Champions of Inclusion
A Guide to Creating LGBTI Inclusive Organisations
The National LGBTI Health Alliance

The National LGBTI Health Alliance (The Alliance) is the peak, national body representing a coalition of organisations from across Australia which provide health-related programs, services and research targeting lesbian, gay, bisexual, transgender, intersex and other sexuality, sex and gender diverse people (LGBTI). It aims to improve the health and wellbeing of LGBTI people by working collaboratively to advocate for greater recognition of LGBTI health needs as well as the provision of targeted program delivery and research.

MindOUT! The National LGBTI Mental Health and Suicide Prevention Project

A key area of work for the Alliance between 2011-2014 was the improvement of mental health and suicide prevention outcomes in LGBTI populations through the MindOUT! LGBTI Mental Health and Suicide Prevention Project. Funded by the Department of Health and Ageing (DoHA). MindOUT! has two main objectives:

Assisting LGBTI organisations to be more responsive to suicide prevention and mental health issues for LGBTI persons and communities

Working with mainstream mental health and suicide prevention organisations to assist them to be more responsive to the needs of LGBTI persons and communities.

As with other marginalised groups, it has been shown that the provision of appropriate and inclusive services leads to better health outcomes and greater satisfaction with health care for members of the LGBTI community. The following guide is an outcome of the MindOUT! Project.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>05</td>
</tr>
<tr>
<td><strong>Part I</strong></td>
<td></td>
</tr>
<tr>
<td>Background Information On LGBTI Champions</td>
<td>07</td>
</tr>
<tr>
<td>What is an LGBTI Champion?</td>
<td>08</td>
</tr>
<tr>
<td>The Importance of an LGBTI Champion</td>
<td>08</td>
</tr>
<tr>
<td>Aims and Objectives of LGBTI Champions</td>
<td>09</td>
</tr>
<tr>
<td>Role of an LGBTI Champion</td>
<td>10</td>
</tr>
<tr>
<td>Benefits and Expected Outcomes for Organisations</td>
<td>10</td>
</tr>
<tr>
<td><strong>Part II</strong></td>
<td></td>
</tr>
<tr>
<td>Implementing an LGBTI Champions Project</td>
<td>13</td>
</tr>
<tr>
<td>Process</td>
<td>14</td>
</tr>
<tr>
<td>Process 1: Organisational Commitment</td>
<td>14</td>
</tr>
<tr>
<td>Process 2: Governance</td>
<td>15</td>
</tr>
<tr>
<td>Process 3: Appointing an LGBTI Champion</td>
<td>16</td>
</tr>
<tr>
<td>Process 4: Organisational Audit and Review</td>
<td>18</td>
</tr>
<tr>
<td>Process 5: Site Specific Action Plan</td>
<td>19</td>
</tr>
<tr>
<td>Process 6: Implementing the Project</td>
<td>20</td>
</tr>
<tr>
<td>Process 7: Review and Evaluation</td>
<td>21</td>
</tr>
<tr>
<td><strong>Part III</strong></td>
<td></td>
</tr>
<tr>
<td>LGBTI Champion Case Studies</td>
<td>25</td>
</tr>
<tr>
<td>Relationships Australia Queensland</td>
<td>26</td>
</tr>
<tr>
<td>Metro South Addiction and Mental Health Services</td>
<td>27</td>
</tr>
<tr>
<td>Hunter Institute of Mental Health</td>
<td>28</td>
</tr>
<tr>
<td>Additional Resources</td>
<td>29</td>
</tr>
<tr>
<td>References</td>
<td>31</td>
</tr>
<tr>
<td>Appendix One: Action Plan</td>
<td>32</td>
</tr>
<tr>
<td>Appendix Two: Position Description</td>
<td>33</td>
</tr>
<tr>
<td>Appendix Three: Audit Tool</td>
<td>35</td>
</tr>
</tbody>
</table>
INTRODUCTION

The idea of championing a concept or cause in an organisation is not a new one. Champions have often been used to drive change or manage projects. The implementation of an LGBTI champion program has been trialled in some alcohol and drug services and a few mental health services but prior to a pilot project implemented by MindOUT! National LGBTI Mental Health and Suicide Prevention Project delivered by the National LGBTI Health Alliance (the Alliance) there had been little formal evaluation of the concept either in Australia or internationally.

A review of ten organisations undertaken by MindOUT! revealed that LGBTI Champions projects had produced positive outcomes in a wide range of settings, and there was interest in seeing how successful this framework would be if applied to the mental health and suicide prevention sector.

In August 2013 the Alliance launched the LGBTI Mental Health Champions Pilot Project both nationally and in Queensland where it was delivered by the Queensland AIDS Council. This project was designed to assess how effective champions can be in changing the culture and practices of mental health and suicide prevention organisations to make them more LGBTI inclusive and accessible.

The Alliance had created a background resource that provided a loose framework to support the implementation of an LGBTI Champions project in a mental health context, and this resource collects and collates those learnings for organisations that may be removed from mental health settings as well as attempting to provide further steps in the process.

The aim of the Champions project is to provide better targeted and more integrated and appropriate services for LGBTI people in mental health and suicide prevention organisations as well as in workplaces and within other community or business groups. In essence, it is hoped this resource can aid organisations in implementing longer-term, sustainable and cyclical positive cultural change in regards to LGBTI inclusivity for staff, clinicians, service users, consumers and other stakeholders.

19 Champions from 11 organisations participated in the project, although some of the appointed champions left their organisation over the period of the project, new Champions stepped into their position. The organisations ranged from large government departments like ACT Health and Queensland Health to smaller community organisations such as Arafmi and MIFQ, and a mental health promotion organisation, the Hunter Institute.

This pilot project has provided an updated understanding of what works best in implementing a LGBTI Champions project through an evaluation and review of the learnings trialled over 10 months in Australia in 2013-14.

With these learnings in mind, this document provides a framework for organisations wishing to instigate a LGBTI Champions project across a diverse range of workplaces and groups, including mental health and suicide prevention services and organisations.

There is much information and resources available on what elements are believed to increase the LGBTI inclusivity of organisations and what organisations should aim to implement to be considered an inclusive and accessible organisation to LGBTI people and communities. The Rainbow Tick that Gay and Lesbian Health Victoria provides consists of six standards against which services can be formally accredited to demonstrate LGBTI inclusive practice and service delivery.

Consequently, this resource isn’t unpacking what inclusive and accessible organisations look like, but rather as many of these qualities and standards can seem daunting and significant organisational change needs to take place to achieve this undertaking, it aims to provide a framework that can help guide organisations to actively and successfully move towards this goal.

The framework is divided in three parts. Part One gives background information on the LGBTI Champions project; Part Two is a six steps implementation guide; and Part Three contains case studies, useful tools and resources that can be used by organisations wishing to implement a LGBTI Champions project.
PART I

Background Information on LGBTI Champions
WHAT IS AN LGBTI CHAMPION?

The concept of clinical champions is now common within healthcare service delivery. Usually champions have been used to increase clinical knowledge or competency around a particular illness or treatment. The concept has also been extended to increase capacity and responsiveness to cultural or social groupings. People in Australia would be most likely to be familiar with the concept of cultural champions or diversity champions in the context of Australian Aboriginal and Torres Strait Island people where they have been used in response to the health disparages experienced by this population.

This project extends the concept to LGBTI communities.

An LGBTI champion is a person (or persons) within an organisation that assists the organisation to optimise its service delivery to LGBTI people by ensuring that the service is responsive, inclusive and safe. Champions are often used to increase clinical knowledge or competency around a particular illness or treatment and to increase capacity and responsiveness to cultural or social groupings.

LGBTI champions act as a resource to the organisation and as the word suggests, “champion” LGBTI issues. A champion can work at an organisational, program or clinical level depending on the identified needs of the organisation. There is no one fixed model of what a champion is or the tasks that a champion may undertake. Examples of roles that an LGBTI champion can undertake within an organisation include:

- Undertaking audits of current services and programmes for LGBTI inclusivity
- Facilitating the development of an organisational work plan to address identified areas of action
- Providing guidance to senior management on the implementation, monitoring and outcomes of the work plan
- Assisting organisations and staff to keep abreast of research and considered “best practice” in the provision of clinical services to LGBTI people
- Provision of LGBTI cultural supervision to clinical staff
- Ensuring LGBTI issues are covered in workplace induction, professional development and case presentation
- Acting as a liaison person to LGBTI organisations and communities

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THE IMPORTANCE OF AN LGBTI CHAMPION

Although most LGBTI Australians live healthy happy lives, evidence from two Australian studies, Private Lives II and Tranznation suggest significantly higher rates of negative health outcomes and suicidality within the community (Couch et al., 2007; Pitts et al., 2006).

At least 36.2% of trans people and 24.4% of gay, lesbian and bisexual people currently meet the criteria for experiencing a major depressive episode, compared with 6.8% of the general population (Pitts et al 2006). Trans women (male to female) under 30 are the most at risk group with 59.3% experiencing a major depressive episode (Couch et al. 2007).

Australian studies have shown that 20% of trans Australians (TranzNation study) and 15.7% of lesbian, gay and bisexual Australians (Private Lives II) report current suicidal ideation and that same-sex attracted Australians attempt suicide at between 3.5 and 14 times the rate of their heterosexual peers (Couch et al., 2007; Pitts et al., 2006). Up to 50% of trans
people have attempted suicide at least once in their lives (Pitts et al., 2006). Research shows that this is related to social determinants, such as experience of discrimination, which is also related to reduced access to appropriate health care (Rosenstreich, 2013).

With such over-representation of LGBTI people in poor mental health and suicide statistics, it is essential that organisations are able to respond effectively and appropriately to LGBTI service users and that services, program, and campaigns are inclusive of LGBTI communities.

With such over-representation of LGBTI people in poor mental health and suicide statistics, it is essential that organisations are able to respond effectively and appropriately to LGBTI service users.

All organisations undoubtedly have clients who are LGBTI even if they aren't aware of it. Many experience barriers to accessing services due to past experiences or fear of discrimination, prejudice and heterosexism. Consultations with LGBTI mental health service users show that many have experienced negative reactions to their sexuality or their agenda or that the knowledge or competencies of clinical or support staff in working with LGBTI people was limited. LGBTI people also report having to educate fellow colleagues, clinicians or support worker themselves. Too often in mainstream mental health promotion and suicide prevention programs, LGBTI people are not mentioned or given minimal acknowledgement in program content.

The service philosophy of treating everyone the same may in fact hinder safe and appropriate service provision. Many organisations consider that they are good at providing for LGBTI consumers already because they treat everyone the same (Barrett & Stephens, 2012). The service philosophy of treating everyone the same may in fact hinder safe and appropriate service provision as it may not fully recognise the particular social or cultural needs of groups marginalised within a society. For LGBTI people this may mean exposure to discrimination, homophobia and/or heterosexism and its subsequent impact on their mental health. A ‘we treat everyone the same’ policy reinforces the status quo in service delivery and can act as a barrier to change.

Some additional barriers that prevent LGBTI people from being able to access the mental health services they require includes:

- Lack of visibility within health programs results in LGBTI people not being reached and their needs not being addressed. Unless services are explicitly inclusive, LGBTI people will often assume a lack of understanding and/or potential discrimination.

- Heteronormativity results in some mental health professionals not automatically considering the possibility that their client may be LGBTI and communicating this assumption in language. LGBTI people may have difficulty disclosing even when they believe these issues are directly relevant, due to fear of discrimination or withdrawal of care.

- Lack of LGBTI knowledge and cultural competence by clinicians and others in generic services can result in poor quality service provision, eg. inappropriate treatment.

- Clinicians tend to focus on psychological intervention, rather than social intervention to minimise risk factors such as homophobia, transphobia and heterosexism. Sexual orientation sex and gender identity and poor mental health are strongly linked to social factors such as discrimination and exclusion.

**AIMS AND OBJECTIVES OF LGBTI CHAMPIONS**

Effective and genuine engagement of LGBTI people should
be at the heart of developing a LGBTI friendly health service or workplace with accessible and appropriate services. Organisations who have implemented an LGBTI champions program have typically developed their own unique interpretation, drawing on the individual strengths and interests of those who have acted in the role and the specific size, geography, nature and needs of the organisations they represent.

An LGBTI Champions project can foster change and overcome barriers that prevent LGBTI people from accessing services offered by companies and workplaces as well as mainstream mental health and suicide prevention initiatives.

An LGBTI Champions Project has the ability to:

- Improve the capacity of the Organisation to identify, respond and address the mental health and wellbeing needs of LGBTI people
- Ensure that services and programs are LGBTI inclusive, culturally safe and accessible.

An LGBTI Champions project can foster change and overcome barriers that prevent LGBTI people from accessing services.

This is able to be achieved by initiating, developing and implementing a simple and achievable high impact action plan consisting of organisationally appropriate activities designed to make the organisations more responsive to the needs of LGBTI people.

**ROLE OF AN LGBTI CHAMPION**

A champion can work at an organisational, program or clinical level depending on the needs of the organisation. Examples of roles that an LGBTI champion can perform or oversee within an organisation include:

- Undertaking audits of current services and programs for LGBTI inclusivity
- Providing guidance to senior management on the implementation, monitoring and outcomes of a LGBTI inclusive practice workplan
- Increasing the visibility and raising the profile of LGBTI people within organisations
- Identify practices that begin from an assumption that everyone is heterosexual as this may result in lack of disclosure due to fear of discrimination or threat of withdrawal of care
- Raise clinicians awareness of the social and cultural determinants of poor mental health including the links between homophobia, transphobia, heterosexism and poor mental health and encourage the consideration of social as well as psychological interventions to minimise risk factors
- Increase knowledge and cultural competence of clinicians and others in generic service positions through organising education, training, forums and discussion groups
- Acting as a liaison person between their organisation and LGBTI organisations, groups and communities
- Facilitating the development of an organisational work plan to address identified areas of action
- Assisting organisations and staff to keep abreast of research and considered “best practice” in the provision of clinical services to LGBTI people
- Ensuring LGBTI issues are covered in workplace induction, professional development and case presentation so that asking questions around LGBTI identities becomes routine

**BENEFITS AND EXPECTED OUTCOMES FOR ORGANISATIONS**

An increasing number of funding agreements or contracts are asking organisations to demonstrate LGBTI inclusiveness and many are recognising the benefits of being more inclusive. An involvement in the project gave organisations the opportunity to reflect on the work they have done so far
and work towards an organisationally cohesive framework for LGBTI inclusion.

Organisations implementing an LGBTI Champions project have the opportunity to:

- Develop an organisationally cohesive framework for LGBTI inclusion
- Meet the mental health and wellbeing needs of their staff and clients who are LGBTI, and support them to be more successful in their goals
- Provide holistic and client-centred services that meet the identified needs of all clients regardless of their sexuality or gender identity
- Become more accessible to LGBTI people, and provide equitable service delivery
- Become known as an accessible and quality service within the LGBTI community and networks
- Become more skilled at identifying the issues and concerns relating to sexuality and gender identity that may be impacting on a staff member or client’s wellbeing
- Improve the ability of the organisation to understand and empathise with what LGBTI clients are feeling and experiencing
- Meet any funding obligations that may require you to be accessible to LGBTI people
- Work towards achieving The Rainbow Tick accreditation and be listed in a national register of LGBTI accredited organisations
- Apply for funding for programs targeting the needs of LGBTI people

The benefits to LGBTI staff and clients are that:

- They are able to be honest and open about all aspects of their life, without censoring aspects of their identity
- They feel safe and comfortable in accessing services and support
- They are able to contribute to case plans to improve their wellbeing
- They receive support that meets all of their wellbeing needs relating to their sexuality and gender identity
- They are invited and supported to disclose their sexuality and gender identity reducing fear and censoring
- They can access resources and information that is most relevant to their lived experience
- They may identify and address underlying issues related to their LGBTI identity that may be impacting upon their health and wellbeing
- They have the opportunity to increase their support networks reducing social isolation

There are significant benefits of being LGBTI inclusive for the organisation, LGBTI staff and clients
PART II
Implementing an LGBTI champions project
PROCESSES

Prior to implementing the LGBTI Champions project, research was undertaken to explore the best frameworks and strategies that were most successful at implementing change. We’ve learned a lot from the process about what works and what does not work in the Australian context and as such have a number of the following insights to share.

Most importantly we discovered (which was also presented in the background research), that not one single strategy or process worked for all organisations. This is due to the significant diversity of organisations and services within the mental health and suicide prevention sector including those who are large or small, national or regional, single purpose or multi-faceted, franchised or centrally managed, government or third sector.

What did connect all of these organisations was a commitment to LGBTI inclusiveness and increasing their accessibility to a marginalised group of people in the community who will benefit significantly from an increase in mental health and suicide prevention support and services.

Instead of posing a set of principles or a structure that all champions needed to adhere, we wish to prove a framework with a range of processes that can help guide the implementation of an LGBTI Champion, where each organisation can establish goals and plans that best work.

Although these processes are described here in a linear fashion, organisations may choose to begin at another location, and perhaps the framework is better represented as a cyclical process that requires ongoing activities in each of the different processes that support the success of other elements in the framework.

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PROCESS 1: ORGANISATIONAL COMMITMENT

It is important that an organisation wishing to implement an LGBTI champion reflect on its motivations and openness to organisational change.
Organisational commitment to the values of LGBTI inclusiveness is a crucial factor in the longer term success and positive outcomes of an LGBTI champion’s project.

This commitment is needed from the executive and senior management who guide the direction of an organisation and its goals and objectives. Implementing change was easier and critical to the champions’ viability and effectiveness in instances where a higher level of organisation commitment and structures that supported the project existed.

Organisational commitment to the values of LGBTI inclusiveness is a crucial factor in the longer term success and positive outcomes of an LGBTI champion’s project.

Key Learnings
Organisations should reflect upon their commitment to LGBTI inclusiveness and accessibility and how this concept fits in with the values, principles, goals and objectives of the organisation.

For many organisations, values and principles of inclusion, diversity, access, social justice and equity fitted well with the motivations for improving inclusion of LGBTI people.

Potential Challenges
As with any organisational change, there will be those who do not agree with this priority or the need to implement any change, including those who will actively resist LGBTI inclusion. For some this resistance is a result of a lack of understanding about why some marginalised groups require focused attention or may include those who feel they cannot or should not align LGBTI inclusion with their personal values about diversity of sex, sexuality and gender identity.

Consideration will need to be put into how the organisation wishes to communicate about their objectives to members throughout the organisation, including to their staff and clients, and how to respond to and support individuals who are struggling with accepting this position and implementing LGBTI inclusion in their work.

Strategies
Statements of support and commitment from the executive and senior management can lead to a greater or quicker understanding and acceptance across the whole organisation of the positive role an LGBTI Champion can play.

Training provided to staff can significantly increase awareness about LGBTI individuals and their needs across a wide range of issues and support an increased commitment to inclusivity and accessibility to services provided by an organisation for its staff, clients, service users and other stakeholders. Training on LGBTI issues such as relating to mental health and experiences of discrimination for members of the executive and senior management of an organisation can significantly cement why this project is important.

PROCESS 2: GOVERNANCE
Governance is one of the most important issues impacting upon the speed and success with which a Champions project can be implemented.

It is important to remember that an LGBTI Champion role is an additional role to a staff member’s ordinary position description, and their position can either support their role as Champion, or it may not be related at all.

Organisational processes for implementing change are important, but many of these can get in the way, especially if the staff member’s ordinary position would not usually give them access to the things they need to implement their goals and objectives.

Key Learnings
Where possible, it is recommended that governance issues around the LGBTI Champion should be addressed prior to a project being instigated so as to mitigate or minimise the risk of the project not succeeding.

An organisation should think about what the role and responsibilities of the LGBTI Champion will be and what they hope to achieve by this process. This involves considering
what can be done by the organisation to support the Champion in the implementation of this brief as well as agreeing to hold regular or occasional reviews of the role performed by the LGBTI Champion and any changes pursued or recommended in aid of the project.

Governance is one of the most important issues impacting upon the speed and success with which a Champions project can be implemented.

Potential Challenges
Common roadblocks in larger national organisations occurred around getting action plans approved by senior management teams or the board of directors. In small organisations work plans tended to be signed off quickly – such as in a meeting with the project co-ordinator, or after a process of meeting with the champion about their work plan.

Many LGBTI Champions had to re-justify their activities at each level, especially if the champion’s position in the organisation was at a lower level that ordinarily would need approvals to undertake these tasks. Champions who were in positions in the organisation where they could more easily implement change (ie. Managers roles) often found more success, however these roles often did not have sufficient time to dedicate to this extra responsibility.

However, organisations that had clear processes and frameworks for making proposals and implementing organisational changes were more likely to see these approvals be timelier.

Strategies
Organisations that had a strong commitment to LGBTI inclusion that was communicated well and extensively across the whole organisation were more likely to find processes that supported the implementation of the project, rather than having to re-justify and re-explain the project at each level.

It is also recommended to create a position description that outlines the role and responsibilities of the LGBTI Champion to assist in ensuring the longevity of the project beyond a single individual. Please refer to appendix 2 for a sample LGBTI Champions position description.

Building the LGBTI inclusivity goal into the strategic plan helps cement LGBTI inclusivity as a priority especially in growing organisations.

**PROCESS 3: APPOINTING AN LGBTI CHAMPION**

There was a strong view that ‘one size does not fit all’ but rather the role needed to reflect the needs of the particular organisation and how it could be rolled out. Ultimately, the role must be sustainable within the organisation and ideally should be factored into the resources of the host organisation.

An LGBTI Champion is a staff member of the organisation who has, or develops specialist knowledge of LGBTI issues and acts as a leader for diversity and equality. They act as role models as well as taking actions when appropriate and addressing behaviours, processes and policies that marginalise LGBTI people as necessary. They ask questions to check that LGBTI issues in their broadest sense are being recognised, understood and considered integral to the decision making and evaluation processes.

The Champion role must be sustainable within the organisation and ideally should be factored into the resources of the organisation.

There were several different processes in locating and appointing a Champion including distributing a formal Expression of Interest and interview process, or, approaching particular individuals and requesting that they take on the role. Regardless of the appointment process, it is felt that the Champion should have the following qualities:

- A commitment to social justice and equality
- A respect for individuals and individual difference
- An interest in LGBTI mental health and wellbeing
- Assertiveness and capacity to implement change
- Commitment to the role
- The ability to identify and challenge, as appropriate, homophobia, heterosexism, discrimination and prejudice
- The willingness to learn about LGBTI health.
- Leadership and role modelling
- Support self-reflection and value-based learning
- Open to learning and reflection

With regard to the Champions Project, the involved Champions thought that passion was an absolute requirement for taking on the role regardless of individual identity. Several of the Champions identified as heterosexual, some people had LGBTI friends and loved ones, and some had identified the lack of LGBTI inclusivity as a problem in their organisation.

**Key Learnings**

It is not necessary for the portfolio to be held by an LGBTI identifying person. While it is possible that an LGBTI identifying person may bring a unique personal perspective to the portfolio, many heterosexual and cisgendered people may also have a personal or professional interest in the issue, and those who have an interest in social justice are often successful in these roles.

An LGBTI Champion role should be allocated based on people’s passion and capacity for the role rather than their identity and/or position within the LGBTI or non-LGBTI community. The role does not require an expert.

An LGBTI Champion role should be allocated based on people’s passion and capacity for the role rather than their identity and/or position within the LGBTI or non-LGBTI community.

The motivation for involvement also fell into two categories. For some, the decision to take on this role was based on their long standing commitment to LGBTI issues, and engagement with, the area. For others, the project provided the opportunity for themselves and their organisations to embrace more inclusive practice. Whether a LGBTI person or non-LGBTI identifying person, it is important that the person has or is able to develop an understanding of the issues and the culture, and familiarity with the terminology.

This is a role that requires individuals with resilient and robust personal and professional capabilities. Regardless of their personal identity, the public and private profiles of the positions potentially raised opportunities and stressors.

**The most significant challenge for all LGBTI Champions is the time necessary to undertake these roles and responsibilities alongside their existing role.**

With this in mind, the appointed Champion has to be resilient and open to the possibility that their sexuality and gender identity might be the subject of curiosity and debate amongst their colleagues.

This position also required people with a breadth of skills for the variety of tasks, a level of openness and differential use of self. It also offered many opportunities for personal and professional growth.

There was a need for Champions to be visible at all levels within the organisation. In addition to the person holding the position, other allies within management and in other areas of the organisation were needed.

**Potential Challenges**

The most significant challenge for all LGBTI Champions is the time necessary to undertake these roles and responsibilities alongside their existing role, especially when there were significant goals and objectives to be implemented.

Allocation of time to this position with approval and support of managers was vital to this project’s success. Time management, prioritising tasks, being realistic about what could be achieved, delegating tasks and receiving support from peers and management were critical to support the position.
In terms of responsibilities and workload, Champions can easily become the 'go-to' person for all things LGBTI, including being allocated all the LGBTI clients to this person if clear boundaries aren’t put in place. This isn’t the key purpose of the position, and it is important that they are not placed in the position of expert or the only person in the organisation who can work with LGBTI clients, but rather support all staff members to be equally confident and accessible. There was a constant need to review the boundaries of the role, embrace its fluidity and review how best to incorporate the role with their other duties.

LGBTI Champions have held a variety of positions in organisations with most taking on the role in addition to their existing positions. There doesn’t necessarily appear to be a best location for an LGBTI Champion in the organisation, however it is important to reflect that some positions have more ability to influence and implement change than others. For some, their position within the organisation was identified as a significant success factor. For example, Champions that held a management role were more able to influence and facilitate change compared to someone employed at a support worker level.

**Strategies**
The appointed Champion has to have the ability to make decisions and to implement them. Therefore it is helpful to appoint a person that has the organisational capacity to bring the needed change. The Champion position should be allocated to a person with sufficient power or access to management, negotiate with other staff and to implement the necessary organisational change. A significant or appropriate amount of time will be required for LGBTI Champions to develop their own personal competencies around LGBTI and equality issues.

Sometimes it can be beneficial to appoint two champions: one from the management team, that can make things happen and another team member that might have less responsibilities but more time to dedicate to the project.

In some cases a Champion can be supported by a working committee with different roles within the organisation. This will enhance the capacity to implement changes in a timely manner. In organisations where the Champions role had been shared between two (or more) people, this enhanced the role to share responsibilities, work load and reduce isolation.

**PROCESS 4: ORGANISATIONAL AUDIT AND REVIEW**

The Champions project provided individuals and organisations the opportunity to reflect on current practice in a systematic manner.

There was a need to analyse the organisation’s strengths and limitations. It is an important aspect of this project for an organisation to reflect upon its current capacity to support LGBTI clients in an open and honest way. This assists to identify current capacity and define the key areas of change they required.

It is an important aspect of this project for an organisation to reflect upon its current capacity to support LGBTI clients in an open and honest way.

In this respect, conducting an organisational audit can be a useful guide of self-reflection for organisations considering a Champions project.

Areas for reflection can include:

- Organisational values, objectives and principals
- Policies and procedures
- Intake and assessment tools and forms and organisational databases
- Physical locations, including waiting rooms, activity spaces and consultation rooms
- Human Resources, recruitment and organisational promotion
- Health promotion resources
- Staff knowledge, skills, confidence and comfortableness
**Key Learnings**
An effective audit can help highlight key areas for action and priorities that can then be included in an LGBTI Champion action plan. Some areas or sections of an organisation might already be aware of LGBTI inclusivity issues but might be unaware of others, so an audit can help identify these areas that impact on inclusion of LGBTI people.

A thorough audit can act as a consciousness raising activity which can help many understand as to why organisational change is important, and help increase motivation for change. For some, this might be an important starting point to help drive commitment to change.

This is an important first or early step for knowing which direction to begin implementing strategies and for identifying areas for action plans.

**Potential Challenges**
An audit can bring to light the lack of LGBTI inclusivity in an organisation and that practices of 'we treat everyone the same' are not supporting the accessibility to all people, which can be quite confronting for an organisation and its members, especially when it has core values of access, inclusion, equity and diversity. The audit can reveal significant challenges ahead to undertake, which can seem quite daunting and overwhelming and so identifying priorities that will be focused on in the next process of developing a site specific action plan will be important.

There still may be a lack of understanding as to why LGBTI people need a level of visibility for an organisation to be inclusive and as to why the criteria for inclusion is necessary. Such concerns could be addressed by undertaking training or in some cases, mentorship.

**Strategies**
A range of LGBTI inclusivity audit tools are available for use, including The Rainbow Tick. Organisations which are interested in becoming an accredited LGBTI accessible organisation may find this a useful process to explore at this stage. Alternatively, there are more simple tools that can be used, including the audit included in Appendix 3.

Some organisations involved in the pilot program also undertook a staff skills audit which can reveal the level of knowledge, skills and confidence that staff have in working with LGBTI people and talking about LGBTI experiences. This can help guide what level of professional development is needed and help measure changes that have occurred during this project.

Undertaking an audit after LGBTI awareness training may be an opportune time as there is a heightened awareness of the impacts of invisibility, heterosexism and discrimination on the wellbeing of LGBTI people.

**PROCESS 5: SITE SPECIFIC ACTION PLAN**
Each organisation developed an action plan designed to increase organisational responsiveness and inclusiveness.

This plan assisted organisations to:
- Identify priorities to meet the most pertinent needs of the clients and organisation
- Identify what is achievable and realistic
- Identify what will achieve significant change

This plan can be broken down into objectives, goals, actions to be undertaken and also descriptions of who will be implementing these and by when. A template that may be useful for creating this plan and a sample plan is included in Appendix One.

It is important to keep the plan simple and realistic and to avoid tokenism.

**Key Learnings**
It is important to keep the plan simple and realistic and to avoid tokenism. A realistic and achievable plan should include only three to four key action points so as not to overwhelm those taking part. Embedding these changes within the organisational policy environment and structure is considered important.
Potential Challenges
When organisations had identified any opportunities for improvement in their audit, there was the temptation to include all of these identified gaps in the implementation plan, however this often created an overwhelming task for the Champion to undertake. It is therefore important to remember that organisational change takes time and not all of the aspects that could potentially create an inclusive and accessible organisation can be implemented immediately.

Choosing which goals to prioritise can be difficult however many plans developed by organisations taking part in the pilot had an initial focus on LGBTI awareness training and changing policies and procedures to become more inclusive of LGBTI people.

Later goals were about visibility within the LGBTI community and promotion of their organisation as a LGBTI accessible space, as there was hesitation to promote this to the community without first ensuring that LGBTI clients would in fact receive an inclusive service.

Strategies
Organisations that were able to tie an LGBTI inclusiveness plan to the organisation’s objectives, goals and strategic plan were more likely to gain organisational support and motivation for implementation. Having an action plan signed off by management or the board will embed it more firmly into the organisation, so that it will be easier to implement.

Breaking down an action plan into broad objectives, goals and more specific actions will help to make the task of organisational change less daunting and more achievable. A useful template for creating an action plan as well as an example action plan is included in Appendix One.

PROCESS 6: IMPLEMENTING THE PROJECT

Implementation of the action plan involves taking the ideas and goals that have been developed and creating change in the organisation. For many this was opening up the whole organisation to the notion of LGBTI inclusivity, spurring corridor conversations and an understanding of the fact that ‘we’ need to do this.

Many of the mental health and suicide prevention organisations involved in the pilot noted that since implementing an LGBTI Champion that there was an increased attendance of LGBTI clients and longer term clients disclosing their sexuality and gender identity to their support workers.

Champions create a cultural shift that is evident across different levels within their organisations in relation to their attitudes towards LGBTI issues.

Key Learnings
It was identified by a number of the LGBTI Champions that a cultural shift was evident across different levels within their organisations in relation to their attitudes towards, and responses to, LGBTI issues and the client group. The more there was an increased level of discussion and awareness about the needs of the LGBTI client group occurring at the executive and senior management level the more likely there was to be a visible embracement of the program at all levels within the organisation.

A number of Champions identified that there had been ripple effects from the project for individuals and the organisation itself. In many instances, learning had organically transferred to other areas related to diversity and broader practice.

Potential Challenges
The breadth of the project’s scope, encompassing responses to the diversity of experiences and identities within the LGBTI spectrum was identified as a challenge but also an an opportunity for reflection and learning. In particular the ability to adequately support the inclusion of trans and intersex individuals due to lack of understanding of sex and gender diversity and the binary nature of databases and funding reporting requirements around recording gender and/or sex.

Once again the most significant challenge for all LGBTI champions is the time necessary to undertake these role and
responsibilities, especially when a more comprehensive action plan was developed. Time management and issues to do with 'burn-out' for those in Champion roles should be considered very strongly with mechanisms and support available to them from management or senior colleagues.

As which occurred in several organisations in the pilot, the Champions project can also be interrupted if the assigned Champion leaves the organisation or moves position. This especially had additional impact when the allocation of a replacement Champion is delayed due to organisational procedures and the low priority of this role and responsibility. Organisational commitment to a LGBTI Champion project and smooth governance processes are are vital to ensure that staff turnover or internal movement doesn't impede the success of an LGBTI Champion project.

Strategies
Forming networks and relationships with other LGBTI organisations or with a network of other organisations that were trying to achieve the same goals reduced isolation provided support and feedback, validated practice and provided invaluable research, resources and expertise.

Many of the involved organisations in the pilot established an internal LGBTI Champions working group that supported the implementation of the action plan, especially when the working group contained membership from a range of positions and programs within the organisation who had different skills and levels of ability to implement change. This network also became a key support network for the LGBTI Champion.

Communicating the purpose and intent of the LGBTI Champion within the organisation supported the Champion to undertake tasks and implement strategies without being questioned or continually required to justify their actions.

For many, arranging for the delivery of LGBTI awareness training was vital to gain support and increased their ability to implement the goals and objectives of the project.

**PROCESS 7:**
**REVIEW AND EVALUATION**

The Champions Project is designed to be flexible enough to guide implementation with principles of LGBTI inclusiveness without prescribing exactly what organisations need to do. With this in mind it is vital to have a process of continual reflection and evaluation to ensure that the project is functioning as planned.

Re-conducting the organisational audit can be a useful strategy to reflect upon how the organisation is progressing.

**Continual reflection and evaluation to ensure that the project is functioning as planned.**

**Key Learnings**

As for many programs, evaluation is important to assess the success of the project and to adapt strategies to support the best outcomes that will lead to greater LGBTI inclusivity.

Being able to be flexible and adapt goals and actions is important, especially when blocks and barriers emerge. Learning from what works well for your organisation is important so that mistakes aren’t repeated.

Seeing how the Champion and their actions have created a more inclusive and accessible organisation can motivate the organisation to take greater steps in this direction.

Strategies that may have failed or not come off as expected should be reviewed in a transparent manner during an evaluation.

**Potential Challenges**

For many organisations working towards LGBTI inclusivity is an organisational cultural shift, and any organisational change does not happen quickly or without challenges. Some staff members may find the conversation about sexuality and gender identity challenging and may resist changes that the LGBTI Champion is implementing, or may even be annoyed that their expected routine has been altered.

Organisational commitment and support from senior management is vital in such circumstances.

Admittedly, capturing changes and improvements in the organisation can be difficult, especially when talking about non-tangible or sometimes abstract outcomes such as cultural change.
Strategies
Periodic internal evaluations can be beneficial for the organisations involved in the Project. They can give an idea of how changes are progressing in comparison with the action plan and if further action is needed. An agreement for the need to evaluate the impact of the project from all perspectives including from staff, the organisation and service users.

Working towards LGBTI inclusivity is an organisational cultural shift, and any organisational change does not happen quickly or without challenges.

Once an action is satisfactorily completed, it is encouraged that it is celebrated and promoted through the relevant sections of the organisation. The audit should be undertaken periodically to map any changes.

Regular updates about the project should be provided or made available via a variety of communication methods throughout the organisation so staff and service users may stay up-to-date with changes and as to promote the project as an organisation-wide effort.
PART III
LGBTI champion case studies
RELATIONSHIPS AUSTRALIA
QUEENSLAND

Context
Relationships Australia (RA) Queensland provides services to people from more than 20 centres across Queensland. Their focus is on promoting relationships that are respectful, fair and safe, particularly where people and communities are at risk or vulnerable. Their services include counselling, separation and mediation, education, support and self-help programs. A Rainbow counselling program has been offered for a number of years within the Relationships Counselling program of Relationships Australia Queensland.

LGBTI Champions program
Through links developed between the Rainbow Counselling program’s coordinator and Queensland’s MindOUT! coordinator the organisation was approached to host a Champion’s position. With the support of a committed CEO and an organisation accepting of diversity, the Champion, who holds the role of Head of Virtual Services (telephone and on-line services) saw this as an interesting challenge to strengthen their existing commitment to this area and attend to identified gaps. Their first task was to develop an action plan, which selected three achievable objectives within the project’s time line.

Areas of impact
To date the project has impacted in the following ways:

• On the three identified objectives — (i) attending to gaps in policies and procedures, (ii) creating safe and welcoming physical environments and (iii) collecting statistical data about client representation. The second objective was chosen as the program’s initial focus. The decision was made that delivering cultural awareness training to all administrative and client contact staff from both direct client and telephone service staff would support the goal of creating a safe and welcoming environment. Six training dates were set in both metropolitan and regional locations for approximately 100 staff. The training was to be delivered by both the RA Counsellor and the Queensland MindOUT! coordinator. The Champion believed that this decision reflected the very high level of commitment by management and the organisation to this issue, particularly in such a fiscally challenged environment.

• Other achievements include new fields being incorporated into the Client Information System (a challenging process that has involved a high level of consultation with RA colleagues and the Queensland MindOUT! Coordinator) and some branches commencing local audits to inform the status of their inclusive LGBTI processes.

• The Champion stated that their own learning and cultural awareness has developed enormously and that it has been a rewarding personal and professional learning experience for them and others, including seeing the links with inclusive practice for other marginalised groups.

Learnings
Some of the learnings to date include:

• The process can take some time for different elements to be actioned, for example, the ratification of the action plan. Once this occurred the project developed its own momentum and profile.

• The profile and status of the project has been achieved by being part of a national project.

• Having a formal process, signing a Memorandum of Understanding (MoU) and a specific time frame for the evaluation process has enhanced the project and given it legitimacy.

Suggestions for organisations
In light of other organisations that may want to implement an LGBTI Champions program, the following suggestions were made by the RA Queensland Champion for organisations to consider:

• Don’t necessarily expect quick results - be realistic about what can be achieved over time.

• It is extremely helpful to have the involvement of external agencies and vital to have contact with
a MindOUT! coordinator who has provided expert knowledge and guidance.

- It is extremely important to have the ear of senior management and to have allies and support from colleagues within and outside the agency, for example, through involvement with the Mental Health Professionals Network (MHPN).
- Develop a succession plan including a program description to ensure the project’s longevity.

**METRO SOUTH ADDICTION AND MENTAL HEALTH SERVICES**

**Context**
Metro South Addiction and Mental Health Services is a public mental health service located south of the Brisbane River and includes both urban and rural areas. The service has a large diverse population catchment and is organised into 10 clinical academic units. All units deliver clinical services to children, adolescents and older persons, and provide primary, secondary and tertiary interventions. The service also has a research focus. The staff group includes psychiatrists, allied health (social workers, occupational therapists, and psychologists), nurses, and consumer and carer workers.

A new portfolio of social inclusion and recovery was recently established at the service, led by a person with a lived experience of mental health. The development of this portfolio, which has influence over all 10 units, significantly contributed to the timing to embrace the Champions project. The Champion’s past involvement in promoting this issue and connections to the community were also facilitating factors in the organisation’s decision to participate in the program. In addition, the availability of the Alliance’s research evidence, documenting the high rates of suicide and mental health within the LGBTI community, provided a catalyst for internal change.

**LGBTI Champions program**
The position of the LGBTI Champion is held by the consumer consultant, a level 5 middle management position. The position reports to the Director of Social Inclusion and Recovery. The current Champion being employed as a representative on the unit’s executive was critical to the facilitation of the service’s agreement to host the Champion project.

The goal of the Champions program in the service was to bring together like-minded clinicians around LGBTI mental health and wellbeing, and to foster a group of clinicians interested in serving the LGBTI community, while also enhancing their skills in this area. The goal was to develop a community of practice around LGBTI mental health within a large health service provider.

**Areas of impact**
To date the project has impacted in the following ways:

- LGBTI mental health is now included in the service strategic plan. LGBTI people are identified as one of the key population groups with which the organisation must provide an appropriate service response alongside Culturally and Linguistically Diverse (CaLD) and Aboriginal and Torres Strait Islander (ATSI) peoples and communities. The identified service response to the LGBTI client group is also required to be documented in the strategic plan.

- The opportunity to promote to the Executive the community-driven activities occurring in this area, which has opened conversation and discussion around the LGBTI client group at the executive level.

- The focus of the project has been about building capacity and to promote a group of mental health clinicians to become champions in their own right, rather than reliance on one person or position. To support this process, the Champion has encouraged attendance at the LGBTI MHPN and the development of information packs for clinicians, consisting of information about LGBTI supports that are available to clients in the community.

The position has provided the capacity to build upon the Champion’s own previous research and to develop and contribute to the evidence base of what works in terms of LGBTI mental health clinical practice. The Champion is developing a project in collaboration with MindOUT! staff to explore clinical practice that better accommodates the mental health needs of LGBTI people.
Learnings
Some of the learnings to date include:

• The project needs to be developed on a sustainable footing so that there is longevity and that it does not rely on any one individual. Structures need to be developed to ensure the work will continue and that it is invested across a number of people.

• Some people struggle to understand these issues and demonstrate a different level of willingness to engage with these types of projects. The Champion has found that being able to share their own personal experience has been important in the process of engaging staff interest and commitment.

Suggestions for organisations
Suggestions for organisations looking to undertake a similar process include:

• Develop networks before you embark on this type of project. Joining a network like the MHPN or similar can be beneficial; without that support it could be hard to proceed.

• Keep the project community-driven and promote links to members in the community who can influence and shape what is being proposed. Don’t start deep within the bureaucracy. Work with key groups that interface with the community and understand what is required - this also creates inroads for the LGBTI community into the organisation. Language is also quite powerful and one needs to be careful about the type of language used so as not to alienate others new to this area.

• Having the chain of command structured correctly is critical in order to influence the agenda both internally and externally.

• Medicare Locals can be a useful conduit - given their role on building the primary care platform, they are a useful link to the health bureaucracy.

HUNTER INSTITUTE OF MENTAL HEALTH

Context
The Hunter Institute of Mental Health has built a reputation as a leading national organisation dedicated to reducing mental illness and suicide and improving wellbeing for all Australians. For more than 20 years the Hunter Institute has been delivering successful, evidence-based mental health and suicide prevention programs from their base in Newcastle, NSW. These have made a considerable contribution to the mental health and wellbeing of many Australians.

The Hunter Institute of Mental Health works with Commonwealth and State governments, philanthropic organisations, research institutions, NGOs and businesses to develop and roll-out innovative and effective mental health and suicide prevention programs.

LGBTI Champions program
Two staff from the HIMH were engaged as LGBTI Champions for the organisation and employed as a Senior Project Officer and Project Officer. Both staff were enthusiastic about taking on the role of Champion given their interest in LGBTI mental health and the importance of including the LGBTI community as a priority health population group.

The initial engagement for LGBTI mental health was around the Mindframe National Media Initiative, however, in order to facilitate a more inclusive practice approach to their work, it was agreed the Champions role would have a whole of organisation focus.

A work plan was developed to determine how LGBTI mental health and wellbeing could be incorporated into new and existing projects within the Hunter Institute. Ultimately the work of the Champions will feed into the strategic plan for the organisation with a view to ensuring that LGBTI mental health is a priority area for the organisation similar to ATSI and CaLD population groups.
Areas of impact
To date the project has impacted in the following ways:

• The Hunter Institute of Mental Health has viewed this project as an avenue to formalise a long-term vision of building capacity and expertise around sexuality and gender, actively considering opportunities for future work, as well as adapting current projects.

• Increased the visibility of LGBTI inclusive practice:
  • internally among staff at all levels of the organisation
  • externally through website and social media communications
  • increased awareness of work already completed by the organisation in this area

• Developing statements about diversity and inclusion across programs, research and evaluation activities conducted by the Institute.

Learnings
Some of the learnings to date include:

• Timeframes need to be flexible when working towards organisational change.

• Support and reassurance from other staff that LGBTI mental health is important.

• The importance to look at cultural change across both individual and organisational levels.

• Champions do not need to position themselves as an expert or ‘the’ expert but rather as a facilitator of knowledge and aid in the capacity for others to obtain that knowledge.

Suggestions for organisations
In light of other organisations who may want to implement an LGBTI Champions program, some suggestions are provided by HIMH Champions for organisations to consider:

• While it is vital to have a plan and outcome measures, inclusive practice must not be seen as a tick box or crossing-off exercise, it needs to be owned by all within the organisation and built in to ongoing processes and policies.

• The Champion should ideally not position themselves as the expert but rather the facilitator of actions.

• Having two people as Champions provides support as well as assists the program to not be viewed as a token or isolated role.

ADDITIONAL RESOURCES
For additional resources that may assist in the implementation of a LGBTI Champions Project, please visit: www.lgbtihealth.org.au
REFERENCES


## Appendix One Inclusivity Audit Tool

<table>
<thead>
<tr>
<th>Name of Organisation</th>
<th>Name of Champion</th>
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<tbody>
<tr>
<td>Date of Action Plan</td>
<td>Review Date</td>
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<thead>
<tr>
<th>Objectives</th>
<th>Goal</th>
<th>Actions &amp; tasks</th>
<th>Responsibility</th>
<th>Time frame</th>
<th>Result of Action Taken (Follow-Up)</th>
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<tbody>
<tr>
<td>Create safe physical environment</td>
<td>For first point of contact staff to be confident and comfortable in talking and asking about sexuality and gender identity.</td>
<td>For first point of contact staff to receive training on inclusive language and asking questions about sexuality, gender identity and relationships.</td>
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<td></td>
<td>For waiting areas to visibly show that Organisation is inclusive to LGBTI people.</td>
<td>Create a guide for first point of contact staff on inclusive language and asking questions about sexuality, gender identity and relationships.</td>
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<tr>
<td>To have policies and procedures that reflect an inclusive and accessible organisation</td>
<td>Code of conduct to include sexuality and gender identity</td>
<td>To have a rainbow sticker visible across all sites that can demonstrate a safe, accessible and welcoming place for LGBTI people.</td>
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<td></td>
<td>For LGBTI accessibility and inclusiveness to be included as a requirement in the Internal Audit</td>
<td>To display pamphlets, posters, books and magazines with positive images of LGBTI people across all sites.</td>
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<td></td>
<td>For the intranet to include current information about LGBTI program and link to LGBTI resources and referrals</td>
<td>Recommend amendment of the Code of conduct to be inclusive of both sexuality and gender identity</td>
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<tr>
<td>To collect statistical information and evidence</td>
<td>To ask all clients and referrals about their gender identity</td>
<td>Update the intranet to include current information about LGBTI program and link to LGBTI resources and referrals</td>
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<td></td>
<td>To ask all clients and referrals about their sexuality</td>
<td>Recommend LGBTI accessibility and inclusiveness to be included as a requirement in the Internal Audit</td>
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<td></td>
<td>To allow all clients and referrals a range of options to describe their relationships</td>
<td>Recommend amendment of the Code of conduct to be inclusive of both sexuality and gender identity</td>
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<td></td>
<td>To allow all clients and referrals a range of options to describe their relationships</td>
<td>Update the intranet to include current information about LGBTI program and link to LGBTI resources and referrals</td>
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<td></td>
<td>To amend database to have further option about gender identity</td>
<td>To amend database to record sexuality</td>
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<tr>
<td></td>
<td>To amend database to have further options about relationship status</td>
<td>To amend database to have further option about gender identity</td>
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<tr>
<td>Objectives</td>
<td>Goal</td>
<td>Actions &amp; tasks</td>
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APPENDIX TWO POSITION DESCRIPTION

(App adapted from the Pride in Diversity Australian Workplace Equality Index (AWEI)).

Given the aims of the LGBTI Health Alliance, all references from Pride in Diversity have been changed to include intersex people.

Portfolio title: LGBTI Champion

Regular job title of incumbent: Relationships

LGBTI Champions should be aware of and, if appropriate, develop relationships with at least two of the following:

- LGBTI staff network;
- LGBTI Champions network;
- LGBTI Community groups.

LGBTI Champions should have existing relationships with at least two of the following:

- Senior Managers;
- CEO;
- Board.

Primary purpose of the position

The LGBTI Champion acts as an advocate for LGBTI inclusion, developing specialist knowledge of LGBTI issues and promoting them within and outside the Organisation.

Portfolio objectives

To act as a leader for LGBTI diversity and equality.

To act as a role model, taking actions when appropriate and addressing behaviours when necessary.

To ask questions to check that LGBTI issues in their broadest sense are being recognised, understood and considered as integral to the Organisation’s decision making and evaluation process.

To be prepared to spend some time developing personal competencies around LGBTI health and equality issues.

Position accountabilities

Meet regularly with workplace LGBTI network leadership (if there is one).

Speak about the workplace LGBTI network, advocate for LGBTI inclusion and speak about the organisation’s LGBTI initiatives at external events or to the media (consistent with the Organisation’s policy on public communications).

Report on the workplace LGBTI network and advocate for any LGBTI issues at senior executive or Board level meetings.

Send all-staff email communications in respect to LGBTI initiatives, events or inclusion.

Support internal initiatives or promote the importance of achieving outcomes in relation to LGBTI inclusion.

Meet with LGBTI identifying employees (apart from network leadership) and attend events specifically to hear the voice of LGBTI employees or service users.

Regularly attend internal/external LGBTI events.

Attend training on LGBTI awareness, culture, terminology, sensitivities, challenges etc.

Essential and desirable criteria

The identity of the portfolio holder is secondary to having a passion for LGBTI inclusion. An LGBTI person may bring an extra layer of understanding to the role based on their own experience. However, appointing a non-LGBTI person may facilitate others’ understanding of the issue as one pertinent to the mainstream rather than as a niche issue of a minority group. The essential and desirable criteria are:

- Knowledge of LGBTI issues and terminology or a preparedness to acquire them.
- Excellent communication skills and an ability to negotiate potential blockages within the Organisation.
- Preparedness to take a proactive approach to the portfolio and be a ‘voice for action’.
- Preparedness to represent the organization on LGBTI issues both internally and externally.
- Holding an influential position within the Organisation and willing to undertake the portfolio responsibilities in a voluntary capacity.
### Organisational policy and procedures

1. Sufficient resources are allocated to build the capacity of staff to meet the specific needs of LGBTI service users.  
   **[ ]** met  **[ ]** part met  **[ ]** not met

2. There is a designated staff position addressing change facilitation for improving inclusivity and safety of LGBTI people.  
   **[ ]** met  **[ ]** part met  **[ ]** not met

3. Accessible written anti-discrimination policy that specifically reference LGBTI people, or sexual orientation and gender identity, including intersex people.  
   **[ ]** met  **[ ]** part met  **[ ]** not met

4. Accessible confidentiality and privacy policies that specifically reference sexual orientation and gender identity.  
   **[ ]** met  **[ ]** part met  **[ ]** not met

5. Accessible written inclusion, access and equity policies that specifically reference LGBTI people, or sexual orientation and gender identity.  
   **[ ]** met  **[ ]** part met  **[ ]** not met

6. Accessible written policy and procedures about how to respond to bullying, abuse or inappropriate behaviour which includes derogatory comments about someone’s sexuality or gender identity.  
   **[ ]** met  **[ ]** part met  **[ ]** not met

7. Prompt action is taken to deal with threats to the cultural safety of LGBTI service users from staff, service users, visitors and volunteers.  
   **[ ]** met  **[ ]** part met  **[ ]** not met

8. Human resources policies and procedures recognise same-sex partners and their families which gives them equal access to provisions.  
   **[ ]** met  **[ ]** part met  **[ ]** not met

**Notes:**

<table>
<thead>
<tr>
<th>Safe, welcoming, inclusive and accessible environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. There are posters, pamphlets, symbols displayed in the reception and entry areas that clearly show that LGBTI people are included and valued by the service.</td>
</tr>
<tr>
<td>2. Organisational policies regarding access, equity and inclusion displayed the reception and entry areas that clearly show that LGBTI people are included and valued by the service.</td>
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<tr>
<td>3. All first point of contact staff (phone and in person) are very comfortable interacting with LGBTI people.</td>
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<tr>
<td>4. Staff show service users that they are welcome to discuss their sexual orientation or gender identity.</td>
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<tr>
<td>5. The language, information, and images on our websites, in service user resources, in promotional material includes LGBTI people and their diversity.</td>
</tr>
<tr>
<td>6. Staff members are open about their sexuality and/or gender identity, or feel that they are able to be if they choose to.</td>
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</tbody>
</table>

**Notes:**
**LGBTI Inclusivity Audit Tool**

A tool to assess your organisation’s inclusivity and accessibility to Lesbian, Gay, Bisexual, Transgender and Intersex populations

<table>
<thead>
<tr>
<th><strong>Referral, intake and assessment</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Staff inform LGBTI service users how personal details (including sexual orientation and gender identity) are used, protected and kept confidential.</td>
</tr>
<tr>
<td>2. Intake forms employ questions that are gender neutral/inclusive when asking about relationships and sexual activity.</td>
</tr>
<tr>
<td>3. Intake forms and databases allow for sex and gender identity to be recorded beyond only male or female options.</td>
</tr>
<tr>
<td>4. Intake forms and databases allow for sexual orientation to be recorded.</td>
</tr>
<tr>
<td>5. Staff ask how service users would like information about sexual orientation, gender identity and other considerations to be recorded when asking about significant relationships and sexual behaviour.</td>
</tr>
<tr>
<td>6. Same-sex parents of a child or young person client are both able to be recorded as parents and are included in the care and decision making about their child.</td>
</tr>
</tbody>
</table>

Notes:

<table>
<thead>
<tr>
<th><strong>LGBTI community consultation. Engagement and promotion</strong></th>
</tr>
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<td>1. Consultation with LGBTI staff, service users and community in planning, development and review of the organisation and its services.</td>
</tr>
<tr>
<td>2. The organisation and staff members have professional relationships with at least one key LGBTI organisation who is readily accessible concerning the service delivery to LGBTI people.</td>
</tr>
<tr>
<td>3. The organisation promotes itself and its services to the LGBTI community.</td>
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<td>4. The organisation acknowledges and celebrates significant events, celebrations and dates in the lives and culture of LGBTI people.</td>
</tr>
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<td>5. Participation in professional associations, networks and other forums to stay current with the provision of mental health support to LGBTI people.</td>
</tr>
<tr>
<td>6. The organisation maintains an LGBTI accessible referral database and has access to LGBTI resources for distribution.</td>
</tr>
<tr>
<td>7. Service promotion resources and health promotion material is inclusive of diverse sexuality and gender identities in both language and images.</td>
</tr>
</tbody>
</table>

Notes:
1. All staff (and volunteers) have education to ensure their interactions are respectful of and celebrate the values and culture of LGBTI service users and residents.

2. Direct support staff has had training to identify and address the health issues that are particularly relevant to LGBTI service users.

3. All new staff undergoes induction training cultural safety and inclusiveness education about LGBTI people within 2 months of taking up their position.

4. Staff are confident to advocate for LGBTI service users and respond to discrimination or prejudice about LGBTI people that they may occur in from other staff, service users or the general public.

5. Sufficient resources are allocated to build the capacity of staff to meet the specific needs of LGBTI service users.

6. Staff are encourage and supported to undertake reflective practice in supervision about their work with LGBTI people.

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Additional Notes
Acknowledgements

The National LGBTI Health Alliance is the national peak health organisation in Australia for organisations and individuals that provide health-related programs, services and research focused on lesbian, gay, bisexual, transgender, and intersex people and other sexuality and gender diverse (LGBTI) people and communities.

The Alliance gratefully acknowledges support for the MindOUT! project from the Australian Department of Health and Ageing.

The Alliance thanks all of the organisations who participated in the pilot LGBTI Champions Project and their participation in our learnings from this project.