consumer consultation

LGBTI consumers/the LGBTI communit(ies) are consulted about, and participate in, the planning, development and review of the service.

General considerations

1. Some older LGBTI people have had to hide their sexual orientation or gender identity all their lives in order to be safe. Services providers may need to build respect and trust before consumers feel safe disclosing their sexual orientation or gender identity.

2. Seeking feedback from older LGBTI people is very worthwhile. Older LGBTI people have amazing stories that can be such an important tool for understanding their responses to services and how to improve services.

3. Narratives shared by older LGBTI people are a powerful strategy for building empathy amongst staff.

4. While building trust and respect it may be useful to read existing narratives about the experiences of older LGBTI people accessing services e.g.: My People report.

5. Consulting older LGBTI people in rural and remote areas may require additional efforts to build trust.

Examples of strategies

1. Publicise (on your website etc.) the work you are doing to become more LGBTI inclusive which will demonstrate to older LGBTI people that you are committed to providing a safe and LGBTI inclusive service.

2. Utilising your existing consumer consultation processes including annual surveys and develop a specific statement on your interest in feedback from LGBTI service users – and have patience.

3. Establish an LGBTI advisory committee to help advise on planning for improvements and reviewing progress towards LGBTI inclusive practice.

4. Invite LGBTI representatives onto an existing diversity committee, or consumers advisory group to help advise on planning for improvements and reviewing progress towards LGBTI inclusive practice.

5. Contact and build relationships with organisations that provide support to older LGBTI people.
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<td><strong>4.1</strong></td>
<td>Does the organisation work with older LGBTI consumers (or LGBTI communities) to identify the needs of older LGBTI consumers and use this information to develop LGBTI inclusive services?</td>
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<td><strong>4.2</strong></td>
<td>Does organisation have a system for the ongoing monitoring of its LGBTI consumers to identify changing needs and evaluate outcomes of service improvements?</td>
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<td><strong>4.3</strong></td>
<td>As part of its ongoing assessment of consumer experience, does the organisation analyse its performance in working with older LGBTI consumers and undertake appropriate service improvements?</td>
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Standard 5: Disclosure and documentation

LGBTI consumers feel safe to provide personal information, including disclosure of sexual orientation or gender identity, because they know systems are in place to ensure their privacy.

General considerations

1. Some older LGBTI people think that by disclosing information on their sexual orientation or gender identity to a staff member (e.g. at intake/assessment) this information will be communicated to all staff providing them with services.

2. Some service providers dismiss the need to address the processes for disclosure and documentation because they do not directly or explicitly ask older service users if they are LGBTI. However, organisations that promote their services as LGBTI inclusive will inadvertently communicate to LGBTI service users that staff are prepared for disclosure.

3. Some older LGBTI people’s family members and/or families of choice (those considered to be family) may believe that it is important to disclose sexual orientation or gender identity to staff. If this occurs it is important to consider how the older LGBTI person would have liked this information to be shared.

4. Services need to ensure staff confidence and competence relating to disclosure and documentation. This can be achieved through the development of an organisational policy and procedure relating to disclosure and through staff education about the policy.

5. Be aware that if you are promoting your service as LGBTI inclusive some LGBTI service users will assume you will know what to do if they disclose.

6. Be aware that consumers’ biological families may not always know and/or be supportive of their relative’s sexuality and/or gender identity. A service’s primary obligation is to protect their client/resident’s needs.

Examples of strategies

1. Develop a policy to explicitly guide staff on responding to disclosure.

2. Educate staff to ensure they are aware of the likelihood that they will be providing services to older LGBTI people, regardless of whether or not these clients/residents have disclosed their sexual orientation or gender identity.

3. Educate staff on the rights of older LGBTI people to privacy – including how information is shared with biological family, other staff and other services.

4. Provide education for staff to understand the importance of communicating that it is safe to provide information on sexual orientation or gender identity – to all clients/residents, regardless of whether or not they disclose.
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<th><strong>5.1</strong></th>
<th>Does the organisation have a policy on when it is and is not appropriate to collect information on a consumer’s sexual orientation and gender identity?</th>
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<td><strong>What have you achieved in relation to this indicator?</strong> (describe)</td>
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<th><strong>5.2</strong></th>
<th>Does the organisation only collect information about sexual orientation or gender identity from the consumer, or from the consumer’s nominated representative?</th>
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<td><strong>What have you achieved in relation to this indicator?</strong> (describe)</td>
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<th><strong>5.3</strong></th>
<th>Do staff inform LGBTI consumers that information about sexual identity or gender orientation is confidential, clarify when disclosure is appropriate, and inform consumers how information will be used and stored?</th>
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<th><strong>5.4</strong></th>
<th>Do staff check how consumers would like this information recorded and take reasonable steps to inform consumers about how the information may be used, who may access it and the consequences of not providing it?</th>
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<th><strong>5.5</strong></th>
<th>Are staff aware of the importance of and strategies for responding in a positive and respectful way to disclosure?</th>
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<td><strong>STANDARD 5 POINTS</strong></td>
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Standard 6: Access and intake processes

Access and intake processes send a message of welcome to LGBTI consumers at the point of access and beyond.

General considerations

1. Some older LGBTI people have hidden their sexual orientation or gender identity all their lives to escape discrimination and may need to feel/see evidence that a service is LGBTI inclusive before they disclose.

2. Sending a message of welcome to older LGBTI people is not simply reliant on explicit questions relating to sexual orientation or gender identity but can be communicated by genuinely LGBTI inclusive language through all aspects of the service.

3. Many organisations/services don't have a ‘foyer’ to display posters welcoming older LGBTI people. However, messages of welcome can be communicated through the organisation/service’s website or information packs.

4. Some organisations/service providers express concern that messages of welcome to older LGBTI people will upset older heterosexual people who are homophobic. Staff who have addressed their own values and beliefs about older LGBTI people are likely to feel more confident and comfortable communicating the importance of LGBTI inclusive services.

5. Labels and acronyms such as ‘LGBTI’ are relatively recent and some older LGBTI people may not relate to them.

6. Some older LGBTI people with dementia may lose the capacity to maintain their ‘closet’ and may no longer be able to hide their sexual orientation or gender identity. In these cases it is particularly important that LGBTI clients/residents and their families (and families of choice) receive the message that they are valued and safe.

7. Some older transgender people may have ‘non congruent’ bodies or difficulty maintaining their gender identity making them more vulnerable to judgements and discrimination by others.

8. Working with families requires particular attention. Some older LGBTI people were disowned by their biological family because they are LGBTI. Others have friends who become family. Others may have same sex partners who want to be acknowledged – with or without the label of partner.

9. It is important that for referrals, staff are aware of the services available to older LGBTI people and the capacity of these LGBTI or mainstream services to be LGBTI inclusive.

Examples of strategies

1. Provide education on the use of LGBTI inclusive language e.g. ‘partner’ rather than ‘spouse’, or asking: is there someone important to you whom you would like to involve in discussions about your care?

2. Provide staff education on the importance of not making assumptions about gender or sex.

3. Review information provided to older LGBTI people (hard copies and web based) to check the language is LGBTI inclusive.

4. Provide information in promotional/communication material (e.g. Web, in brochures) about the commitment to become more LGBTI inclusive.

5. Provide education for staff and put systems in place so that staff understand how to respond to older LGBTI people in positive ways.
6.1 Does the organisation welcome LGBTI consumers through a range of different strategies that are appropriate to the environment?

What have you achieved in relation to this indicator? (describe)

What could you do to improve compliance with this indicator? (describe)

Please circle one of these: unmet (0 points); partly met (2 points); met (4 points)

6.2 Are the organisation’s promotional and educational materials LGBTI inclusive (inclusive language and images, LGBTI specific information)?

What have you achieved in relation to this indicator? (describe)

What could you do to improve compliance with this indicator? (describe)

Please circle one of these: unmet (0 points); partly met (2 points); met (4 points)

6.3 Are access and intake forms and processes LGBTI inclusive?

What have you achieved in relation to this indicator? (describe)

What could you do to improve compliance with this indicator? (describe)

Please circle one of these: unmet (0 points); partly met (2 points); met (4 points)

6.4 Does the organisation promote its services to the LGBTI community?

What have you achieved in relation to this indicator? (describe)

What could you do to improve compliance with this indicator? (describe)

Please circle one of these: unmet (0 points); partly met (2 points); met (4 points)