

## Bridges Connecting Communities LGBTI Audit – Action Plan

### Standard 1: Organisational capability

**Standard: The organisation embeds LGBTI inclusive practice across all its systems and continuously seeks opportunities for improvements.**

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1.1	LGBTI-inclusive practice standards are reflected in the organisation's mission statement, vision, position descriptions, service contracts, performance appraisal system, service models and quality management plan.	<ul style="list-style-type: none"> <li>- Review mission statement</li> <li>- Strategic plan demonstrates commitment to inclusion</li> <li>- Statement of diversity on website</li> <li>- Review policies, esp privacy policy and discrimination</li> <li>- Review intake forms re. LGBTI and CALD inclusion</li> <li>- Strengthen communication lines from board to all stakeholders</li> <li>- Include measure of inclusive practice in performance appraisals</li> <li>- Create calendar of important dates to celebrate diversity in the year</li> <li>- Create guideline document of FAQs and outline protocols including CALD communities (1)</li> </ul>	1	<p><b>Not met</b></p> <ul style="list-style-type: none"> <li>- Acknowledged need for extra support in this area and applied for grant to allow for additional capacity needed</li> <li>- Employed Inclusion Officer</li> </ul>	<p>Partly met</p> <ul style="list-style-type: none"> <li>- Changed website to include inclusion statement</li> <li>- Updated client and volunteer feedback form to include reference to zero discrimination</li> <li>- Website audit for inclusive language</li> <li>- Celebrate diversity and inclusion days</li> <li>- Policies reviewed and amended eg. All pronouns deleted and replaced with they/them</li> <li>- New policy on supporting employees who are transitioning</li> <li>- Extended conflict resolution policy to include actions necessary in situations where non-inclusive language is used</li> <li>- FAQs document created and circulated</li> </ul>	<p>Met</p> <ul style="list-style-type: none"> <li>- Organisational strategic plan includes ongoing assessment of standards</li> <li>- Intake forms updated to include inclusive pronouns, and ask for LGBTI identity</li> <li>- Calendar of dates created for organisation to celebrate diversity eg. IDAHOBIT</li> <li>- Website changes = new tab on inclusion project</li> <li>- Appraisal system reviewed to include feedback on organisation re. Inclusive practice and feedback for employees their inclusive practices</li> </ul>	<ul style="list-style-type: none"> <li>- Write a service agreement including; inclusive practice, confidentiality and privacy</li> <li>- <b>Clarity of interpretation services</b></li> </ul>	Y

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		<ul style="list-style-type: none"> <li>- Staff training on what the project is and definitions of LGBTI plus general importance of inclusion</li> <li>- Inclusive wording of CALD and ATSI communities included in audit and incorporation of DHS Language services policy (3)</li> <li>- Clarity around access to interpretation services (3)</li> </ul>						
1.2	The organisation facilitates LGBTI inclusion amongst staff and volunteers and on the governing body and other committees.	<ul style="list-style-type: none"> <li>- Review both staff and volunteer intake process to be inclusive</li> <li>- Recommendations for wording in job advertisements, description, contract and staff review (6)</li> <li>- Set up Inclusion Project steering group</li> <li>- Motion from board to include diverse representation</li> <li>- Build contacts with other LGBTI organisations and CALD community orgs</li> <li>- External training with EMR for staff, board and</li> </ul>	1	<p><b>Not met</b></p> <ul style="list-style-type: none"> <li>- Hired one LGBTI staff member</li> <li>- Preliminary staff training on LGBTI inclusion</li> <li>- Awareness of relevant legislation and funding opportunities</li> <li>- Contact with EMR</li> </ul>	<p><b>Part met</b></p> <ul style="list-style-type: none"> <li>- Support from board</li> <li>- IDAHOBIT celebration</li> <li>- Attendance at Knox Council IDAHOBIT event (representation)</li> <li>- First Inclusion Project Steering Group meeting</li> <li>- Inclusive statement in hiring policy and in job advertisements</li> <li>- Other LGBTI organisations have provided training, officer has met with other organisations</li> <li>- EMR first training completed</li> </ul>	<p><b>Met</b></p> <ul style="list-style-type: none"> <li>- inclusion in contracts and staff review</li> <li>- Second EMR training</li> <li>- Connections with CALD community groups</li> <li>- One third of volunteers completed inclusion training</li> </ul>	Board conscious of working to include more diverse representation	Y

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		main volunteers						
1.3	The organisation has an integrated LGBTI consumer feedback system which ensures continuous LGBTI quality improvement and planning.	<ul style="list-style-type: none"> <li>- Form for feedback edited to include direct opportunity for feedback re. discrimination</li> <li>- Staff and volunteer survey with space for written feedback (2)</li> <li>- Process in place for how to address concerns raised in feedback process</li> <li>- Steering group set up to direct progress of project</li> <li>- <span style="color: blue;">Continues staff, volunteer and board training re. lived experiences of LGBTI community</span></li> </ul>	1	<p><b>Not met</b></p> <ul style="list-style-type: none"> <li>- Feedback goes directly to CEO</li> <li>- Information regarding feedback process integrated into all materials</li> <li>- No specific reference to discrimination yet</li> <li>- Resolution process thorough and clear</li> </ul>	<p><b>Part met</b></p> <ul style="list-style-type: none"> <li>- Staff, volunteer and client survey distributed and results presented</li> <li>- Form for feedback edited to include discrimination</li> <li>- Risk assessment with proposed actions created</li> <li>- Steering Group set up and providing feedback</li> <li>-</li> </ul>	<p><b>Met</b></p> <ul style="list-style-type: none"> <li>- <span style="color: red;">Communicate process to staff and board</span></li> <li>- <span style="color: red;">Second survey distributed for feedback</span></li> <li>- <span style="color: red;">Steering group plan for future after the project finishes, will continue to meet</span></li> </ul>	Ensure ongoing involvement of steering group	Y

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1.4	The organisation values its LGBTI staff and volunteers, understands and meets their needs, and has processes to manage risk and provide them with a safe and healthy workplace.	<ul style="list-style-type: none"> <li>- Create separate Inclusion Project risk management plan (refer to bus risk management)</li> <li>- Include information in statement that we are an inclusive employer</li> <li>- Ongoing process for providing feedback</li> <li>- Participation in external LGBTI activities</li> <li>- Create resources for specific LGBTI issues for Bridges and outline how we can respond</li> <li>- <a href="#">Staff training on specific issues for LGBTI users</a></li> <li>- Individual conversations and meetings with hostile staff/volunteers</li> <li>- Action plan for how to deal with hostile staff/volunteers going forward</li> </ul>	1	<b>Part met</b> <ul style="list-style-type: none"> <li>- Inclusive uniform for volunteers already in place (polo shirt)</li> <li>- Diversity plan</li> <li>- EMR alliance training for some staff</li> <li>- Gender neutral toilet available</li> </ul>	<b>Not met</b> <ul style="list-style-type: none"> <li>- Staff, volunteer and client survey distributed and option for providing feedback</li> <li>- Preliminary discussion with staff about privacy and safety</li> <li>- Attended Knox council IDAHOBIT</li> <li>- Risk assessment expanded to include inclusion</li> <li>- Statement edited to be inclusive</li> <li>- Inclusive Language document created</li> <li>- Staff training ongoing</li> </ul>	Part met <ul style="list-style-type: none"> <li>- Individual conversations and meetings with hostile staff/volunteers</li> <li>- Action plan for how to deal with hostile staff/volunteers going forward</li> <li>- Training with one third of volunteers completed, however further training needed</li> </ul>	Once all volunteers and board have completed the training, and all staff have attended external training, this indicator will be met	N

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1.5	Workforce planning, recruitment and selection, and performance management processes and documentation are inclusive of LGBTI staff and volunteers	<ul style="list-style-type: none"> <li>- Evidence how Bridges meets relevant legislation for discrimination and bullying</li> <li>- Review of induction materials for staff and volunteers</li> <li>- Staff code of conduct review</li> <li>- Review Values and Behaviours document</li> <li>- Staff training on direct and indirect discrimination and legislation</li> <li>- Staff training on inclusive language</li> <li>- Signage on CALD inclusion and interpretation service (1)</li> </ul>	1	<p><b>Part met</b></p> <ul style="list-style-type: none"> <li>- Code of contact includes reference to respect</li> <li>- Values and Behaviours document includes freedom from discrimination and importance of respect and recognition of specific needs</li> <li>- Volunteer induction includes specific information on discrimination based on race, sex, gender identity and sexual orientation. Also defines harassment including stating that unintentional harassment is still harassment</li> </ul>	<p><b>Part met</b></p> <ul style="list-style-type: none"> <li>- Review Bridges values and behaviours document</li> <li>- Put up posters</li> <li>- Review of induction slideshow for volunteers</li> <li>- Language guide written, further training needed</li> </ul>	<p>Met</p> <ul style="list-style-type: none"> <li>- Staff training on inclusive language</li> <li>- Values and behaviours document redistributed</li> <li>- Clarity on new inclusive processes eg. Process to match LGBTI volunteers with LGBTI clients if disclosed</li> </ul>		Y

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1.6	The organisation has systems for monitoring compliance with these standards and making continuous improvements to enhance LGBTI-inclusive practice.	<ul style="list-style-type: none"> <li>- Assured continuity of inclusion practice after project has finished</li> <li>- Include bimonthly review of Inclusion Project</li> <li>- Continue to review audit document</li> <li>- Regular on-going training for staff</li> <li>- Action plan for going forward after project</li> <li>- Steering Group continues to meet with CEO</li> </ul>	3	<b>Not met</b> <ul style="list-style-type: none"> <li>- All policies reviewed every two years</li> </ul>	<b>Not met</b> <ul style="list-style-type: none"> <li>- Plan for ongoing audit during project</li> </ul>	Met <ul style="list-style-type: none"> <li>- Systems in place to ensure continuity of project</li> <li>- Recommendations for next steps after project finishes</li> <li>- Plan for steering group to continue to meet and provide feedback</li> </ul>	Support from staff to ensure steering group continue to meet	Y

### Standard 2: Workforce development

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

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2.1	The organisation has a systematic process for assessing the LGBTI inclusive practice professional development needs of the governing body,	<ul style="list-style-type: none"> <li>- Survey to gather data on staff and volunteer knowledge, confidence and comfort regarding LGBTI and CALD inclusive practice and invites feedback (2 and 5)</li> <li>- Assess training needed for board</li> <li>- Create plan for training</li> </ul>	1	<b>Not met</b> <ul style="list-style-type: none"> <li>- Some staff have attended EMR training</li> </ul>	<b>Part met</b> <ul style="list-style-type: none"> <li>- Staff and volunteer survey conducted asking for suggestions for training</li> <li>- Initial training conducted</li> <li>- Training plan conducted</li> </ul>	Met <ul style="list-style-type: none"> <li>- System for training requests from staff and volunteers</li> <li>- Training on culturally responsive services</li> <li>- All new staff to attend LGBTI training</li> <li>- Inclusive language PD for all staff completed</li> <li>- Begin training for</li> </ul>	<ul style="list-style-type: none"> <li>- Training for board</li> <li>- Item in staff planning sessions to assess PD needs</li> </ul>	Y

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	leadership team, staff and volunteers.	<ul style="list-style-type: none"> <li>in conjunction with project</li> <li>- Training on culturally responsive services (2)</li> </ul>				volunteers 1/3 completed		
2.2	The organisation provides professional development to the governing body, leadership team, staff and volunteers that includes their legal responsibilities, LGBTI cultural safety and a consideration of the impact of employees' attitudes and beliefs on LGBTI- inclusive practice.	<ul style="list-style-type: none"> <li>- Ensuring that part time staff and all volunteers are included in training</li> <li>- Mandated training for staff and volunteers</li> <li>- Link to resources on K drive</li> <li>- 100% staff in 6 months complete training</li> <li>- 20% volunteers in 6 months complete training</li> </ul>	1-3	<b>Not met</b> <ul style="list-style-type: none"> <li>- Preliminary training for some staff through EMR</li> </ul>	<b>Not met</b> <ul style="list-style-type: none"> <li>- All but one staff members have attended preliminary training</li> <li>- Resources available on K drive</li> <li>- 5 volunteers have attended training</li> <li>- Very limited understanding of LGBTI cultural safety and impact of employees attitudes</li> </ul>	Part met <ul style="list-style-type: none"> <li>- All staff members have attended training</li> <li>- Training with volunteers 1/3 completed</li> <li>- Cultural shoft apparent in understanding LGBTI needs and inclusive practice</li> </ul>	Complete training with remainder volunteers	N

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2.3	The organisation keeps up to date with current trends in the field of LGBTI inclusive service provision and uses this information in the ongoing development of staff training and resources.	<ul style="list-style-type: none"> <li>- CEO, reception and inclusion officer sign up to LGBTI networks</li> <li>- External staff training continues</li> <li>- LGBTI info training pack created for staff and volunteers</li> <li>- <b>Develop connections with CALD community groups (1)</b></li> </ul>	2	<b>Not met</b> <ul style="list-style-type: none"> <li>- CEO receives bulletins from LGBTI inclusive services</li> <li>- CEO and staff have completed preliminary external training</li> </ul>	<b>Not met</b> <ul style="list-style-type: none"> <li>- Training pack created</li> <li>- Very basic and preliminary understanding of inclusivity eg. Not yet inclusive of intersex or trans identities</li> </ul>	Met <ul style="list-style-type: none"> <li>- Connections with other LGBTI orgs</li> <li>- Induction materials include LGBTI inclusive service</li> <li>- Steering committee have signed up to relevant LGBTI org bulletins</li> <li>- Switchboard presented to staff and steering group</li> </ul>	<b>Connections with CALD community</b>	Y
2.4	The organisation participates in professional associations and other forums in its field regarding the provision of services to LGBTI consumers.	<ul style="list-style-type: none"> <li>- Provides training for other organisations</li> <li>- Presents at external events</li> <li>- Attend EMR Alliance meetings</li> <li>-</li> </ul>	3	<b>Not met</b> <ul style="list-style-type: none"> <li>- Bridges member of EMR alliance</li> </ul>	<b>Not met</b> <ul style="list-style-type: none"> <li>- Not attended forums or visited associations providing LGBTI services</li> </ul>	Met <ul style="list-style-type: none"> <li>- Inclusion Officer attending conference on LGBTI people of faith</li> <li>- Steering group attend LGBTI Aged Care conference presented by LaTrobe</li> <li>- Contacts other organisations re. Training and resources</li> </ul>	<b>Continue to attend conferences, especially Val's LGBTI Aged Care conference in 2019</b>	Y



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### Standard 3: Consumer Participation

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

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3. 1	The organisation works with LGBTI consumers and community representatives to identify LGBTI consumer’s needs and utilises this information to develop LGBTI inclusive services.	<ul style="list-style-type: none"> <li>- Connect with intersecting diversity groups</li> <li>- External comms around inclusion project Eg. Newspaper article, LGBTI radio, Switchboard directory</li> <li>- Inclusion of LGBTI demographic details for data collection</li> <li>- Exit interviews include questions around inclusivity</li> <li>- Regular reporting to board</li> <li>- Attend external info sessions/training</li> </ul>	3	<p><b>Not met</b></p> <ul style="list-style-type: none"> <li>- Info included in 2017 bulletin on inclusion project and grant application</li> </ul>	<p><b>Not met</b></p> <ul style="list-style-type: none"> <li>- One gay identifying member on the steering committee</li> <li>- No people of colour on steering group</li> </ul>	<p>Met</p> <ul style="list-style-type: none"> <li>- Second survey completed</li> <li>- Opportunity for volunteers and clients to disclose LGBTI identify on intake forms</li> </ul>	<ul style="list-style-type: none"> <li>- More representati on on committee</li> <li>- Need to advertise inclusive status</li> </ul>	

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3.2	The organisation has a system for identifying or monitoring the changing needs of its LGBTI consumers and evaluating the impact of service improvements on their quality of care.	<ul style="list-style-type: none"> <li>- Ongoing review and audit processes</li> <li>- Continuous processes around improvement including secondary survey of staff, volunteers and clients</li> </ul>	3	<p><b>Not met</b></p> <ul style="list-style-type: none"> <li>- Survey asking for general feedback on services distributed during 40 year anniversary (not LGBTI specific)</li> </ul>	<p><b>Part met</b></p> <ul style="list-style-type: none"> <li>- survey re. CALD and LGBTI inclusion</li> <li>- Feedback form adjusted to mention discrimination</li> </ul>	<p>Met</p> <ul style="list-style-type: none"> <li>- Second survey completed for volunteers and staff</li> <li>- Steering committee continue to meet</li> <li>- staff appraisal process includes feedback on inclusive practice</li> <li>- Steering committee continue to meet</li> </ul>	- Second client survey needed in mid 2019	Y
3.3	As part of its ongoing assessment of consumer experience, the organisation analyses its performance in working with LGBTI consumers and undertakes appropriate service improvements.	<ul style="list-style-type: none"> <li>- Analyse survey results and continue to implement changes</li> <li>- Ongoing reporting to the board</li> </ul>	3	<p><b>Not met</b></p> <ul style="list-style-type: none"> <li>- Organisational commitment to continuous improvement, but not LGBTI specific</li> </ul>	<p><b>Part met</b></p> <ul style="list-style-type: none"> <li>- Survey results reviewed and presented to board</li> <li>- Inclusion Officer incorporating suggestions into project, and made much progress</li> </ul>	<p>Met</p> <ul style="list-style-type: none"> <li>- Include questions on inclusivity in client surveys</li> <li>- Steering committee have plan to meet in 2019</li> </ul>		Y

## Bridges Connecting Communities LGBTI Audit – Action Plan

### Standard 4: A welcoming and accessible organisation

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

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4.1	The organisation welcomes LGBTI consumers through a range of different strategies that are appropriate to different contexts and environments.	<ul style="list-style-type: none"> <li>- Display posters, inclusive flyers and rainbows within the organisation</li> <li>- Educate staff on how to respond to materials</li> <li>- Include LGBTI information on the website</li> <li>- Create scenarios and responses resources</li> <li>- Staff interviews to confirm service is inclusive</li> <li>- Intake process inclusive</li> </ul>	2-3	<b>Not met</b> -	<b>Part met</b> - Posters displayed - Induction materials updated to include information on inclusive practice, language guide and scenarios for context	Met - Mention of LGBTI inclusivity on website - Staff completed training on language - Website contains inclusion section - Intake process inclusive - All forms edited to have inclusive pronouns - Titles no longer used as prefixes for names in correspondence - Specific training on pronouns completed with staff and some volunteers	More advertising needed	
4.2	The organisation's promotional and educational materials are LGBTI inclusive (inclusive language and images, LGBTI specific information).	<ul style="list-style-type: none"> <li>- Review all printed materials for inclusive language, photos and processes</li> <li>- Explore costs of printing resources in community languages or include number for translation service (3)</li> </ul>	2	<b>Not met</b>	<b>Not met</b>	Met - Changes to website so to include specific information on inclusivity and project - Inclusive mission statement widely distributed - Educational materials updated and additional resources available for volunteers and staff	- Edits to info flyer and reprint - Grant for flyer in different languages?	Y

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4.3	The organisation effectively communicates its services to the LGBTI community.	<ul style="list-style-type: none"> <li>- Communications strategy and promotion of LGBTI and CALD events</li> <li>- Creation of list of stakeholders</li> </ul>	3	<b>Not met</b> <ul style="list-style-type: none"> <li>- Currently communicates service within community but does not explicitly say we are inclusive</li> </ul>	<b>Not met</b>	Part met <ul style="list-style-type: none"> <li>- List of key organisations to promote to</li> <li>- Need to ensure majority of volunteers have completed training before advertising widely</li> </ul>	Include Bridges in lists of inclusive services eg. Contact Switchboard and ask that org is included in database	N

## Bridges Connecting Communities LGBTI Audit – Action Plan

### Standard 5: Disclosure and documentation

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

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5.1	The organisation has a policy on when it is and is not appropriate to collect information on a consumer's sexual orientation, gender identity, intersex status and/or relationship status	<ul style="list-style-type: none"> <li>- Review current policies and identify if LGBTI issues are addressed in privacy policy When it is/is not appropriate to gather information Specific strategies for staff and disclosure Staff trained on policy</li> <li>- Promote policy internally and externally</li> <li>- Include cultural awareness in policy (4)</li> </ul>	1	<p><b>Part met</b></p> <ul style="list-style-type: none"> <li>- Currently specifies privacy around sexuality, family situations and living arrangements - needs to be expanded</li> </ul>	<p><b>Part met</b></p> <ul style="list-style-type: none"> <li>- Reviewed policies for inclusivity, need to communicate to staff</li> </ul>	<p>Met</p> <ul style="list-style-type: none"> <li>- Communicate policies to staff and volunteers</li> <li>- Confidentiality included in training and induction</li> </ul>		Y
5.2	The organisation only collects information about a consumer's sexual orientation, gender identity, intersex status and/or relationship status from the consumer themselves or from their nominated representative.	<ul style="list-style-type: none"> <li>- Training with staff on who can provide information on behalf of clients</li> <li>- Audit to see if policy is being followed</li> <li>-</li> </ul>	2	<p><b>Part met</b></p> <ul style="list-style-type: none"> <li>- Information provided to clients on using an advocate, representatives or Power of Attorney including duties and processes within Bridges</li> <li>- Clear internal processes on collecting all information for clients</li> <li>- Needs explicit</li> </ul>	<p>Part met</p>	<p>Met</p> <ul style="list-style-type: none"> <li>- staff training on who can collect information</li> </ul>		Y

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				information around sexual orientation, gender identity, intersex status and/or relationship status				
5.3	The organisation has processes to ensure that LGBTI consumers understand that information about their sexual orientation, gender identity or intersex status is confidential and that they will be consulted on how and why this information is recorded, stored and shared.	<ul style="list-style-type: none"> <li>- Review intake documents and include briefing on how information is used</li> <li>- Create information sheet on how personal information is used</li> </ul>	2	<b>Not met</b> <ul style="list-style-type: none"> <li>- Volunteers and clients are communicated to about how their general information will be used – strict policy on respect and confidentiality outlined</li> </ul>	<b>Part met</b> <ul style="list-style-type: none"> <li>- language changed in policies</li> <li>- info sheet on coming out circulated</li> </ul>	<b>Met</b> <ul style="list-style-type: none"> <li>- Information on privacy included in induction, and summary of policy included in Volunteer Information Kit</li> </ul>		Y

### Bridges Connecting Communities LGBTI Audit – Action Plan

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5.4	Staff understand the significance to LGBTI people of disclosing their sexual orientation, gender identity or intersex status and that the organisation has strategies to ensure that staff respond in a respectful and positive way when consumers, other staff or volunteers disclose.	<ul style="list-style-type: none"> <li>- Staff training for examples of disclosure</li> <li>- Staff resources such as script of example of what to say if someone discloses</li> <li>- Continuous professional development</li> </ul>	1	<b>Not met</b>	<b>Part met</b> <ul style="list-style-type: none"> <li>- Qlife info sheet distributed and included in training</li> <li>- Script distributed through FAQs document</li> </ul>	Part met <ul style="list-style-type: none"> <li>- Ongoing professional development needed, especially with volunteers</li> <li>- Staff provided specific information and resources about coming out</li> <li>- Scenario about coming out included in volunteer training and induction</li> </ul>	<b>Need all volunteers to attend training</b>	Y
5.5	The organisation has systems for collecting, storing, using and sharing LGBTI staff and volunteers' personal information, including their sexual orientation, gender identity, intersex status and/or relationship status.	<ul style="list-style-type: none"> <li>- Confidentiality of records has been audited</li> <li>- Conduct audit of personal information to ensure policy and procedures are embedded into practice</li> </ul>	1-2	<b>Not met</b> <ul style="list-style-type: none"> <li>- Currently only information regarding gender (masc or fem) is collected</li> </ul>	<b>Not met</b>	Met <ul style="list-style-type: none"> <li>- Intake forms amended for clients and volunteers</li> <li>- Process in place for storing information on database</li> </ul>		Y

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### Standard 6: Culturally safe and acceptable services

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

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6.1	The organisation understands the needs of LGBTI consumers and addresses these needs in the design and delivery of services and programs.	<ul style="list-style-type: none"> <li>- Review PAG group activities to be sure all programs are inclusive – have meetings with Social Support Group coordinators (4)</li> <li>- Incorporate needs of diverse LGBTI groups eg. LGBTI CALD people</li> <li>- Incorporate LGBTI measure into broader diversity plan</li> </ul>	2-3	<b>Not met</b> <ul style="list-style-type: none"> <li>- Some PAG coordinators have attended preliminary training</li> </ul>	<b>Not met</b> <ul style="list-style-type: none"> <li>- Coordinators have attended training, more training needed</li> </ul>	Part met <ul style="list-style-type: none"> <li>- Audit services and programs completed re. Inclusivity of their service</li> <li>- Calendar celebrating diversity distributed to coordinators in order to shape activities based on significant days eg. IDAHOBIT</li> </ul>	Continued review of PAG group activities - Work needed in communicating with clients re. Inclusive processes	N
6.2	Individual intake, assessment, care planning and case management processes and documentation are LGBTI inclusive.	<ul style="list-style-type: none"> <li>- Create procedures to demonstrate what inclusive intake, assessment and service looks like</li> <li>- Strategies for CALD inclusive intake process (1)</li> <li>- Procedure for special needs clients written and distributed</li> </ul>	2	<b>Not met</b>	<b>Not met</b> <ul style="list-style-type: none"> <li>- Initial conversations of inclusive intake have occurred</li> </ul>	Met <ul style="list-style-type: none"> <li>- Assessment forms assessed</li> <li>- Procedure created to document clients who have disclosed LGBTI identity or other 'special needs' identities</li> </ul>		Y



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6.3	The organisation's service delivery risk management system includes strategies to identify and manage potential risks to the cultural safety of LGBTI consumers.	<ul style="list-style-type: none"> <li>- Complete risk management document</li> <li>- Provide training for staff on how to manage risks</li> <li>- Include CALD communities in risk assessment included miscommunication errors (3)</li> </ul>	1	<b>Not met</b>	<b>Part met</b> - Risk management now includes LGBTI concerns and actions	Met - Staff have received risk assessment and understand processes for addressing potential risks		Y
6.4	The organisation has processes in place to identify and respond to breaches of the cultural safety for LGBTI consumers by staff, consumers, visitors or volunteers.	<ul style="list-style-type: none"> <li>- Cultural safety language embedded within workplace policies and process for recording cultural safety breaches created</li> <li>- Assign a staff member to be champion after project has finished (2)</li> <li>- Training and resources in what constitutes a safe environment and how to respond to poor practice</li> <li>- 1:1 training to discuss LGBTI inclusive practice</li> <li>- Staff meetings used to promote positive culture and encourages LGBTI to report incidents</li> </ul>	1-3	<b>Not met</b>	<b>Not met</b> - On going challenges with cultural safety	Met - Training for staff and volunteers to respond to offensive language - Three step process for dealing with issues of cultural safety breaches	- Ongoing training needed for staff in responding to breaches	Y