



GENDER CONNECT
COUNTRY SA

Building LGBTIQ+ Affirmative Services: Beyond the Basics Guide

SHINE_{SA}

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Introduction

Purpose

This document provides guidance to workers and organisations working to implement affirming policies and practices for the lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTIQ+) community, with specific reference to the transgender and gender diverse (TGD) community.

This guide was written to meet the needs of health and community services organisations in regional and rural South Australia. However, we welcome its use by anyone working toward LGBTIQ+ inclusion.

Created by Gender Connect Country SA at SHINE SA (funded by Country SA PHN), this guide has been developed through the dual lenses of lived experience and the existing evidence base on LGBTIQ+ affirming practice.

Scope

This guide will focus on creating LGBTIQ+ affirming environments in the health and community sectors for:

- Service users (the people we work alongside; your organisation or profession may use other terminology such as consumers, clients, or patients).
- Carers/support persons.
- Staff members.
- Volunteers.

We know many organisations and service providers are already working toward LGBTIQ+ affirming policies and practices. We have organised these guidelines in a staged approach, so they can be applied at any point in your journey toward inclusive practice.

This guide provides a practical entry point, but it will not cover everything there is to know about LGBTIQ+ and TGD affirming practice.

We recommend this guide for:

- Organisations and staff members who wish to implement a more inclusive approach, but do not know where to start.
- Organisations and staff who have attended a Gender Connect Country SA Workforce Update or SHINE SA LGBTIQ+ training, and are seeking guidance on their next steps.
- Organisations who do not yet have the capacity to implement a national accreditation program, such as the Rainbow Tick program.
- Individual staff members or teams who would like to develop their LGBTIQ+ affirming practice skills.

This document builds on professional development offered by SHINE SA, particularly Workforce Updates by Gender Connect Country SA. These workshops cover the basics on engaging with transgender and gender diverse people.

For more information about the Workforce Updates, contact Gender Connect Country SA at genderconnect@shinesa.org.au.

For more information about SHINE SA's professional development opportunities, see the SHINE SA website: www.shinesa.org.au

Establishing the need for LGBTIQ+ affirming practices

Discrimination, stigma, and ill treatment within health and community settings is a considerable issue for the LGBTIQ+ community. When accessing health and community organisations, transgender and gender diverse (TGD) people have specific needs, and may confront additional barriers compared to cisgender people.

Many factors bring LGBTIQ+ people into contact with health and community services. Discrimination, stigma, social exclusion and barriers to health care increase the rate of physical and mental health challenges within LGBTIQ+ communities. These challenges can require professional support. LGBTIQ+ people may also require community-specific types of health care, such as gender affirming hormone therapy.

On the other hand, LGBTIQ+ people may sometimes protect themselves from harm by avoiding discriminatory or unsafe services altogether (Rainbow Health Victoria, 2020). Discrimination, stigma, and exclusion of LGBTIQ+ communities in these settings create a barrier to help-seeking. This has flow-on impacts on community health outcomes.

Understanding the health disparities LGBTIQ+ people and communities face is vitally important, but we have kept this section brief. We don't want to simply reiterate the severity of the problem. Instead, we want to reframe this as a call to action. We invite your organisation to take this as an opportunity: to create an LGBTIQ+ affirmative practice approach that is sustainable where you live and work.

Why implement LGBTIQ+ specific policies and practices?

Adopting proactive policies

Many health and community organisations have general codes of conduct, and organisational policies prohibiting discrimination and other unfair treatment. However, adopting LGBTIQ+ affirming policies is an important addition.

These policies do more than ban discrimination. They show active support for the LGBTIQ+ community and provide clear steps for organisations to follow to ensure people are included. By adopting proactive policies, health and community service providers can:

- Improve outcomes for LGBTIQ+ service users.
- Ensure people of all genders and sexual orientations can access quality services.
- Reduce barriers to accessing services.
- Challenge subtle biases, both conscious and unconscious.
- Create services and organisations that better reflect the communities we serve.

How to use this guide

We have organised this guide into four main sections: assess, reflect, plan and act. Feel free to skip around and use whatever parts are relevant, based on where you work, how you work, and what information you need.

Part One: Assess

This section will help you think about your organisation's current LGBTIQ+ policies and practices, and the needs of your local LGBTIQ+ community.

Part Two: Reflect

In this section, we'll ask you to reflect on what's working well and what areas for improvement you've noticed. Which changes are most important for your organisation right now?

Part Three: Plan

This section will explore different pathways to LGBTIQ+ affirming policies and practices, tailored to your organisation and community. We'll also discuss common barriers, and how to troubleshoot these.

Part Four: Act

In this section, we'll talk about specific actions organisations can take in their governance, data collection and recordkeeping, and the practice environment. We'll offer a non-exhaustive list of possible LGBTIQ+ inclusive organisational policies, and a set of guidelines for inclusive data collection.

Appendix

The appendix contains templates for many of the LGBTIQ+ affirming organisational policies listed in Part Four. We've also shared an example of a sample intake form.

How has this guide been created?

This guide was developed by a team of TGD lived experience workers at SHINE SA, with input from health and community professionals, both transgender and cisgender. Our guidance has been informed by our work with TGD people living in regional and rural South Australia, and the professionals working alongside them.

Who we are: Gender Connect Country SA

Gender Connect Country SA is led by SHINE SA and funded by Country SA PHN (Primary Health Network). This is a peer-led information and support service for TGD people who live in rural South Australia which can be accessed by telephone, email and Web-Chat.

We also provide support and information to the personal and professional supports of TGD people. This includes health professionals, community workers, support workers, educators, family, friends, partners, and anyone looking to better support the TGD people in their lives.

Please get in touch for professional consultation and support with implementing these strategies. Our team is happy to answer questions, troubleshoot practical issues, and provide suggestions and strategies to support you and your organisation. Our contact details are below.

Please note that we also have a webchat option for TGD community members and their personal supports, such as family members, partners, and friends.

Contact details

P: 08 7099 5390

E: genderconnect@shinesa.org.au

W: Webchat available at <https://shinesa.org.au/gender-connect/>

Hours of Operation

Monday-Thursday (closed on Public Holidays)

3:00 pm-8:00 pm

Part One: Assess

Assess: What are my organisation's LGBTIQ+ affirming policies?

Before adopting new policies, conduct a brief audit of your organisation's current policies.

Consider asking questions such as:

- Which of our workplace policies (if any) include or discuss LGBTIQ+ people and communities?
- Which of our workplace policies (if any) discuss diversity and inclusion more broadly?
- Do our existing policies and procedures explicitly prohibit discrimination based on gender, sexuality, gender identity, and gender expression?
 - Are our policies comprehensive, covering all aspects of employment and service provision?
 - For example, do policies cover both service users and workers?
- Do policies on professional development apply to all staff members, or just a select few, such as clinical staff members?
- Is the language used within our policies inclusive? Does it reflect best practices?
 - For more information see the LGBTIQ+ glossary of common terms by the Australian Institute of Family Studies.
- Do we have existing mechanisms for ongoing evaluation and improvement?
- Do these evaluation mechanisms allow for genuine participation from people who access our services?
- What level of participation does our evaluation process allow? Are we seeking information and feedback, engaging in formal consultation, or engaging in co-design and/or co-production?
- How does this evaluation of our service feed back into organisational policymaking? What are the processes we have in place to create accountability to service users?

If your organisation does not have comprehensive policies and procedures regarding LGBTIQ+ affirming practice, consider whether the policies in Part 4 would benefit your organisation.

Assess: What are my organisation's LGBTIQ+ affirming practices?

Before expanding your toolkit of LGBTIQ+ affirming practice approaches, consider what you or your organisation already do consistently. For example, do you:

- Use inclusive and respectful language for LGBTIQ+ people and communities.
- Signal an inclusive environment through affirmative signage and symbols, for example pride flags, posters, badges, or lanyards.

- Expect all staff members at your organisation to be able to interact with LGBTIQ+ people appropriately and respectfully, not just frontline staff.
- Understand your own experience of gender and sexuality, and the impact this has on your interactions with service users.
- Understand the ways your professional role gives you power over service users, and how this may impact your work with LGBTIQ+ service users.
- Engage in reflective practices when working alongside LGBTIQ+ people and communities, on your own or through supervision.
- Seek continued learning and development around LGBTIQ+ affirming practice.
- Use mistakes as opportunities to learn and grow as a professional and a person.
- Use inclusive approaches to data collection, while also considering legislative and funding requirements.
- Collect data about LGBTIQ+ people and communities accurately and sensitively, paying particular attention to intake and assessment processes
- Use inclusive recordkeeping systems, or adapt current systems to be more inclusive
- Ensure all staff are aware of and confident in inclusive data collection and record keeping practices.

Additional Resources

Meridian Health Creating LGBTIQ Inclusive Organisations Checklist

A simple visual tool for assessing your organisation at a glance.

W: https://d3n8a8pro7vhmx.cloudfront.net/meridianact/pages/170/attachments/original/1623893723/Creating-LGBTIQ-Inclusive-Organisations_-A-Checklist.pdf?1623893723

Rainbow Tick Initial Assessment Tool

For an in-depth assessment, you can access the Rainbow Tick Initial Assessment Tool on the Rainbow Tick website. It can be used by any organisation, not just those working toward Rainbow Tick accreditation.

W: https://rainbowhealthaustralia.org.au/media/pages/rainbow-tick/1229556748-1709686053/rha-rainbow-tick-initial-assessment_editable.pdf?bcs-agent-scanner=919eacea-534d-2447-95bd-2aa9674d55e9



Part Two: Reflect

Engaging in Reflective Practice

What is reflective practice?

Reflection is the process of ‘thinking about our thinking.’ After we reflect, we bring that new knowledge about ourselves and others into our work. Reflective practice asks, “What happened? What does it mean? Why does it matter? What do I do now?”

Engaging in Critical Reflection

What is critical reflection?

Critical reflection goes one step further, and asks, “How did I use my power and influence in this situation?” We may have power because of our professional role, our social standing, or the personal identities we hold (for example, our gender, race, class, abilities, or sexual orientation). Critical reflection helps us figure out where we have power and influence, and how we can use it to benefit the people we work with. Questions for critical reflection might include:

What did this situation/event show me about my beliefs, attitudes, and/or assumptions?

- For instance, did it challenge anything I believed or held to be true?
- Did it show me a social or cultural ‘blind spot’ of which I was previously unaware?

Where do these beliefs, attitudes and/or assumptions come from?

- For example, what have I heard about people in this group/community, and where did I hear it?
- Is this the dominant belief system in the society I live in? What might that mean for people who ‘go against the grain’ and think differently?
- Could there be other ways of thinking about this group/community? For instance, what do people within the community say about themselves?

How are systemic issues impacting this situation and the people in it (systemic meaning society-wide)?

- This could be a social injustice, such as racism, classism, ableism, heterosexism, or cissexism.
- This could also be related to a larger social system, such as the economic system, the political system, the health system, the criminal legal system, etc.

How did my actions (or lack of actions) impact this situation and the people in it?

What can I do, personally, next time I'm in a similar situation?

- What are one or two specific steps that I will take?

Is any part of the solution outside of my control?

- In other words, what needs to change on a systemic level (e.g. within my organisation, my sector, or society) to ensure this issue is addressed?
- Can I use my power and influence to encourage this change? For instance, by providing feedback to my organisation, a professional body, my MP, or someone else with more power than me?

Critical Reflection Examples:

Event/Situation

You take a training and learn more about TGD people and communities. During this training, you find out about nonbinary people.

Questions for critical reflection

What did this situation/event show me about my beliefs, attitudes, and/or assumptions?

You realise that you may have made assumptions in the past about the people you work with. That is, you may have assumed that a person had a particular gender, when it wasn't the case.

Where do these beliefs, attitudes and/or assumptions come from?

You were taught that gender was binary (boy/girl, man/woman) growing up, and weren't aware there was any other way to be. You didn't learn that gender is binary on purpose, or out of malice. That was just the only way of thinking about gender that you had.

How are systemic issues impacting this situation and the people in it (systemic meaning society-wide)?

We live in a society where many people believe that being cisgender is the only way to be. That idea is sometimes called cissexism. Many people also believe that gender is purely binary, with no variance or middle ground. That idea is called gender binarism.

Despite progress toward a more inclusive society, ideas like cissexism and gender binarism are sometimes supported in our institutions (like the healthcare system, legal system, and education system). These institutions impact everyday people's lives through their policies and practices – for example, by determining who is eligible for a service, or whether a medical professional has the training to provide particular types of healthcare (for example, sexual health care, or gender affirming care).

How did my actions (or lack of actions) impact this situation and the people in it?

It is possible that I have worked with a transgender or nonbinary service user and not realised it at the time. If a person does not feel like they can be open and honest with me, this could impact our rapport and ability to work together, and the outcomes of their care.

What can I do, personally, to challenge this systemic injustice and support the person or community?

I can update the way I record data to include people's pronouns and use them in my notes if relevant. I can also model inclusive practice by sharing my own pronouns. That way, I can demonstrate my openness and encourage service users to share with me.

Is any part of the solution outside of my control?

While I can make choices about my personal practice, I do not have total control of the policies and practices at my health service. I can advocate for policy and practice changes with our leadership team, and I can encourage my colleagues to do the same.

Systems-minded Practice

Although we did not create social injustice ourselves, we can all take steps to address it.

There are two ways we can make change when we see an injustice: individual change, and systems change.

For example, as an individual, we can reflect on our behaviours and decide to use gender-neutral language to include nonbinary people. This is an important change, and it matters.

However, if we are 'systems-minded,' we can also work toward broader change. For example, we can advocate for inclusive data collection policies at our organisation, or we can influence other staff to share their pronouns in their email signatures.

If we take systems-level change, being inclusive becomes a normal, expected part of our organisation's way of working. This expands the positive impact we can have.

Intersectional Practice

Intersectionality is the idea that our experiences of injustice are often layered – for example, a disabled trans person may experience both transphobia and ableism all at once (Crenshaw, 1991). Because of this, it's important to see multiple aspects of a person's identity, not simply label them as 'the trans person.'

For example, a person who is transgender and living with chronic illness may need regular health care but not have access to an inclusive GP. Not having safe access to health care may mean their health conditions aren't well-managed.

Perhaps there is an LGBTIQA+ affirming GP the next town over. However, unlike a healthy person, this person may be in too much pain to travel a greater distance to attend a more inclusive clinic. Their gender and their health care access and outcomes are interrelated.

If we understand all the relevant parts of a person's life, and not just a single story, this can help us provide relevant support, tailored to their needs. It can also help us understand the barriers a person faces, especially when they aren't immediately obvious.

Use of Interpersonal Power

While it can be uncomfortable to think about, people in ‘helping roles’ often have power and influence over the lives of the people we work with. While that sounds like a bad thing, having power is not inherently good or bad.

After all, having power and influence is also what allows us to positively influence people’s lives! Here are a few ways we may hold power in our roles:

- We may give or deny access to a service, program, or resource. We may use our discretion to apply looser criteria to some service users, and not to others.
- We may assess someone’s level of need. As a result, the person may receive a greater or lesser degree of intervention and support.
- We may determine the course of the service user’s treatment. We may even get to choose whether the person’s own preferences are considered as part of that decision.

Power can be difficult to think about. Most people who are in ‘helping’ roles have chosen this profession because they are deeply motivated to help others! Many of us have had difficult life experiences which inspired us to take on a ‘helping’ role in the first place.

But even with the best of intentions, no one is perfect. We can all have areas of unconscious bias. We can all overlook important details. We can all make mistakes. It’s being aware and responding to our mistakes that really matters.

We can use our power and influence to show LGBTIQ+ service users that their voices matter, that we want to do right by them, and that we are taking their concerns seriously. When we’re aware that we have power, we can use it for good.

Seeking Continued Learning

The way that we think and talk about relationships, gender, sexuality, and bodies has changed across time, and will probably continue to change. By the time you read this, some of what we’ve written here could even be outdated.

That means our work toward being an LGBTIQ+ affirming practitioner may never really be finished. Here are some areas where we can all continue to learn and grow:

Trouble understanding a term or concept?

Seek out information online, access support and supervision within your organisation, or contact an external service such as Gender Connect, who provides professional development.

If you have a strong working relationship with a colleague or service user, it may be appropriate to ask for clarification. Consider checking in the person first. Be mindful of power differences that might make it difficult for the person to say “no,” for example, service users who depend on us, or colleagues in a subordinate role.

Don’t know where to refer a service user for care?

Consider reaching out to Gender Connect Country SA by phone or email. We can provide tailored referral recommendations. Alternatively, the [Trans Health SA Directory](#) and the [Rainbow Directory](#) are two sources of information about affirming practitioners.

Unsure how to ask a question appropriately?

Seek out information online, access supervision or support within your organisation, or consult with Gender Connect Country SA.

Furthermore, you might consider asking individual service users what words they would use, as preferences may vary from person to person.

Identifying Mistakes as Opportunities to Learn

We are all on a learning journey when it comes to LGBTIQ+ affirmation and inclusion. A commitment to learn from our mistakes and be accountable can go a long way toward creating affirming and safe service environments.

Here are a few last thoughts on reflective practice, making mistakes, and accountability, from the perspective of our team of lived experience workers.

Feel Your Feelings – But do not put them on me

If we make a mistake, mess up, or cause harm, this can trigger strong emotions like shame and fear. We might feel the urge to respond in ways we usually wouldn't, for example, with defensiveness or embarrassment.

It is important not to act on uncomfortable emotions, but instead to see them as what they are: valuable information about what matters to us. If we do act on uncomfortable emotions it might lead to us being consoled for making a mistake, which is burdensome.

Emotions are chemical messengers that can tell us who we are and what we care about. If we are a person who wants to help others, then of course we will feel badly if we have been told "Ouch, that actually hurts."

It is healthy to acknowledge and feel our feelings. That said, in a professional context, it is important to process these emotions after the service user interaction ends. We might consider debriefing with a trusted colleague, a supervisor, a friend, a mental health professional, or a journal.

Correct Course ASAP

There are some mistakes we can correct right away. If we slip up on pronouns, we can simply say, "she-sorry, I mean he" and continue the sentence. If we forget a person's chosen name because their legal name is listed on the service user management system, we can say, "Apologies, could you remind me what name you are using now? I will add it to your file, so I don't forget again."

Apologise, Once

A sincere apology can go a long way. Unless the service user says they have more to say about the issue, keep it very brief: Apology, commitment to act differently in the future, move on with the consultation. If the apology continues, the service user may feel pressure to comfort us, or to say that our behaviour was okay, even when it wasn't.

Own Up (Practice Accountability)

Once we have had the chance to reflect and to identify what went wrong, we can take the next step. We can address the issue and work out how to avoid repeating it. To make sure we learn from our mistake, we can make a concrete plan to do things differently next time. What do we need, to ensure that we can learn from this experience?

Part Three: Plan

Levels of Community Engagement

Doing to: inform and educate

“Doing to” represents the lowest level of community engagement. At this level, communities are informed of or educated about decisions that have already been made.

Doing for: consult and involve

“Doing for” represents engagement at a basic level. Participants have some input, but this input is limited to a range of pre-determined decisions.

Doing with: co-design and co-produce

“Doing with” represents a high level of community engagement. In co-design and co-production, communities work directly alongside service providers in equal, power-sharing relationships, with shared decision-making.

Doing by: citizen led

“Doing by” involves the highest level of community engagement, in which all decision-making power is held by the affected community.

Which level is best?

There is no easy answer to this question. In our view, the best level of community engagement is the highest level that is possible for you to realistically achieve with the resources you have.

Over-promising a high level of participation, and then under-delivering with a directive “doing to” or “doing for” approach is unlikely to be effective. Mismatches between expectations and the reality of community engagement may do more harm than good.

In short: do what you can with what you have.

All of Organisation Approach

An “all-of organisation” approach means that our LGBTIQ+ affirming practice happens throughout all areas of the organisation. Creating an inclusive environment requires consistency. Imagine we create a new policy that nametags will contain names and pronouns. Workers in all parts of the organisation should understand why, and be able to explain it to service users. Workers should also be able to appropriately respond to disclosures by service users which might arise.

The leadership team has a key role to play in working toward an all-of-organisation approach to LGBTIQ+ affirming practice. According to the Rainbow Tick Guide by Latrobe University (2016), “Strong leadership at the most senior levels is vital to providing the authorisation, commitment and resources needed to generate and sustain whole-of-organisation cultural change and LGBTI-inclusive practice.”

Governing bodies create and sustain the momentum for affirming practice, allocate the resources to create change, and evaluate progress as it is made. All staff have an important role to play in affirming practice. However, it is the support of leadership that enables an all-of-organisation approach, rather than a piecemeal approach, to inclusion.

Barriers to LGBTIQ+ Affirming Practice

While creating this guide, we asked health and community service providers and community members about how useful they thought it would be. Our communities told us that while it was a good idea in theory, there would be challenges in practice.

This observation is supported by research, which suggests that there are potential barriers to LGBTIQ+ affirming practice in regional, rural, and remote Australia. These barriers may include:

- Concerns about backlash or resistance from within the organisation (e.g. leadership, staff).
- Concerns about backlash or resistance from outside of the organisation (e.g. community members, private funders, faith-based organisations).
- Reluctance to change established ways of working.
- Limited resources and capacity to create desired changes.

Overcoming Barriers to Affirming Practice

There is no ‘one size fits all’ approach to overcoming barriers to LGBTIQ+ affirming policy and practice. Consider the following suggestions and which might be best suited to your organisation or service.

Engaging people

To address concerns head-on, people inside and outside of the organisation should be engaged early in the process of implementing LGBTIQ+ affirming policies and practices. Organisations should use existing channels to invite feedback, or create new channels if needed.

When providing feedback, people should be able to express their questions and concerns respectfully, but freely. This feedback can provide valuable information, for example giving the opportunity to address misinformation, or identifying a potential risk early.

Education and information sharing

Once your organisation has taken the time to listen to concerns from inside and outside of the organisation, this feedback can be integrated into the organisation's external communications through a communications plan. For example, you might consider what your key messages will be, or what channels you'll communicate through.

Feedback from within the organisation can also be addressed. For instance, frontline staff may be concerned about the workload impacts associated with proposed changes. Consider how an 'all-of organisation' approach can help disperse the impacts across the organisation, rather than relying on a handful of workers to create change.

If staff need to know more about LGBTIQ+ issues, providing professional development may help increase confidence about the proposed changes.

Evidence-based practice

Reasoning for any proposed change should be linked back to evidence-based practice. Organisations should ensure that their approaches are supported by research.



Professional values

Health and community workers should be encouraged to consider their professional accreditation requirements, professional values, and codes of ethics when thinking about the need for LGBTIQ+ inclusive practice. Most professional codes of ethics require professionals to be competent in working with a range of diverse groups, including LGBTIQ+ people. Staff whose personal values conflict with their professional requirements should be encouraged to seek professional supervision.

Part Four: Act

Policies to support service users

Professional Development Opportunities

Professional development policies support the continued learning of staff when working with LGBTIQ+ people and communities. Depending on the organisation's existing policies, this might entail:

- Integrating LGBTIQ+ inclusivity training into the organisation's existing professional development policies.
- Developing new policies, for example, to ensure staff are appropriately trained during their orientation process, or during their probationary period.
- Committing to an "all of organisation" approach – in which all staff, not just those in direct service user-facing roles, have undergone professional development, so that the organisation can take a united LGBTIQ+ affirming stance.

External Professional Development

If internal training is unavailable at your organisation, external training can help to fill this knowledge gap. SHINE SA offers various professional development options focusing on LGBTIQ+ affirming and TGD affirming practice.

Gender Connect Country SA conducts tailored Workforce Updates – which teach knowledge and skills for working safely and inclusively with trans and gender diverse people. Workforce updates can be tailored to a range of service settings and professions.

In addition, SHINE SA offers the following learning and development opportunities. Please note that for some courses you will need to log in to SHINE SA's learning management system to view the online content.

- **Foundations of LGBTIQ+ Inclusion Workshop:** A full-day workshop that can be tailored to specific audience.
- **LGBTIQ+ Inclusion Workshop:** A 3-hour workshop, designed for health and allied health professionals and health administrative staff.
- **Equity in Action: LGBTIQ+ Awareness Training :** A Self-paced online course that will help improve your understanding of LGBTIQ+ people and experiences to help make workplace and community spaces more inclusive.

- **Introduction to Working with TGD People – Online Course:** A Self-paced online course for health/allied health professionals.
- **Gender Diversity Workforce Update for Social Workers Webinar:** A 90-minute webinar tailored to social work practitioners.
- **HOW2 LGBTIQ Inclusion Training:** This training provides your organisation with a practical way to work towards your goals of increasing inclusivity and celebrating diversity.

LGBTIQ+ Inclusion Policies

LGBTIQ+ inclusion policies express an organisation's support for LGBTIQ+ people and communities. They outline the concrete steps an organisation will take to ensure their service is safe for, and inclusive of, LGBTIQ+ service users. Policies can also be linked to related procedures, to outline how staff 'on the ground' should put them into practice.

For example, an organisation might commit to:

- training its new and existing staff in LGBTIQ+ cultural competency through a credible professional development program.
- undertaking a formal accreditation process, such as the Rainbow Tick accreditation process.
- engaging qualified LGBTIQ+ community leaders within the organisation's leadership team and on the board.
- involving LGBTIQ+ service users and their personal support people in consumer engagement programs.
- engaging in advocacy and political discourse to support the human rights and dignity of the LGBTIQ+ community.

Equal Opportunity (non-discrimination) Policies

Non-discrimination policies outline the organisation's commitment to non-discrimination toward LGBTIQ+ people and/or other marginalised groups and communities.

When committing to non-discrimination, policies should describe clearly how the organisation will recognise, respond to, and redress instances of discrimination or other harmful treatment. This may fit into an organisation's existing policies and procedures, or as an addition.

Consumer Engagement Policies

Consumer and carer engagement policies ensure that those most affected by service decisions can participate in the decision-making processes that impact them. In this context, we are referring to the engagement of LGBTIQ+ people and the people who care for us.

While many guides about consumer participation take place in health settings, the idea of engaging service users is relevant to almost all contexts. Helpful guides include the National Mental Health Consumer and Carer Forum's [Consumer and Carer Participation Policy](#) and the National Mental Health Commission's [Consumer and Carer Engagement: A Practical Guide](#).

Specific Policies Relevant to Area of Service Delivery

There may be a need for more specific policies, depending on your organisation's area of service delivery. For example:

- Aboriginal and Torres Strait Islander Community Controlled Health Services may consider the intersecting needs of LGBTIQ+ Aboriginal and Torres Strait Islander people, including Sistergirls and Brotherboys.
- Sexual health services may require more inclusive policies and procedures regarding data collection and screening to account for differing sexual health needs, practices and risks among LGBTIQ+ communities.
- Housing and homelessness services may need to develop more inclusive policies and practices and identify alternative service pathways for TGD community members, given the gendered nature of many services.

Seeking feedback from service users is best practice when understanding the specific needs of a community your organisation serves. However, for general advice, staff from Gender Connect Country SA are available for consultation.

Policies to Support Staff

Workplace Gender Affirmation Policies

Workforce gender affirmation policies account for unique needs of trans and gender diverse staff members which arise during their employment. These policies provide guidelines to support staff to affirm their gender in the workplace.

Gender affirmation policies may outline how specific workplace issues will be managed, such as:

- When, how, by whom, and in which circumstances confidential information about the employee's transition will be shared.
- Procedures for the amendment of employee records such as one's chosen name in work systems and email.
- Any leave entitlements that apply to an employee who is undergoing gender affirming medical treatment and requires time away from work.
- Provisions for special leave in addition to the employee's usual entitlements, if applicable.

Equal Opportunity (non-discrimination) Policies

In addition to non-discrimination policies to protect service users, non-discrimination policies can also protect staff. There should be multiple reporting pathways for staff members affected by discrimination, to avoid conflicts of interest. For example, if the discriminatory party is a person's direct supervisor, there should be an alternate contact person available to handle the report.

Recruitment and Selection Policies

Recruitment and selection policies should ensure that an organisation's practices are ethical, fair, and legally compliant. LGBTIQ+ affirming recruitment and selection policies ensure that recruitment and selection are fair, with specific attention paid to implicit bias, covert discrimination, and employment-related inequities faced by LGBTIQ+ individuals.

This does not mean that organisations should recruit unsuitable employees to fill open positions, rather that the systemic inequities faced by LGBTIQ+ people in the workplace should be accounted for. For example, strict requirements around current references may disadvantage an LGBTIQ+ employee whose most recent work environment was discriminatory. Transgender and gender diverse people may also face barriers to providing relevant references, if past employers or colleagues do not know they have transitioned. Flexibility regarding the nature or number of references could serve as a reasonable adjustment for either candidate.

Implementing an LGBTIQ+ Affirming Approach

Implementing an LGBTIQ+ affirming practice approach is an ongoing process of reflection and growth. Becoming an inclusive practitioner is more than learning a set of "rules." It also means thoughtfully reflecting on our own unique vantage point, and the set of experiences and assumptions we bring to our practice. We have broken down the foundations of LGBTIQ+ affirming practice into three sections:

- Creating affirming environments.
- Engaging in reflective practice.
- Information, technology, and recordkeeping.

The suggestions in each section are not all-encompassing. We encourage you to brainstorm and create new practices, above and beyond this guide. However, we offer the following ideas to provide a foundation.



Creating Affirming Environments

Addressing the Rainbow Elephant in the Room

We all have experiences of gender and sexuality, although our experiences vary. This is true regardless of whether we are cisgender or transgender, heterosexual or under the LGBTIQ+ ‘umbrella.’ For many people, our sense of gender is tied to our sense of self. If you do not view your gender or sexuality as central to you, that is okay – with 8 billion people on the planet, we are bound to vary. Well-meaning workers may protest, “I don’t see my service user’s sexuality or gender – I just see the person.”

However, it is important to acknowledge that many LGBTIQ+ people view their gender or sexual orientation as an intrinsic and important part of who they are. Unfortunately, this sentiment, while usually well intended, may not help an LGBTIQ+ person feel particularly seen or welcome. This is because seeing an LGBTIQ+ person’s identity is part of seeing the person, and their humanity, fully.

There are many good reasons to address the ‘rainbow elephant in the room’ when working with LGBTIQ+ people and communities. In addition to the above, we have three more:

1. Not validating the aspects of an LGBTIQ+ person’s life which they deem significant may result in the person feeling invalidated, ignored, or misunderstood.
2. Silence on LGBTIQ+ issues can accidentally mirror the social stigma experienced by many community members, suggesting that LGBTIQ+ identity is shameful and should not be discussed or acknowledged.
3. There are concrete issues affecting LGBTIQ+ people, such as discrimination, stigma, social exclusion, violence, and criminalisation. If we do not ‘see’ LGBTIQ+ identity, we cannot effectively support the people we work with to face these challenges.

Language as a Foundation for Dignity and Respect

Understanding community language and terminology can be a starting point for understanding. At the same time, inclusive language is most meaningful when it is paired with inclusive practice. Both are important, and each are one side of the same coin!

If you are still in the process of learning current terminology related to gender and sexuality, [Trans Hub’s Language Guide](#) is a resource available at the time of publication. Community language is constantly evolving, and months or years from now this resource could be outdated.

Here are some general ideas to consider when using inclusive language:

- Be specific and intentional. For example, we have chosen to use the acronym ‘LGBTIQ+’ in this guide. We use this acronym to include people who identify as queer, intersex, asexual, or those who use another term altogether.
- One size does not fit all. Two different LGBTIQ+ people may have language preferences that are incompatible. For example, some LGBTIQ+ people may perceive the term ‘queer’ to be offensive due to its historical use as a slur. Many others have reclaimed the word ‘queer’ as an empowering term.
- Know the communities that you work in. In the communities we work in, using LGBTIQ+ or a similar variation is common.

- Centre the person in front of you. A person who has been proudly LGBTIQ+ for years may strongly identify with a particular term. A person just starting to explore their identity may not even know the words to describe their experience yet!

Inclusive Signage and Symbols

Visible signs and symbols can signal to an LGBTIQ+ community member that they will be treated with dignity and respect while accessing services. One visible symbol of pride is the inclusion of an LGBTIQ+ pride flag, a Progress Flag, and/or a trans pride flag. These symbols of inclusion can be placed in highly visible locations, such as the front door of the building, the main page of the website, or in the reception area.

Practitioners can signal an LGBTIQ+ inclusive approach by wearing these symbols as a lanyard, pin, name badge, or other accessory. Pronouns can be included as an organisation-wide practice, such as on name badges, in email signatures, in staff bios and via other relevant channels.

Information, Technology, and Recordkeeping

Approaches to Data Collection

Accurate and appropriately collecting data is crucial to the operations of health and community services organisations. To collect data in an LGBTIQ+ affirming manner, it might be necessary to make changes to existing processes and data collections tools, such as forms. To assess whether changes are needed to current forms, consider the following:

Why are we collecting this piece of information? What function does it serve?

Is collecting this piece of information necessary for the operation of our service?

- For instance, is it a requirement of our funding?
- A statutory requirement?

Are we asking anything that is irrelevant, redundant, or unnecessary?

What information are we not collecting?

- For example, are we asking for individuals' chosen name and pronouns, in addition to their legal name?
- Are we asking if people are intersex, as a separate item from sex and gender?

Is collecting peoples' legal name even necessary?

- If so, for what purpose?

If we ask for a person's assigned sex at birth, do we also ask about gender identity?

This provides an opportunity for TGD people to have their identity recorded accurately. Recording a TGD person as their assigned sex at birth for the ease of the worker/organisation is not an inclusive or accurate data collection practice.

Is knowing a person's assigned sex at birth relevant to the work we do?

- Would knowing a person's sex assigned at birth change the care we provide to them?

Do we really need to know someone's assigned sex at birth, or is there another piece of information we are looking for?

- For example, do we need to know the person's sex as listed on Medicare, for billing purposes? A person's assigned sex at birth (e.g. what is written on their original birth certificate), sex on Medicare, and sex on other documentation such as passports or driver's licenses may vary. Requirements to change your sex marker on official documents can vary by jurisdiction. Are we actually trying to ask which body parts the person has, to inform the sexual health care we provide? Asking about assigned sex is not a shortcut to understanding a person's body or sexual health needs. The sexual health needs of TGD people will vary from person to person. Additionally, the sexual health needs of intersex people will vary from person to person, and will not be accurately captured by assigned sex.

Who might be excluded by our forms?

- For instance, could a nonbinary person complete the form accurately?
- What about a person with same-sex parents or carers? A transgender parent or carer?
- Would an intersex person be able to accurately reflect themselves on the form? See **these guidelines** by Intersex Human Rights Australia for more information.
- Would someone with a different legal and chosen name be able to accurately complete the form?

Best practice approaches to data collection with LGBTIQ+ communities have been established by the Government of South Australia [Department of Human Service](#) and the [Australian Bureau of Statistics](#).

Confidentiality Concerns

Specific confidentiality concerns related to LGBTIQ+ identity include:

- Direct disclosure or 'outing' of a person's LGBTIQ+ identity, through sharing of confidential information.
- Indirect disclosure of a person's LGBTIQ+ identity, for example using a person's chosen name with a family member who only knows the person by their previous name.

There are additional considerations when working with LGBTIQ+ young people under the age of 16. For example:

- Access and eligibility for LGBTIQ+ specialist services – assessing for Gillick competence may be an alternative to parental consent for suitable young people. For more information, see Headspace's resource [Clinical Tips: Capacity to Consent](#).
- Working with parents and carers – particularly when the young person has not disclosed their identity to their family, and/or it would be unsafe for them to do so.
- Working with schools and other support systems around the young person, where the young person may experience varying degrees of social support and acceptance.

Confidentiality may be of even greater concern for LGBTIQ+ people living in regional and rural areas. Practical challenges may exist and require thoughtful workarounds, for instance:

- Seeing an acquaintance, friend, family member, or neighbour at a service may indirectly 'out' a TGD person if their affirmed name is being used by the service; the person's previous name may need to be used in public areas like the waiting room at the person's request.

- Being seen accessing a particular service or attending a particular group or event may inadvertently 'out' the person due to the nature of the service or event; including allies and supporters can provide a chance to attend without the need to claim an LGBTIQ+ identity.
- People may be more likely to have a conflict of interest, such as a personal relationship, with workers at a service, and as a result may require an alternative service.

Inclusive Forms

To demonstrate appropriate data collection on gender, sex, and sexuality, we have created sample questions based on guidelines by **South Australian Rainbow Advocacy Alliance** (SARAA) and **Intersex Human Rights Australia** (IHRA). These questions may be accompanied by brief descriptions or explanations, such as in the South Australian Rainbow Advocacy Alliance guidelines.

How do you describe your gender?

- Female or woman
- Male or man
- Non-binary
- A different term (please specify)
- Prefer not to say

What was your sex assigned (recorded) at birth?

- Female
- Male
- A different term (please specify)
- Prefer not to say

Were you born with a variation of sex characteristics (sometimes called intersex or differences of sex development)?

- Yes
- No
- Don't know
- Prefer not to say

How do you describe your sexual orientation?

- Straight (heterosexual)
- Gay or lesbian
- Bisexual
- Asexual
- I use a different term (please specify)
- Don't know
- Prefer not to say

Please note: these items should be separate questions. Gender, sex, intersex, and sexual orientation are four independent variables.

Consider including an option such as “prefer not to say” to allow service users to choose whether to disclose personal information. This information is potentially sensitive, and service users may wish to assess your safety as a practitioner before disclosing. Relevant information can be gathered by asking sensitive questions during a first or follow up appointment, if needed.

Inclusive Recordkeeping Systems

The technical limitations of our systems can pose barriers to inclusive data collection and management. Assess the inclusivity of your organisation’s current systems and your policies on data collection. For example, you might ask:

- Can a person’s chosen name be listed instead of or in addition to their legal name, if desired?
- Are there separate categories for gender and sex, or are these treated as one and the same?
- How might an existing system be used to represent the person accurately, for example, noting pronouns on the person’s profile?

Consider whether there are creative ways that current systems could be used more inclusively. For example, if there is not a space to enter a preferred name, is there another data field that could be used for this purpose? Also consider the broader implications of changing the way you record client information. What benefit might there be to recording service user data more accurately, for all service users?

Putting Inclusive Systems into Practice

Inclusive systems for data collection and recording are a great first step. Once these systems are in place, organisations can integrate this information into practice at every level. Consider how you will implement the use of service users’ chosen name and pronouns in the following areas:

- Direct service user interactions
- Administration (e.g. emails, phone calls)
- Case note writing
- Report and letter writing
- Service user handover
- Debriefing and case conferencing
- Supervision.

Using Affirmed Names and Pronouns

Using a person's affirmed (chosen) name and pronouns is important, whether in writing or when interacting with them directly. Consider a scenario in which the person requested their records.

Would the person be content with the way that you have represented them in their written record? Does it align with how they have represented themselves to you, in the course of your work together?

Using the person's chosen name and pronouns across all written records is simpler if the above systems are already in place. Inclusive intake forms ensure that a person's pronouns and name are documented from the moment they engage with a service. Listing chosen name and pronouns in a central system ensures that all staff can access this information and use it consistently.

Sometimes a person may wish to be referred to using no pronouns at all, instead only using their name. Depending on one's usual writing style, this may require a stylistic change to taking case notes. For example:

"[Name] attended the appointment today at 12:30 pm. Discussed goals set at last appointment regarding activity planning. [Name] completed homework and has been following activity schedule. Dog walking and listening to music have been particularly helpful in improving mood."

Changes in Affirmed Names and Pronouns

It is important to be open to and flexible with individuals who wish to update their name and pronouns in their records – whether once or many times. In the process of self-discovery, it is common for TGD individuals to "try on" various names and sets of pronouns to assess their 'fit.' If you are unsure of whether a person wishes to have their pronouns changed in their written record, it is appropriate to ask directly.



A Few Final Words

Thank you for reading our guide to LGBTIQ+ affirming practice. We hope that this guide has given a more in-depth look at what it means to be a safe practitioner when working with LGBTIQ+ people and communities. To close this resource, our team of peer support workers have shared their hopes for the future of LGBTIQ+ affirming practice, and what it can mean when an organisation really ‘gets it right.’

Mega: “I know when I’m in a LGBTIQ+ organisation when I’m not worried getting there, being there, and leaving. I can smile and know I’m going to be respected, heard, or at least someone will apologize when they get something wrong. It takes so much mental energy when I can’t be open somewhere I have to be; I’m always looking down, trying to steel myself against indifference or mistakes. Conversely, it gives me so much energy and hope to be in a place where I know I can be me.”

Brynn: “When an organisation “gets it right,” I know I can use their service or be a part of their system and not have it mean anything more than I want it to mean. Providing affirmation does not then become a target for an organisation to achieve, but it becomes instead a by-product of showing respect and celebrating the differences we have simply because having those differences makes us as human as anyone else. It is not tokenistic. It feels genuine and we can see it as such.”

Kai N: “When an organisation really hits the mark on LGBTIQ+ affirming practice, it is more than a tick box or a rainbow flag on a poster. Ultimately, being an affirming health or community service provider means creating space for all community members in all their humanity. When we create this kind of space, the impact ripples beyond individual service users or services. It shifts what is possible, expected, acceptable, and known in our communities.”

Kaidan D: “When I enter a new space for support, I am often quite tentative – will I need to explain myself, my identity, and my experiences to get the services I need? When an organisation displays that they care, and that their staff have been educated on how to be truly inclusive, it makes things so much less stressful for me as a service user and I can truly feel like I can get the help I need from the organisation without fear of discrimination.”

Appendix 1: Additional LGBTIQ+ Affirming Practice Resources

Affirming Practice Alongside Trans and Gender Diverse People:

- [Guidance to support gender affirming care for mental health - ACT Government \(Professional Guidelines\)](#)
- [Gender Connect Country SA – SHINE SA \(Service\)](#)
- [LGBTIQ+ Specialist Mental Health Service – Thorne Harbour Health \(Service\)](#)

Affirming Practice Alongside Intersex People:

- [Darlington Statement - Intersex Human Rights Australia \(Website\)](#)
- [LGBTIQ+ Healthcare: Health needs of people with intersex variations - GPSA \(Publication\)](#)
- [Ensuring health and bodily integrity - Australian Human Rights Commission \(Report\)](#)
- [Inclusion - Intersex Human Rights Australia \(Website\)](#)
- [Yellow Tick Training - Intersex Human Rights Australia \(Professional Development\)](#)

LGBTIQ+ Inclusive Practice Alongside Aboriginal and Torres Strait Islander People:

- [Aboriginal and Torres Strait Islander LGBTQIASB+ People and Mental Health and Wellbeing - AIHW \(Publication\)](#)
- [Black Rainbow Australia \(Website\)](#)
- [Sistergirls and Brotherboys & Gender Diverse Mob \(Online Group\)](#)

LGBTIQ+ Inclusive Practice Alongside Refugees and Migrants:

- [LGBTQI Settlement - Forcibly Displaced People Network \(Professional Development\)](#)
- [Unidos – PEACE Multicultural Services \(Service\)](#)

LGBTIQ+ Inclusive Practice Alongside People Living with a Disability:

- [Inclusivity Training - ColourfullAbilities \(Professional Development\)](#)
- [Working with LGBTQIA Participants - Team DSC \(Professional Development\)](#)
- [LGBTQA+ People With Disability - Australian Research Centre in Sex, Health and Society \(Report and Videos\)](#)

LGBTIQ+ Inclusive Practice Alongside People Living with HIV:

- [HIV Futures 10 - La Trobe University \(Report\)](#)
- [Identifying the Barriers and Facilitators for People Living with HIV to Treatment and Care - National Association of People with HIV Australia \(Report\)](#)
- [Removing Barriers - Australasian Society for HIV, Viral Hepatitis, and Sexual Health Medicine \(Professional Development - Self Guided\)](#)

- [SAMESH – Thorne Harbour Health and SHINE SA \(Service\)](#)

LGBTIQ+ Inclusive Practice Alongside Children and Young People:

- [Listening to LGBTIQ+ Young People - Commissioner for Children and Young People \(Report\)](#)
- [Writing Themselves In 4 - La Trobe University \(Report\)](#)
- [Minus 18 - Resources \(Website\)](#)

LGBTIQ+ Inclusive Practice Alongside Older People:

- [LGBTI and Dementia - Understanding Changes in Behaviour \(Publication\)](#)
- [The Rainbow Makers: Cultural Safety and Older LGBTI Australians - National LGBTI Health Alliance and Silver Rainbow \(Report\)](#)
- [Rainbow Rights Toolkit - COTA SA and Rainbow Hub \(Publication\)](#)
- [LGBTI+ Aged Care Resources - COTA SA \(Website\)](#)
- [Thorne Harbour Health Silver Rainbow Training](#)

LGBTIQ+ Inclusive Practice Alongside People Experiencing Homelessness:

- [LGBTI Inclusive Practice Guide for Homelessness and Housing Sectors - National LGBTI Health Alliance and Homelessness Australia \(Publication\)](#)
- [Gender and Sexuality Inclusive Practice Guide - VincentCare \(Publication\)](#)

LGBTIQ+ Inclusive Practice in Family and Domestic Violence Settings:

- [See, Hear, Believe - LGBTQIA Domestic Violence Awareness Foundation \(Professional Development\)](#)
- [Pride in Prevention Evidence Guide - Rainbow Health Victoria \(Report\)](#)
- [Toward a Safe Place - Catalyst Foundation \(Professional Development\)](#)
- [Toward a Safe Place - Catalyst Foundation \(Publication\)](#)
- [Safety Planning Tool – Say It Out Loud \(Practice Resource\)](#)
- [Supporting LGBTQIA People - Safe and Equal \(Website\)](#)
- [SHINE SA's With Respect Family, Domestic and Sexual Violence \(FDSV\) Counselling Service for LGBTIQ+ People](#)

LGBTIQ+ Inclusive Practice in the Mental Health Settings:

- [LGBTQ Inclusive & Affirming Practice Guidelines for Alcohol, Substance Use, and Mental Health Services, Support, and Treatment Providers - ACON Health \(Publication\)](#)
- [National LGBTIQ+ Mental Health and Suicide Prevention Strategy 2021-2026 - National LGBTIQ Health Australia \(Publication\)](#)
- [Current Evidence for Good Practice in Suicide Prevention for LGBTIQ+ People - National LGBTIQ Health Australia \(Report\)](#)

LGBTIQ+ Inclusive Practice in Community Justice Settings:

- LGBTIQ Inclusive Toolkit - South Side Justice (Publication)

LGBTIQ+ Inclusive Practice in Religious and Faith Based Settings:

- Service Provider Workshop - ABBI (Professional Development)

Next Steps:

Rainbow Tick LGBTI Inclusive Practice Accreditation

W: Rainbow Tick Guide to LGBTI Inclusive Practice - Rainbow Health Australia

Appendix 2: Inclusive Organisational Policy Templates

LGBTIQ+ Inclusion Policy

Policy statement:

[ORGANISATION] recognises and respects sexual and gender diversity. [ORGANISATION] also recognises that people define their identity in many different ways, which can change over a person's lifetime. While some people will identify as lesbian, gay, bisexual, transgender, non-binary, intersex, queer or same sex attracted, other people will not and may use a range of other terms to describe their identity or experience.

[ORGANISATION] also acknowledges that there is diversity across other factors such as age, culture and disability within the LGBTIQ+ communities.

[ORGANISATION] is committed to providing high quality services to LGBTIQ+ people. [ORGANISATION] advocates for the rights of LGBTIQ+ people to live their lives free from discrimination and to have access to a full range of [clinical / community / counselling / etc] services.

Aim:

To ensure:

- a coordinated approach is taken by [ORGANISATION] in [organisation outcomes for and with] LGBTIQ+ people [for example: advocating for, engaging with, providing health care to].
- [ORGANISATION] is a safe and inclusive organisation for LGBTIQ+ staff, clients and visitors.

Rationale:

- [ORGANISATION] recognises that discrimination and stigma have detrimental effects on the health, wellbeing and safety of LGBTIQ+ individuals and communities. [ORGANISATION] is committed to acknowledging and redressing the negative discrimination that is directed both intentionally and inadvertently towards LGBTIQ+ people.

Outcomes:

[ORGANISATION] will:

- provide appropriate and relevant services to LGBTIQ+ people.
- positively influence community attitudes, and counter discriminatory practices and negative attitudes towards sexual and gender diversity.
- work in partnership with individuals, groups and organisations to promote the health and wellbeing of LGBTIQ+ people.

[ORGANISATION] staff will:

- actively build a safe and inclusive organisation for LGBTIQ+ staff, clients and visitors.
- be able to advocate to individuals, community groups and organisations in relation to the rights of LGBTIQ+ people as relevant to their role.
- be able to demonstrate attitudes and work practices that reduce the impact of heterosexual dominance in the workplace.

Implementation:

- The [relevant working group] has representation from all work groups and identifies, plans, and coordinates organisational wide strategies to continuously improve the safety of [ORGANISATION] for staff, clients and visitors.
- [ORGANISATION] will develop and maintain effective and appropriate partnerships and networks with relevant agencies and community groups in order to meet the needs of LGBTIQ+ people.
- [ORGANISATION] will promote resources inclusive of LGBTIQ+ people by:
 - developing resources specifically for LGBTIQ+ people.
 - ordering general resources that contain language and images that are inclusive of LGBTIQ+ people displaying positive visual images reflective of LGBTIQ+ people.
- [ORGANISATION] will advocate for the rights of LGBTIQ+ people.
- [ORGANISATION] education and training courses will include content and strategies which will increase participants' awareness of LGBTIQ+ people and communities' needs.
- [ORGANISATION] will provide [clinical / community / counselling / etc] services that meet the needs of LGBTIQ+ people.
- [ORGANISATION] will provide staff development opportunities to increase the skills of staff to provide services to LGBTIQ+ people.
- [ORGANISATION] will participate in community development activities, including community events, to promote the health and wellbeing of LGBTIQ+ people.
- [ORGANISATION] will recruit staff, volunteers and Board Directors with knowledge of, and links to, the LGBTIQ+ communities.
- [ORGANISATION] will maintain membership of LGBTIQ+ Health Australia.

Evaluation and monitoring:

- [Relevant committees, executive staff, and teams].

Equal Opportunity Policy

Purpose:

[ORGANISATION] believes that working in partnership with its consumers and communities of interest is an effective way of providing services and [reaching organisational goals]. This policy aims to:

- strengthen the level of consumer and communities of interest involvement in [ORGANISATION].
- strengthen partnerships with [ORGANISATION]'s communities of interest.
- strengthen the involvement and participation of people in [ORGANISATION]'s activities.

Scope:

This policy applies to all services provided by [ORGANISATION].

Responsibility:

Overarching responsibility for the adoption and implementation of this policy rests with [Chief Executive Officer and/or other executive staff as relevant].

Effective date:

This policy is effective from its approval date.

Policy:

1. Rationale

- 1.1 [Benefits of involving consumers and carers in their care/the operation of your service].
- 1.2 [Relevance of consumer and carer participation to the organisation's strategic goals and objectives].
- 1.3 [Emphasis on the importance of the organisation engaging with particular groups and communities].

2. Objectives

- 2.1 [ORGANISATION] has clear processes for consumer and community involvement through [consumer engagement plan].
- 2.2 Consumers and members of [ORGANISATION]'s communities of interest are involved in planning, monitoring, quality improvement and evaluation.
- 2.3. Consumers and communities of interest work in partnership at a number of levels within [ORGANISATION], including [list relevant areas of partnership such as: individual care, steering committees, reference groups, the Board].
- 2.4. Services, programs and projects meet the needs of the communities of interest.
- 2.5. Staff, Executive Management, and the Board demonstrate commitment to the principles of partnership.
- 2.6. Partnerships with agencies who work with [ORGANISATION]'s communities of interest

Approach

- 3.1. To facilitate consumer and community participation, [ORGANISATION] will:
 - Value lived experience (including belonging to a community of interest) as part of the relevant skills base of [ORGANISATION] staff.

- Continue to involve consumers in decision making about [organisation area of service provision].
- Continue to develop processes that further partnerships and increase consumer/ community involvement.
- Support staff development on consumer and community participation.
- Maintain [or obtain] membership of the Health Consumers Alliance South Australia.

Gender Affirmation Policy

Purpose:

[ORGANISATION] celebrates diversity and promotes a positive workplace culture which is reflected in the organisation's values and through encouraging individuals to adopt appropriate behaviours that promote respect of others. One of [ORGANISATION]'s values is "respectful" which is defined as "deep admiration for the diversity of abilities, qualities and rights of all people." [ORGANISATION] believes that creating a work environment based on respect and trust creates a positive work experience where staff can bring their whole selves to work.

Gender affirmation, also known as transitioning, is the process of affirming one's gender to align with their authentic gender expression and identity. There are many different ways to affirm one's gender. For some people, it is a complex process that takes place over a long period of time, while for others it is a one or twostep process that happens more quickly. Gender affirmation may include "coming out" (telling family, friends, and co-workers); changing the name and/or gender marker on legal documents; and, for many transgender and/or nonbinary people, accessing medical treatment such as hormones and surgery.

[ORGANISATION] acknowledges and values the breadth of diversity and language that exists within the trans and gender diverse community. For the purpose of this document, 'transgender' is being used as an umbrella term however it is acknowledged not everyone identifies with this term. This policy is also relevant for nonbinary people as it does not only relate to binary gender affirmation for trans women and trans men.

This policy aims to provide steps and guidelines to assist and support staff to affirm their gender in the workplace in a safe, inclusive, and positive way.

Scope:

This procedure applies to all employees, volunteers, and Board directors of [ORGANISATION].

Responsibility:

All employees are covered by this policy.

Procedure:

1. About Gender Affirmation

While the majority of people are comfortable with, and identify with, the physiology and identity they are assigned or presumed at birth, there is a portion of the population who are not. These people may or may not identify as transgender and some may identify as nonbinary.

Some people may take steps to actively change their physiology which can include hormones, surgery or gender affirming surgery/surgeries. Not every person wants to, or can change their physiology. Some people may alter their expression (for example clothing, mannerisms, voice, jewellery, vocabulary) to better express and interact with the world as they truly are. The process of a transgender individual publicly changing their gender presentation in society is known as gender affirmation and is also referred to as “transitioning.”

Not everyone who considers themselves transgender or nonbinary will undergo a medical (or physiological) gender affirmation and those that do may take all the steps available to them, or only some of them. Gender affirmation is a personal process, and it is important to note that there is no one way to do so. Some trans people may also feel their identity or expression shift over time, this is not uncommon. It is important to remember there is no “correct” way for a person to affirm their gender.

Existing stereotypes both in the workplace and society in general mean that many transgender individuals face difficult situations/interactions in their personal, professional, family, and financial lives simultaneously. This can lead to high stress levels, particularly when individuals are in the initial stages of affirming their gender.

It is important to realise that each individual undergoing a gender affirmation will have their own set of unique factors which will require a customised plan. It is also important for the individual to work with their manager and HR in an open and honest way to allow for a smooth process in the workplace.

2. Privacy

Transgender and nonbinary employees have the right to discuss their gender identity or expression openly, or to keep that information private. The employee gets to decide when, with whom, and how much to share their private information. Information about an employee’s gender identity and how it stands in relation to their gender assigned or presumed at birth can constitute confidential medical information under privacy laws like HIPAA.

Management, human resources staff, or co-workers should not disclose information that may reveal an employee as transgender or gender non-conforming to others. This kind of personal or confidential information may only be shared with the employee’s consent and with co-workers who truly need to know to do their jobs. If this information is shared between staff/management as required, the employee should be notified that their medical and affirmation status has been shared and for what purpose.

3. Official records

[ORGANISATION] will change an employee’s official record to reflect a change in name or gender upon request from the employee. Certain types of records, like those relating to payroll and retirement accounts, may require a legal name change before the person’s name can be changed. Most records, however, can be changed to reflect a person’s chosen name without proof of a legal name change.

[ORGANISATION] models the sharing and use of relevant pronouns by all staff and understands that intentionally using a name or pronoun that does not correspond to the employee’s identity can constitute harassment. A transgender or nonbinary employee has the right to be addressed by the name and pronoun corresponding to the employee’s gender identity. Official records will also be changed to reflect the employee’s new name and gender upon the employee’s request.

If a new or gender affirming employee has questions about personnel records or ID documents, the employee should contact the HR Manager.

4. Gender affirmation on the job

Employees who undergo gender affirmation on the job can expect the support of management and human resources. If required and as negotiated with the employee's supervisor, [ORGANISATION]'s contracted and permanent employees have annual and personal leave available to address affirmation needs and also have access to special leave, with up to 15 days per year (non-cumulative) of paid special leave available subject to Management approval to cover any required leave for any purpose not covered in other leave provisions.

Employee's manager in liaison with HR will work with each employee individually to ensure a successful workplace gender affirmation. [ORGANISATION] has a Workplace Gender Affirmation Plan which assists in the process and which is modified individually with each employee to meet their individual needs.

Recruitment and Selection Policy

Policy: Adjustment for implicit bias.

[ORGANISATION] acknowledges that many people experience difficulties in gaining employment due to implicit bias. Following strategies may be utilised to assist in achieving best practice in the recruitment and selection processes that are free from such bias: •

- Adjustments to role requirements to remove likely barriers and/or increase accessibility of inherent requirement.
- Tailoring recruitment advertising and highlighting the inclusive culture of [ORGANISATION] and its anti-discriminatory practices.
- Blind application culling (without name, gender or age).
- Mix gendered or representatives on the interview panels.

1. Recruitment processes

New positions:

- [ORGANISATION] uses a consultative process when creating new positions to ensure the position is required, relevant to the organisation, and the duties are clearly identified and described.
- When setting salaries for new positions, consideration is given to the classification of the position in relation to the applicable industrial instrument and where relevant, financial position of the organisation, CPI rates and market pay positioning. Specification detailing the tasks and responsibilities of the position.
- The Instrument of Delegation specifies the positions within [ORGANISATION] that can approve the creation of new roles and new staff and their associated salary packages. All [ORGANISATION] positions, including new positions, have a Job and Person Specification detailing the tasks and responsibilities of the position.
- [ORGANISATION] is an inclusive organisation and all forms of discriminatory language will be avoided when advertising positions. Standardised statements shall be used on advertisements highlighting [ORGANISATION]'s inclusive culture.

2. Selection processes

- **Advertising and interviews:** [ORGANISATION] uses a transparent and fair process in selecting the best applicant for the role. This process includes a review of candidate resumes against job criteria, short-listing candidates, providing the same interview questions to each interviewed applicant, documentation of interview responses, and recording outcomes at each stage of the selection process.
- **Confirmation of appointment:** [ORGANISATION] confirms all appointments in writing. The roles that may confirm appointments at different levels are described in the Instrument of Delegation.
- **Relocation expenses:** In certain cases [ORGANISATION] may cover relocation expenses for the successful candidate. The amount of relocation expenses paid and the authority of granting relocation expenses are defined in the Instrument of Delegation.
- **Record keeping:** [ORGANISATION] keeps records of recruitment activities and position appointments for the periods defined in the records management policy and procedures. [ORGANISATION] keeps secure copies of employee records for employees, volunteers and students and the content of employee records is defined in relevant procedures.

Appendix 3: Sample Intake Form

Date:
Staff Member:

First Name			Last Name		
Gender			Pronoun/s		
DOB		Age		Country of birth	
Intersex status			Aboriginal or Torres Strait Islander		
Language			Interpreter Needed	Yes/No	
Address					
E-mail Address					
Emergency Contact Name			Emergency Contact Phone number		
Emergency Contact Relationship			Pronoun/s		
Ambulance Cover	Yes/No		NDIS Participant	Yes/No	
Do you have a Healthcare Card?	Yes/No				
Are you a student?	Yes/No		Relationship Status		
Are you currently employed?	Yes/No		Any current Legal Issues	Yes/No	
Are you under guardianship of the minister?	Yes/No				

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