

SCORING

Count your total positive (YES) responses to see how your service scores.

- 0 – 8 Your service is still a challenging one for someone who is GLBTIQS. Don't despair; small steps can make a big difference.
- 9 – 14 Your intentions are good. Your agency/practice has made a start and shows potential to providing more inclusive care.
- 15 – 19 The work on these issues is happening on several fronts now and starting to make a real difference – coordination and consolidation are the next steps to go further forward.
- 20 Your service is exemplary in it's sensitivity and quality of care for GLBTIQS people. GLBTIQS people feel well-treated, respected and supported. Congratulations.

IDEAS FOR ACTION

Change doesn't happen overnight. Reflect on the answers you gave in the audit. Keep a record of the actions you might take to bring about short, medium and long term change.

Additional Resources

Gay Men's Health (GMH)

Information, Support and Referral.
9am - 5pm Monday to Friday
Phone: (08) 8334 1606

Inside Out

Information, education and support services for young men 26 and under in the metropolitan area.
9am - 5pm Monday to Friday
Adelaide Office: 8232 0233
Elizabeth Office: 8255 3477
Christies Beach Office: 8326 6053

SHine SA Sexual Health Hotline

Information, Support and Referral.
9am - 1pm Monday to Friday
City Callers: 1300 883 793
Country Callers: 1800 188 171

Women's Health Statewide

Counselling, Women's Healthline, a medical clinic for newly arrived female refugees, etc.
9am – 5pm Monday to Friday
City Callers: (08) 8239 9600
Country Callers: 1800 182 098

This audit was adapted with permission from the Gay & Lesbian Health Victoria pamphlet 'Sexual Diversity Health Services Audit' by the 2008 IDAHO committee. You can access the original via www.glhv.org.au

IDAHO is on May 17 but you can use this audit to challenge homophobia all year round.

Sexual Diversity Health Services AUDIT

Making it easier for healthcare providers to care for clients of diverse sexualities and genders.

Attitudes towards sexuality in Australia have undergone remarkable change in the last 50 years.

Gay men and lesbians experience less social stigmatisation and personal hatred than what was once prevalent, and there is increased visibility of homosexuality in mainstream social arenas. Despite these positive changes, a person who is gay, lesbian, bisexual, transgender, intersex, queer, or same-sex attracted (GLBTIQS) cannot take their acceptance for granted - whether from their family, in the local shopping centre, in their working lives. Or from their health care provider. It does not take much imagination to consider the effects of this uncertain position on a person's health and this is why sexuality becomes relevant to providing good health care.

While GLBTIQS people have the same basic health needs as the general population their shared experiences of discrimination or fears of discrimination create common health issues, including:

- a higher prevalence of mental illness, obesity, smoking, and unsafe alcohol and drug use;
- delayed use of health services and/or keeping sexual identity and behaviours secret for fear of health providers' reactions ranging from discomfort and embarrassment to hostility;
- reduced use of preventive screening for a range of physical health conditions, such as cervical and breast cancer among lesbians and anal cancer among gay men;
- actual experiences of discrimination within the health care system.

Recognising the diverse needs of individuals and populations is a core component of providing good quality care. This audit is an informal tool to help you assess GLBTIQS people's access and quality of care within your service.

Small changes can make a big contribution to providing better care.

CREATING A WELCOMING ENVIRONMENT

There are some simple ways of communicating to GLBTIQS people that they are coming to a welcoming and safe environment.

	YES	NO
1. Does your service display an anti-discrimination policy with a positive statement of equal care such as “We do not discriminate regardless of age, race, ethnicity, religion, sexual orientation, gender, or disability?”		
2. Does your service display pamphlets and posters which include positive images of people of diverse sexualities and gender identities?		
3. Do staff use language that does not exclude GLBTIQS people? For example, using the term “partner” instead of husband or wife.		

THE INTAKE PROCESS

The intake process provides one of the first indicators to a GLBTIQS person that they can feel comfortable about disclosure in this service.

	YES	NO
4. Does your service adopt each client's definition of ‘family’ which may include, but not be limited to, significant others, relatives by blood, same-sex partners, or spouses?		
5. Concerns about confidentiality can inhibit disclosure about sexual behaviour and/or identity. Is it obvious to the client that confidentiality is protected and privacy respected?		

SERVICE DELIVERY

Communication skills remain central to creating a trusting and open climate.

	YES	NO
6. Sexual identity doesn't always correlate with sexual behaviour. Does your service use forms which have gender-neutral questions to ask about relationships and sexual behaviour as well as options regarding gender identity, such as male/female/both/neither?		
7. If a client's same-sex partner accompanies them, is the partner acknowledged or included in the same way a heterosexual partner is?		
8. When a transgender person attends your service do you address them as their chosen gender?		
9. When a child has same-sex parents do you include both in discussions about the child's health care?		

10. Do staff treat information regarding sexual orientation and gender identity as highly sensitive information?		
11. Do staff know that South Australian legislation recognises same-sex partners as 'domestic partners' with equivalent rights to opposite sex de facto relationships, except in relation to IVF, adoption, and the care of children?		
12. Does your service have links to other agencies that can provide services and support to GLBTIQS clients?		
13. Rather than presuming a heterosexual audience when designing health promotion activities, do you consider how GLBTIQS clients would be included?		
14. Does your service ever consult GLBTIQS clients in the development of health promotion activities?		
15. Do your service delivery staff have a solid understanding of the issues faced by GLBTIQS clients and incorporate this knowledge into program planning and community awareness events?		

INTERACTIONS WITH COLLEAGUES

	YES	NO
16. Are GLBTIQS staff members able to be open about the gender of their partner in your service, and in which arenas they are open about this?		
17. Are all staff responsible for addressing the needs of GLBTIQS clients (i.e. not just GLBTIQS staff)?		

POLICIES

All staff dealing directly with clients have an important role in creating safe and welcoming environments.

	YES	NO
18. Does your organisation have policies in place to deal with employee or client complaints of discrimination on the basis of sexual orientation and/or gender identity?		
19. Does your organisation have policies in place pertaining to the training of all staff and new employees regarding the health issues faced by GLBTIQS people?		
20. Are your organisational policies developed in conjunction with GLBTIQS staff/clients?		