

Rainbow Tick initial assessment tool

Getting a snapshot of your LGBTIQ Inclusive journey



Produced by Rainbow Health Victoria.

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Contents

- How to use this tool..... 4
- Standard 1: Organisational capability 6
- Standard 2: Workforce Development 11
- Standard 3: Consumer participation 14
- Standard 4: A welcoming and accessible organisation..... 17
- Standard 5: Disclosure and documentation 20
- Standard 6: Culturally safe and acceptable services 23

What is the Rainbow Tick initial assessment tool?

The *Rainbow Tick initial assessment tool* is for organisations to use to build an action plan for improving LGBTIQ-inclusive practice. You do not need to be working on Rainbow Tick accreditation to benefit from this initial assessment. This tool is perfect for any organisation, big or small, that would like to take a closer look at embedding LGBTIQ-inclusive practice into the heart of their organisation.

The tool is built around the six Rainbow Tick Standards and quality-based indicators that organisations can use to gauge how well their current systems, practices and protocols are meeting the intent of that particular Standard. It allows the responding organisation to make note of which indicators and standards are met, partially met or unmet at this stage, and note down action steps from here.

When complete, the tool gives a snapshot of current LGBTIQ-inclusive practice and the work that still lies ahead. An action plan template is attached so users may begin to note next steps in a systematic way and have a quick “plan on a page” at hand for their Rainbow Tick journey.

To get the most out of your initial assessment, it is recommended that organisations familiarise themselves with *Rainbow Tick, a framework for LGBTIQ cultural safety* to understand the rationale behind each Standard and what the reality of meeting it can look like. More detail is also available about the kinds of evidence you will require in the *Rainbow Tick Evidence and Accreditation Guide*. To assist in this, consider completing Rainbow Health Victoria’s HOW2 training package.

For your initial assessment, you will require perspectives from different parts of the organisation; ideally a small core group that can cover all Standards. Consider systems experts who are relevant to each

Standard, e.g. HR person, risk manager, practice leader etc. Also consider how service users can have input to this process — see Standard 3 of *Rainbow Tick: a framework for LGBTIQ cultural safety* for more information.

How do I use the initial assessment tool?

The initial assessment tool is arranged around the six LGBTIQ-inclusive practice Standards:

1. Organisational capability
2. Workforce development
3. Consumer participation
4. A welcoming and accessible organisation
5. Disclosure and documentation
6. Culturally safe and acceptable services

Each Standard consists of a number of key indicators with an associated list of evidence. If you already have an LGBTIQ-inclusive example of this evidence tick the corresponding box. When thinking about evidence consider how your systems, processes and roles measure up against accepted good practice and how to demonstrate this.

Once you have worked through the evidence column for that indicator, use the assessment column to rate how well your organisation is currently meeting that indicator by using the following scale:

- Not met** — Little or no progress has been made (less than 30% of boxes ticked in indicator)
- Partially met** — Some progress has been made (30–90% of boxes ticked in indicator)
- Met in full** — Good progress has been made (90%–100% of boxes ticked in indicator)
- Exceeded** — 100% of boxes ticked and additional evidence also present

As you work through each indicator row, identify any areas for improvement and record your notes in the *Additional Information* column. This will assist you to build your action plan. Not all examples of evidence are suitable for all organisations. In instances where it may not be possible or appropriate to provide these examples consider how you may demonstrate that the indicator has been met.

Remember to also acknowledge your successes and communicate your wins. This is a long process and it's important to keep track of the little things. Be sure to communicate your strategy to the rest of your organisation, service users and partners. Acknowledging and celebrating improvements as they occur can build morale and buy-in.

Developing an LGBTIQ-inclusive action plan

Use the notes and ticks populated in the initial assessment section to complete the action plan template attached.

The initial assessment tool can be used by an organisation to identify achievements and areas of strength and to determine where improvements are required. The results of the initial assessment can inform forward planning including change management, systems redesign/improvement and cultural reform.

The results of the audit can also be used to assist in the development of an LGBTIQ-inclusive quality improvement and change management plan that prioritises action areas and identifies the resources that will be required.

When developing your plan consider the following:

- ▶ How can you build on what already exists? Are there improvements that logically fit together?
- ▶ What resources will you need?
- ▶ How will you prioritise actions? What is more urgent? What is an easy win? What is going to take time? What dependencies do you need to consider?

Where to from here?

For your next steps, build a team or working group to action your plan. Ensure they are drawn from all areas of the organisation and that they are accountable for change in some way.

Standard 1

Organisational capability

The organisation embeds LGBTIQ-inclusive practice across all its systems and continuously seeks opportunities for improvements.

Indicator	Evidence	Assessment	Notes
<p>1.1. LGBTIQ-inclusive practice Standards are reflected in the organisation's mission statement, vision, values, position descriptions, service contracts, performance management system, service models and quality management plan.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Mission, vision and values statements <input type="checkbox"/> Diversity statement/policies or equivalents <input type="checkbox"/> Harassment policies for staff and service users. <input type="checkbox"/> Equal Opportunity, Anti-discrimination and/or Bullying and Harassment policy <input type="checkbox"/> Strategic plan <input type="checkbox"/> Position descriptions of staff, volunteers, the leadership team and governing body <input type="checkbox"/> Service and program planning documentation <input type="checkbox"/> Service delivery contracts <input type="checkbox"/> Human resources documentation including, but not limited to Recruitment and Selection and Performance Management. <input type="checkbox"/> Service user, staff and management feedback 	<ul style="list-style-type: none"> <input type="checkbox"/> Not met <input type="checkbox"/> Partially met <input type="checkbox"/> Met in full <input type="checkbox"/> Exceeded 	
<p>1.2. The organisation facilitates LGBTIQ inclusion amongst staff and volunteers and on the governing body and other committees.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> A staff statement or policy <input type="checkbox"/> Selection and recruitment documentation for staff and volunteers <input type="checkbox"/> Documentation inviting LGBTIQ service users to sit on organisational committees. <input type="checkbox"/> Terms of reference for the governing body and organisational committees <input type="checkbox"/> Evidence of commitment to meeting targets for LGBTIQ representation on key committees. 	<ul style="list-style-type: none"> <input type="checkbox"/> Not met <input type="checkbox"/> Partially met <input type="checkbox"/> Met in full <input type="checkbox"/> Exceeded 	

Indicator	Evidence	Assessment	Notes
<p>1.3. The organisation has an integrated LGBTIQ service user feedback system that ensures continuous LGBTIQ-related quality improvement and planning.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Service user, staff and other feedback <input type="checkbox"/> Minutes of meetings <input type="checkbox"/> Quality improvement plan, records and project reports <input type="checkbox"/> Reporting of outcomes for service governance 	<ul style="list-style-type: none"> <input type="checkbox"/> Not met <input type="checkbox"/> Partially met <input type="checkbox"/> Met in full <input type="checkbox"/> Exceeded 	
<p>1.4. The organisation values its LGBTIQ staff and volunteers, understands and meets their needs and has processes to manage risk and provide them with a safe and healthy workplace.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Valuing Diversity in Staff statement or policy <input type="checkbox"/> Work Health and Safety (WHS) policies, procedures, tools and templates <input type="checkbox"/> Risk management policies and procedures <input type="checkbox"/> Risk register and plans <input type="checkbox"/> Staff and volunteer training packages <input type="checkbox"/> Testimony of LGBTIQ staff and volunteers <input type="checkbox"/> Management interviews <input type="checkbox"/> Orientation package/ information for subcontractors, students and trainees (as applicable) <input type="checkbox"/> Audit reports of site inspections <input type="checkbox"/> Hazard identification and management reports <input type="checkbox"/> Quality Improvement plans and activity reports <input type="checkbox"/> Reports to managers and governing body <input type="checkbox"/> Dress/uniform code <input type="checkbox"/> Records of meetings with LGBTIQ staff <input type="checkbox"/> Staff survey or other feedback mechanisms <input type="checkbox"/> Promotional materials 	<ul style="list-style-type: none"> <input type="checkbox"/> Not met <input type="checkbox"/> Partially met <input type="checkbox"/> Met in full <input type="checkbox"/> Exceeded 	

Indicator	Evidence	Assessment	Notes
<p>1.5. Workforce planning, recruitment and selection, and performance management processes and documentation are inclusive of LGBTIQ staff and volunteers.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Workforce plan or equivalent <input type="checkbox"/> Application and outcome documentation related to Equal Opportunity Act exemptions, exceptions and special measures taken to mitigate their impact on excluded groups, if applicable. <input type="checkbox"/> Human resource policies, procedures, tools and templates <input type="checkbox"/> Appropriate training for HR staff managing recruitment <input type="checkbox"/> Staff code of conduct/ service users' responsibilities <input type="checkbox"/> Position descriptions <input type="checkbox"/> Examples of recruitment/ career promotion documentation <input type="checkbox"/> Performance management documentation <input type="checkbox"/> Investigation records of alleged breaches <input type="checkbox"/> Quality improvement activity plans and implementation records resulting from any such investigations. <input type="checkbox"/> Visual appearance of staff rooms and volunteer spaces <input type="checkbox"/> Management and staff interviews <input type="checkbox"/> Service user interviews 	<ul style="list-style-type: none"> <input type="checkbox"/> Not met <input type="checkbox"/> Partially met <input type="checkbox"/> Met in full <input type="checkbox"/> Exceeded 	

Indicator	Evidence	Assessment	Notes
<p>1.6. The organisation has systems for monitoring compliance with these Standards and continuously improving LGBTIQ-inclusive practice.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Timetable of audits/reviews <input type="checkbox"/> Analysis of service governance records <input type="checkbox"/> Audit or self-assessment results <input type="checkbox"/> Analysis of progress against quality plan <input type="checkbox"/> Appropriately resourced quality improvement projects resulting from review processes <input type="checkbox"/> Plans for further improvements <input type="checkbox"/> Schedule of regular LGBTIQ working group meetings and records of meeting minutes <input type="checkbox"/> Operational meeting agendas <input type="checkbox"/> Supervision/reflective practice session templates <input type="checkbox"/> Records of internal or external communities of practice <input type="checkbox"/> Position descriptions for ongoing diversity and inclusion roles <input type="checkbox"/> Position descriptions for permanent LGBTIQ inclusion specific roles 	<ul style="list-style-type: none"> <input type="checkbox"/> Not met <input type="checkbox"/> Partially met <input type="checkbox"/> Met in full <input type="checkbox"/> Exceeded 	

Standard 2

Workforce development

All staff and volunteers understand their responsibilities to LGBTIQ service users and are trained and able to deliver LGBTIQ-inclusive services.

Indicator	Evidence	Assessment	Notes
<p>2.1. The organisation has a systematic process for assessing the LGBTIQ-inclusive practice professional development needs of the governing body, leadership team, staff and volunteers.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Workforce development plan <input type="checkbox"/> Survey templates or other data gathering tools for learning needs analysis <input type="checkbox"/> Governance body/staff/volunteer survey findings regarding values and beliefs <input type="checkbox"/> Targeted needs analysis report and plan <input type="checkbox"/> Quality improvement project plans <input type="checkbox"/> A schedule showing periodic learning needs analysis <input type="checkbox"/> Supervision/reflective practice session templates <input type="checkbox"/> Records of internal or external communities of practice on LGBTIQ issues 	<ul style="list-style-type: none"> <input type="checkbox"/> Not met <input type="checkbox"/> Partially met <input type="checkbox"/> Met in full <input type="checkbox"/> Exceeded 	
<p>2.2. The organisation provides professional development to the governing body, leadership team, staff and volunteers that includes their legal responsibilities, LGBTIQ cultural safety and a consideration of the impact of employees' attitudes and beliefs on LGBTIQ-inclusive practice.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Training and professional development packages <input type="checkbox"/> Training option assessments <input type="checkbox"/> Training register and schedules – for governance body, managers, staff and volunteers <input type="checkbox"/> Supervision records <input type="checkbox"/> Performance reviews <input type="checkbox"/> Compliance audits and review of results <input type="checkbox"/> Mechanisms used to determine staff knowledge, attitudes and behaviours <input type="checkbox"/> Professional development evaluation reports <input type="checkbox"/> Quality improvement project plans for professional development packages <input type="checkbox"/> Staff interviews <input type="checkbox"/> Budget and resource plans <input type="checkbox"/> New staff orientation checklists 	<ul style="list-style-type: none"> <input type="checkbox"/> Not met <input type="checkbox"/> Partially met <input type="checkbox"/> Met in full <input type="checkbox"/> Exceeded 	

Indicator	Evidence	Assessment	Notes
<p>2.3. The organisation keeps up to date with current trends in the field of LGBTIQ-inclusive service provision and uses this information in the ongoing development of staff training and resources.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Agendas from staff/ managers meetings, supervision <input type="checkbox"/> Newsletters, emails, intranet <input type="checkbox"/> Presentations and resources <input type="checkbox"/> Documented changes to systems/guidance/practice <input type="checkbox"/> Training materials for significant new learnings/ system changes. <input type="checkbox"/> Evaluation reports of any training for, or implementation of, new practice. <input type="checkbox"/> Secondary consultation records <input type="checkbox"/> Minutes of nominated LGBTIQ quality/action group 	<ul style="list-style-type: none"> <input type="checkbox"/> Not met <input type="checkbox"/> Partially met <input type="checkbox"/> Met in full <input type="checkbox"/> Exceeded 	
<p>2.4. The organisation participates in relevant professional associations and other forums aimed at improving the quality of services provided to LGBTIQ service users.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Workforce plan <input type="checkbox"/> Budget records <input type="checkbox"/> Records of external professional development, forums, etc <input type="checkbox"/> Presentations, articles, etc. distributed through internal and external mechanisms and structures. 	<ul style="list-style-type: none"> <input type="checkbox"/> Not met <input type="checkbox"/> Partially met <input type="checkbox"/> Met in full <input type="checkbox"/> Exceeded 	

Standard 3

Consumer participation

LGBTIQ service users are consulted about, and participate in the planning, development, and review of the service.

Indicator	Evidence	Assessment	Notes
<p>3.1. The organisation has a system for identifying and monitoring the changing needs of its LGBTIQ service users and evaluating the impact of service improvements on their quality of care.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Strategies to engage and seek input from LGBTIQ service users <input type="checkbox"/> Plans that include strategies to connect with less visible LGBTIQ service users <input type="checkbox"/> Advertising materials <input type="checkbox"/> Position descriptions <input type="checkbox"/> Surveys or other materials <input type="checkbox"/> LGBTIQ service user feedback <input type="checkbox"/> Aggregated data and analysis from service needs assessments. <input type="checkbox"/> Minutes of meetings, forums <input type="checkbox"/> Quality improvement plans and reports <input type="checkbox"/> Reports provided to managers/Board <input type="checkbox"/> Quality of Care report, newsletter, article in local newspaper, LGBTIQ radio, website news item. 	<ul style="list-style-type: none"> <input type="checkbox"/> Not met <input type="checkbox"/> Partially met <input type="checkbox"/> Met in full <input type="checkbox"/> Exceeded 	

Indicator	Evidence	Assessment	Notes
<p>3.2. The organisation participates in relevant professional associations and other forums aimed at improving the quality of services provided to LGBTIQ service users.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Service evaluation surveys or other service evaluation materials <input type="checkbox"/> Quality improvement project plans <input type="checkbox"/> Evaluation records of LGBTIQ-specific programs and services <input type="checkbox"/> Minutes of meetings, forums <input type="checkbox"/> Records of quality improvement activity evaluations <input type="checkbox"/> Reports provided to managers/board <input type="checkbox"/> Quality of Care report, newsletter, article in local newspaper, LGBTIQ radio, website news item. 	<ul style="list-style-type: none"> <input type="checkbox"/> Not met <input type="checkbox"/> Partially met <input type="checkbox"/> Met in full <input type="checkbox"/> Exceeded 	
<p>3.3. As part of its ongoing assessment of service users' experience, the organisation analyses its performance in working with LGBTIQ service users and undertakes appropriate service improvements.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Analysis of feedback from LGBTIQ service users <input type="checkbox"/> Quality improvement projects plans <input type="checkbox"/> Systems audits and results <input type="checkbox"/> Records of meetings <input type="checkbox"/> Reports provided to managers/board 	<ul style="list-style-type: none"> <input type="checkbox"/> Not met <input type="checkbox"/> Partially met <input type="checkbox"/> Met in full <input type="checkbox"/> Exceeded 	

Standard 4

A welcoming and accessible organisation

LGBTIQ service users can easily and confidently access services because the physical and virtual environments, including information, structures, resources and processes, are welcoming.

Indicator	Evidence	Assessment	Notes
<p>4.1. The organisation welcomes LGBTIQ service users through a range of different strategies that are appropriate to different contexts and environments.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Media and communications policies and procedures <input type="checkbox"/> Web pages <input type="checkbox"/> Staff and service users information brochures <input type="checkbox"/> Service users and personnel record templates <input type="checkbox"/> Recruitment templates for staff and volunteers <input type="checkbox"/> Promotional and advertising materials. <input type="checkbox"/> Site observations <input type="checkbox"/> Bathroom policies <input type="checkbox"/> Staff training records <input type="checkbox"/> Records of meetings etc <input type="checkbox"/> Staff, volunteer and service users interviews 	<ul style="list-style-type: none"> <input type="checkbox"/> Not met <input type="checkbox"/> Partially met <input type="checkbox"/> Met in full <input type="checkbox"/> Exceeded 	
<p>4.2. The organisation's communication and educational materials are LGBTIQ-inclusive (e.g. inclusive language and images, and LGBTIQ specific information where relevant).</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Knowledge management and documentation policy <input type="checkbox"/> Sample of electronic and printed promotional and educational materials <input type="checkbox"/> Records of service users' participation in the development and review of resources and marketing strategies. <input type="checkbox"/> Interviews with LGBTIQ service users and staff 	<ul style="list-style-type: none"> <input type="checkbox"/> Not met <input type="checkbox"/> Partially met <input type="checkbox"/> Met in full <input type="checkbox"/> Exceeded 	

Indicator	Evidence	Assessment	Notes
4.3. The organisation effectively communicates its services to the LGBTIQ community.	<ul style="list-style-type: none"><input type="checkbox"/> Communications plan or strategy<input type="checkbox"/> Lists of key stakeholders<input type="checkbox"/> Samples of articles and stories in internal and external media<input type="checkbox"/> Plans for, and reports about, events and activities the organisation has attended or conducted<input type="checkbox"/> Evaluations of impact of promotional activities and resulting quality improvement plans<input type="checkbox"/> Stakeholder interviews	<ul style="list-style-type: none"><input type="checkbox"/> Not met<input type="checkbox"/> Partially met<input type="checkbox"/> Met in full<input type="checkbox"/> Exceeded	

Standard 5

Disclosure and documentation

LGBTIQ service users, 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.

Indicator	Evidence	Assessment	Notes
<p>5.1. The organisation has a policy on when it is and is not appropriate to collect information on a service user's sexual orientation, gender identity, intersex status and/or relationship status.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Policies and procedures concerning the collection of information <input type="checkbox"/> A consumer-oriented document which describes rights and responsibilities <input type="checkbox"/> Samples of case record documentation <input type="checkbox"/> Risk register <input type="checkbox"/> Staff training records <input type="checkbox"/> Staff and service user interviews <input type="checkbox"/> Service users record audit 	<ul style="list-style-type: none"> <input type="checkbox"/> Not met <input type="checkbox"/> Partially met <input type="checkbox"/> Met in full <input type="checkbox"/> Exceeded 	
<p>5.2. The organisation only collects information about a service user's sexual orientation, gender identity, intersex status and/or relationship status from the service user themselves or from their nominated representative.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Policy and procedures that address who is authorised to collect information <input type="checkbox"/> Staff and service user interviews <input type="checkbox"/> Consumer-record audit <input type="checkbox"/> Supervision records 	<ul style="list-style-type: none"> <input type="checkbox"/> Not met <input type="checkbox"/> Partially met <input type="checkbox"/> Met in full <input type="checkbox"/> Exceeded 	
<p>5.3. The organisation has processes to ensure that LGBTIQ service users 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.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Privacy and confidentiality policies and procedures <input type="checkbox"/> A service user-oriented document describing information collection rights and responsibilities <input type="checkbox"/> Staff and service user interviews <input type="checkbox"/> Service users record audit <input type="checkbox"/> Risk register and treatment plans <input type="checkbox"/> Supervision records 	<ul style="list-style-type: none"> <input type="checkbox"/> Not met <input type="checkbox"/> Partially met <input type="checkbox"/> Met in full <input type="checkbox"/> Exceeded 	

Indicator	Evidence	Assessment	Notes
<p>5.4. Staff understand the significance to LGBTIQ people of disclosing their sexual orientation, gender identity or intersex status and the organisation has strategies to ensure that staff respond in a respectful and positive way when service users, other staff or volunteers disclose.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Staff training records <input type="checkbox"/> Content of training and professional development programs and other activities for staff and volunteers <input type="checkbox"/> Supervision records <input type="checkbox"/> Risk register and treatment plans 	<ul style="list-style-type: none"> <input type="checkbox"/> Not met <input type="checkbox"/> Partially met <input type="checkbox"/> Met in full <input type="checkbox"/> Exceeded 	
<p>5.5. The organisation has systems for collecting, storing, using and sharing LGBTIQ staff and volunteers' personal information, including their sexual orientation, gender identity, intersex status or relationship status.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Human resource policies and procedures, templates and tools <input type="checkbox"/> Managers and human resources personnel interviews <input type="checkbox"/> Staff and volunteer interviews <input type="checkbox"/> Personnel record templates and checklists <input type="checkbox"/> Observation of secure storage of personnel records, including appropriate access procedures. <input type="checkbox"/> Audit of a sample of personnel records of staff and volunteers. <input type="checkbox"/> Audit results of the organisation's monitoring of records. <input type="checkbox"/> Quality improvement plans and activity reports arising from system review/record audits 	<ul style="list-style-type: none"> <input type="checkbox"/> Not met <input type="checkbox"/> Partially met <input type="checkbox"/> Met in full <input type="checkbox"/> Exceeded 	

Standard 6

Culturally safe and acceptable services

Services and programs identify, assess, analyse and manage risks to ensure the cultural safety of LGBTIQ service users.

Indicator	Evidence	Assessment	Notes
<p>6.1. The organisation understands the needs of LGBTIQ service users and addresses these needs in the design and delivery of services and programs.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Policies and procedures for service and program planning <input type="checkbox"/> Needs analysis reports <input type="checkbox"/> Records of engagement with identified stakeholders <input type="checkbox"/> Examples of service and program plans <input type="checkbox"/> Examples of program and service reviews <input type="checkbox"/> Records of response to complaints or other feedback <input type="checkbox"/> Quality improvement plans and activity reports arising from program and service reviews <input type="checkbox"/> Management and board reporting relating to service planning and review 	<ul style="list-style-type: none"> <input type="checkbox"/> Not met <input type="checkbox"/> Partially met <input type="checkbox"/> Met in full <input type="checkbox"/> Exceeded 	
<p>6.2. Individual intake, assessment, care planning and case management processes and documentation are LGBTIQ inclusive.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Policies, procedures and other resources <input type="checkbox"/> Samples of intake, needs identification, assessment, care planning and case management templates <input type="checkbox"/> Samples of communications with key referring bodies. <input type="checkbox"/> List of organisations and referral protocols. <input type="checkbox"/> Staff and service users interviews <input type="checkbox"/> Records of intake and assessment, care planning and case management processes and documentation review <input type="checkbox"/> Service governance records or reports 	<ul style="list-style-type: none"> <input type="checkbox"/> Not met <input type="checkbox"/> Partially met <input type="checkbox"/> Met in full <input type="checkbox"/> Exceeded 	

Indicator	Evidence	Assessment	Notes
<p>6.3. The organisation's service delivery risk management system includes strategies to identify and manage potential risks to the cultural safety of LGBTIQ service users.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Guiding documentation for planning <input type="checkbox"/> Program and service records <input type="checkbox"/> Risk register <input type="checkbox"/> Risk management plans <input type="checkbox"/> Risk reports to management team and governance body <input type="checkbox"/> Quality improvement project plans/activity reports emerging from risk analysis. <input type="checkbox"/> Interviews with governing body <input type="checkbox"/> Interviews with CEO/managers/staff <input type="checkbox"/> Staff interviews 	<ul style="list-style-type: none"> <input type="checkbox"/> Not met <input type="checkbox"/> Partially met <input type="checkbox"/> Met in full <input type="checkbox"/> Exceeded 	
<p>6.4. The organisation has processes in place to identify and respond to breaches of the cultural safety of LGBTIQ service users, staff and volunteers by other staff, service users, volunteers or visitors.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Incident and investigation reports <input type="checkbox"/> Debriefing and support records <input type="checkbox"/> Trend reports to senior managers and governing body <input type="checkbox"/> Quality improvement project plans emerging from near misses or actual breaches <input type="checkbox"/> Documentation establishing a nominated Cultural Safety Officer or equivalent <input type="checkbox"/> Staff supervision and training records <input type="checkbox"/> Supervision records <input type="checkbox"/> Interview with governing body <input type="checkbox"/> CEO and senior manager interviews <input type="checkbox"/> Staff interviews <input type="checkbox"/> Service user & volunteer interviews 	<ul style="list-style-type: none"> <input type="checkbox"/> Not met <input type="checkbox"/> Partially met <input type="checkbox"/> Met in full <input type="checkbox"/> Exceeded 	

Indicator	Evidence	Assessment	Notes
6.5. The organisation communicates expectations about LGBTIQ cultural safety across its programs and services and to other organisations.	<ul style="list-style-type: none"><input type="checkbox"/> Cultural safety policy and procedures<input type="checkbox"/> Guiding documents for program and service planning<input type="checkbox"/> Communications from leaders and managers<input type="checkbox"/> Service users rights and responsibilities documentation<input type="checkbox"/> Program and service promotional materials<input type="checkbox"/> Interviews with managers, volunteers and staff<input type="checkbox"/> Service users and stakeholder interviews		

LGBTIQ+ inclusive practice project plan

Strategy # and description	Related standard and indicator	Responsibility	Timeframe START-END	Allocated resources		Key tasks	Progress	Status
				Budget	Staff			
Describe strategy and objective/ outcome	e.g. 6.1	Who is accountable for this strategy being implemented?	DD-MM-YYYY to DD-MM-YYYY	What resources are required?	What people are required, and for how long?	Break down the strategy into the main tasks required	Include text updates briefly describing stage of progress	e.g. traffic light, dashboard. Include relevant traffic light, and action if not on track

Rainbow Health Victoria acknowledges that our work is conducted on the lands of traditional custodians in Victoria and in other areas. We recognise the ongoing connection of traditional custodians to the land and value their unique contribution to our work and wider society.