

## Working with Diverse Communities Guideline

### 1. Purpose

This guideline provides an overview of guiding principles for working with diverse communities at Uniting. Communities currently included in this guideline are cultural & linguistically diverse (CALD) communities, refugees and people seeking asylum, multifaith communities, LGBTIQ+ communities, and people living with a disability. Children and young people in home-based care are also within scope of this guideline.

Uniting takes a whole-of-organisation approach that celebrates diversity. Diversity respects and values the unique contribution people make because of their individual characteristics, background and perspective. Individual characteristics include, ethnicity, faith, age, ability, cultural background, language, socio-economic status, gender identity, sex and sexual orientation, socio-economic status, political or other beliefs, and visa or refugee determination status.

Uniting recognises that all consumers have unique and specific needs. We seek to provide consumers, carers, family, families of choice and support people with a service that is culturally safe and appropriate to their circumstances.

Cultural Safety is about shared respect, shared meaning, shared knowledge and the experience of learning, living and working together with dignity and true listening. It is a process originally identified and shaped by the service experience of the Maori people and a gift that Maori offer to healthcare and community practitioners, and to all who may be different. Cultural Safety is about quality assurance and consumers rights, whoever those people may be. The concept arose from the Maori experience of the unnecessary loss of beloved people, reduced life expectancies and hurt still experienced by many Maori – but is offered out of that experience to all others marginalised and 'different' including the communities in this guideline.

Intersectionality is the way in which different and overlapping aspects of a person's identity can make them vulnerable to multiple experiences of stigma and discrimination. Intersectionality can result in greater social disadvantage, increased difficulty in accessing services, increased risk of social isolation and economic disadvantage.

Cultural Safety competency is achieved through inclusive practice. Inclusive practice is the provision of services by staff who understand and respect the intersecting and overlapping culture, beliefs and characteristics of the recipients of those services.

Uniting's approach to partnership with consumers is outlined in the Consumer Partnership Framework. This approach is critical to working with diverse communities. It keeps us strengths based, person centred and focused on the voice of consumers. The Framework articulates the following values:

- Human rights and values based
- Safety
- Listening and learning
- Respect
- Inclusive
- Purposeful
- Shared ownership

While the principles in this guideline apply to any consumer and their community, people working with Aboriginal and Torres Strait Islander consumers should refer to the Uniting Reconciliation Action Plan and its resource tools, and to protocols prepared by specialist Aboriginal services for guidance on working in culturally safe ways with Aboriginal and Torres Strait Islander peoples and communities.

For additional information relevant to your individual service stream or program refer to your specific Uniting program manuals.

## **2. Guideline**

### **2.1 Working with CALD consumers & communities**

- 2.1.1 Uniting welcomes culturally & linguistically diverse people as part of our community of employees and consumers and has pledged to provide inclusive & non-discriminatory services.
- 2.1.2 In working with culturally & linguistically diverse communities it is important to understand that a consumer's country of birth or origin is not necessarily an indicator of their cultural background. The cultural background of a consumer may be different to their country of birth or origin and the majority culture of that country. Research indicates that when consumers are asked about cultural background and country of birth or origin, more than twice the number of respondents identify a diverse cultural background than those asked about country of birth or origin alone.
- 2.1.3 Similarly, it should not be assumed that all consumers of cultural & linguistically diverse backgrounds wish to associate with their cultural group here in Australia or be connected with CALD specific services.
- 2.1.4 In Australia we speak over 300 languages, practise over 100 religions and are a product of this unique blend of established traditions and new influences. This diversity can be challenging as we strive to deliver

services that are culturally sensitive and that meet consumer needs. There is no one size fits all communication strategy for CALD consumers.

2.1.5 At Uniting, it is expected that all services be welcoming and accessible to CALD consumers. In working with CALD consumers:

- Recognise the limits of your knowledge. Avoid assumptions and stereotypes. Seek information on cultural practices of your consumers from multiple reliable sources including cultural awareness training, professional development, reading, attendance at network meetings and guest speakers from community groups.
- Respectfully ask and create opportunities for consumers to share about cultural background, religious practices, languages spoken, migration/settlement experience and connection to community. Ask if they would like assistance to access specific services or support.
- Provide information/brochures in languages relevant to the consumer group and their needs, understanding that literacy levels of many people from CALD backgrounds are limited in their own language and there are some languages for which there is no script. Some people may lose acquired English when they are under stress, or as they age.
- Involve culturally specific services and expertise to support the needs of culturally & linguistically diverse consumers.
- Develop relationships with relevant community organisations and services to facilitate better access and service delivery for CALD consumers.
- Be aware of the potential need to include family members, friends or significant others in service consultations, particularly if the consumer comes from a collectivist perspective and requests family involvement.

#### 2.1.6 *Intake*

- Intake workers record the family's country of birth, cultural identification, preferred language and interpreter needs in the consumer information management system used in the program or service. This enables the program to identify patterns and trends in service access and to develop aspects of the program accordingly.
- Where possible, consumers should be given the choice of worker - for some consumers it is only appropriate to interact with a worker of the same gender.
- Check dietary options including asking for allergies, and if halal or vegan meals are appropriate to their religious requirements.
- Intake worker regularly checks throughout the process that the consumer understands the information being discussed, and that the consumer feels safe. Consumers are referred to specialist services where necessary and identified by the consumer.

### **2.1.7 Planning process**

- Planning questions identify the immediate needs of consumers, their children and families, including cultural needs, supports the consumer and their children and families have in place, background information and personal details.
- During this process, discussions are carried out regarding how the consumer can best be supported, which may include referrals to specialist support agencies.

### **2.1.8 Service delivery**

- Employees will speak directly with consumers regarding any cultural values or norms that may need to be observed during the support period.
- Employees will make themselves aware of body language or behaviours that might be related to the consumer's cultural background.
- Employees will identify, in consultation with the consumer, the main cultural groups and communities in its catchment area and work to establish links to improve the consumer's awareness of, and access to these services.

### **2.1.9 Action planning/exit planning**

- The areas and referral options explored may include referrals to appropriate specialist support agencies, long term housing options, schools for children and financial assistance. Action planning incorporates the special needs of children and allows consumers to make decisions for their future.
- Exit planning follows the same process as action planning, to ensure that accompanying children and parents are settled, well-resourced and linked into appropriate supports at point of closure.

2.1.10 Staff working with CALD consumers should refer to the Uniting CALD Action Plan (in development) and its resource tools, and to protocols prepared by specialist CALD services for guidance on working in culturally competent ways with CALD consumers and communities.

2.1.11 For additional information relevant to your individual service stream or program refer to your Uniting program manual.

## **2.2 Working with refugees & people seeking asylum**

2.2.1 Refugee individuals and families may often present with complex health, wellbeing and communication needs. At Uniting we seek to continually improve our responsiveness to refugee consumers and their families. The following guidelines pertain to people working with refugees and people seeking asylum:

- Refugees and people seeking asylum arrive in Australia with a wide variety of visa types. All should be screened for torture and trauma and referred to specialist services as required.
- There are many government and non-government services which people seeking asylum are not able to access. Prior to referring to other services, check whether the consumers are eligible for those services. Often, people seeking asylum are on bridging visas and do not have Medicare or work rights.
- Entitlements for people seeking asylum vary depending on the type of bridging visa held by the individual or family. Identify the visa category of all family members as this may affect their entitlements and rights.
- Refugees and people seeking asylum may be mistrustful of services associated with authority and government. In addition, refugees may have not experienced or had available comparable services in their country of origin and may be unaware of the full range of services and support available to them.
- Distrust and unfamiliarity with Western service systems may mean that consumers are harder to engage at first. Build understanding of cultural and other concerns that may hinder engagement. Useful trust building strategies include inviting the consumer to have a support person from their cultural group (or other person trusted/nominated by the consumer) present during the initial stages of working, and offering visits in other community venues, outside of the home.
- The gender and/or sexuality of the employee may also be a factor to consider.
- To help establish trust and build rapport, the employee may need to spend considerably more time discussing their role and clarifying the service. This may need to happen over several visits.
- Employees work with consumers to understand how the consumer's culture can impact how they make decisions, their approach to health and their concept of family.
- Strengths and opportunities presented by a consumer's culture and community should be identified, in consultation with the consumer, in planning service delivery.
- Where these definitions are seen as helpful by consumers, and within Australian legal parameters, the employee should attempt to work within the consumer's cultural paradigm. Where the family's cultural paradigm contravenes Australian legal parameters or places a child's wellbeing at risk, such as physical discipline, lack of supervision and lack of effective health care, the reasoning of the child's best interests, the law and alternative solutions need to be discussed with the consumer.
- When meeting with children, the employee needs to be conscious that the child is also likely to have experienced torture and/or trauma and

potentially have witnessed their parent's trauma. The resettlement experience is also likely to have been difficult for the child. Employees will take these factors into account when planning meetings with children. This means allowing sufficient time to build trust, allowing sufficient time to discuss the purpose of the meeting and what the employee and child will do together.

- Specific issues of torture and trauma need to be addressed within a therapeutic context, however if the parent or child raises specific issues the employee should be attentive and responsive.
- A refugee child's sense of safety, stability and development are likely to be affected as a result of their pre-settlement, transit and post-settlement experiences. Refugee children will often have complex physical and emotional health needs. All aspects of the child's development need to be assessed by a specialised service with consideration to issues resulting from their pre-settlement, transit and post-settlement experiences. In terms of physical health, a child's dental health and immunisation history need to be determined, as these health areas have often been left unattended.

2.2.2 Staff working with refugees and people seeking asylum may refer to the Uniting Settlement & Integration and Asylum Seeker programs to learn more about the needs of refugees and people seeking asylum, and to protocols prepared by specialist Refugee & Asylum Seeker services for guidance on working in culturally competent ways with refugee and asylum seeker consumers and communities.

2.2.3 For additional information relevant to your individual service stream or program refer to your Uniting program manual.

### **2.3 Acknowledging religious & spiritual diversity**

2.3.1 Uniting welcomes people of all faith backgrounds as part of our community of employees and consumers and has pledged to provide inclusive and non-discriminatory services.

- For some consumers, spirituality is an essential part of their humanity and may include religious beliefs and values.
- In working with consumers, employees will recognise that their spirituality contributes to their identity and be sensitive to their beliefs and values in our practice.
- Employees will consider consumers' connection to their spiritual or religious community and if they want any help accessing specific services or supports to build or strengthen their connection to community.

2.3.2 For additional information relevant to your individual service stream or program refer to your Uniting program manual.

## **2.4 Working with LGBTIQ+ consumers & communities**

2.4.1 Uniting welcomes lesbian, gay, bisexual, transgender, gender diverse non-binary, intersex and queer (LGBTIQ+) people as part of our community of employees and consumers and has pledged to provide inclusive and non-discriminatory services. We recognise that this acronym has changed over time and will continue to change to more fully recognise all people within the diverse sex, gender & sexuality communities.

### **2.4.2 Understanding Minority Stress**

Understanding the concept of minority stress (Meyer, 1995) is key to understanding the unique experiences of diverse communities. Minority stress, when applied to LGBTIQ+ communities, suggests that experiencing homophobia, biphobia, transphobia, discrimination and stigma at a societal level can create an ongoing and stressful environment for individual members of LGBTIQ+ communities. It is important to understand that faith-based organisations have historically been non-affirming in many instances. The belief that faith-based organisations will not provide an inclusive service is prevalent in LGBTIQ+ communities. Consequently, the onus is on us to assure consumers loudly and publicly that Uniting is an inclusive organisation.

Minority stress factors can include:

- Negative experiences ranging from name-calling and bullying to physical violence, family rejection and homelessness, denial of identity or attempts to convert or cure.
- Public debate about the nature and value of LGBTIQ+ people and their relationships and families.
- Discriminatory laws, stigma, prejudice, and negative public social commentary.
- Expectation of negative experiences (see above) which can cause anxiety and/or requires people to be perpetually vigilant and on guard.
- The experience of taking on those negative attitudes and developing 'internalised homophobia' – feelings of shame, guilt, failure or low self-worth.
- The need to sometimes or always conceal one's true self – to be secretive, or to lie, or to pretend.

However resilient members of the LGBTIQ+ communities may be, living in an unrelenting, stressful environment contributes to poor physical and mental health outcomes.

It is important when working with LGBTIQ+ consumers to understand the nature and cumulative impact of minority stress. Poorer health and

wellbeing outcomes are **not** a result of being LGBTIQ+, but of everyday attitudes that reinforce a message that LGBTIQ+ people are lesser, bad, broken, or in need of healing. Acknowledging this with consumers, where appropriate, is a positive step towards creating a safe and supportive environment. It may also give consumers a context for and understanding of their own experience of discrimination and trauma.

Because LGBTIQ+ people have lived with minority stress for much of their lives, they have likely developed a range of strategies and coping mechanisms to deal with the daily challenges they face. Knowing this, and acknowledging their resilience, will also help an LGBTIQ+ consumer to feel culturally safe and affirmed.

#### 2.4.3 *Understanding Inclusive Practice*

Cultural safety and cultural safety competence are achieved through inclusive practice. Key principles of inclusive practice as it applies to LGBTIQ+ communities are as follows:

- Critical analysis of the assumption that all consumers or staff are heterosexual
- Recognition and affirmation of sexuality, sex and gender identity in all its diversity
- Recognition of the negative impact of discrimination, stigma, homophobia, biphobia, transphobia and heterosexism on a person's well-being
- Recognition that LGBTIQ+ people are at a higher risk of suicide, poor mental health and poorer health and wellbeing outcomes overall
- Understand there are structural and social barriers to accessing care for LGBTIQ+ people
- Understand the risks of not providing a culturally appropriate environment for LGBTIQ+ employees and consumers
- A consumer centred approach that considers the broader social determinants that impact on the well-being of LGBTIQ+ people
- A culturally competent and safe workforce that is knowledgeable and responsive to the lived experience of LGBTIQ+ people
- A safe and welcoming environment and services free from discrimination based on sexuality, sex or gender diversity

The practical application of these principles is outlined in the Pride in Health+Wellbeing 'Getting Better – A Quick Start Guide to LGBTI Inclusion Service Provision' <http://www.prideinhealth.com.au/audit-tool/> and the Rainbow Health 'Rainbow Tick Guide to LGBTIQ+ Inclusive Practice' <https://www.rainbowhealthvic.org.au/rainbow-tick>



#### **2.4.4 Practical ideas to support the cultural safety of LGBTIQ+ consumers**

- Provide a welcoming environment for LGBTIQ+ consumers by clearly displaying inclusive statements and rainbow symbols in public areas and by wearing your Uniting rainbow pin.
- Celebrate and/or commemorate LGBTIQ+ community days of significance such as IDAHOBIT Day (17th May) or Wear It Purple Day (28th August) or World AIDS Day (1st December) and participate in significant community events.
- Use the language people ask us to use for them. It's the respectful thing to do. This may include using pronouns that feel unfamiliar to you.
- Review the forms that you (and your teams) ask your consumers to complete. Ensure forms do not limit gender to male/female. Suggested best practice gender collection fields are Woman, Man, Please Specify (free text box), Prefer Not to Say. Inclusion of these fields provides respectful ways for all consumers to appropriately record their gender.
- Ensure that you (and your teams) understand the sensitivities around disclosure, know when its appropriate (or not) to ask personal or sensitive questions and are equipped to provide privacy information & assurance to LGBTIQ+ consumers.
- Ensure you have access to LGBTIQ+ inclusive practice expertise through resources on the Uniting Diversity & Inclusion Intranet page and the #Teams – Rainbow Working Group collaboration channel.
- Investigate the LGBTIQ+ health disparities relevant to your service stream and incorporate this into your service planning.
- Undertake LGBTIQ+ Awareness training.
- Join the Uniting employee Pride Network.
- Be an active ally - call out poor practice, use your pronouns when introducing yourself or in your email signature, wear your Uniting rainbow pin and encourage discussion in your teams about why Uniting staff wear this pin using the guide on the Diversity & Inclusion Intranet page.
- Develop a network of LGBTIQ+ inclusive and culturally competent referral sources.

Staff working with LGBTIQ+ consumers should refer to the Uniting LGBTIQ+ Action Plan and its resource tools, and to protocols prepared by specialist LGBTIQ+ services for guidance on working in culturally competent ways with LGBTIQ+ consumers and communities.

For additional information relevant to your individual service stream or program refer to your Uniting program manual.

## **2.5 Working with interpreters & translation services**

- 2.5.1 Interpreting services are available for consumers of a non-English speaking background or from the deaf community who require or request this service. A consumer's level of English should not be either a barrier to accessing services or a reason why the quality of our services should be compromised.
- 2.5.2 Bookings for on-site interpreter services should be made with the appropriate service outlined in your program manual or in accordance with local procedures.
- 2.5.3 To use interpreters in an effective way, employees should be able to identify situations when an interpreter is required. When should you engage an interpreter?
- When the consumer requests an interpreter.
  - When essential information needs to be communicated. At point of entry into the service, initial intake, planning and review, and when the consumer is required to make informed decisions about their care.
  - When sensitive/private/confidential information is being communicated.
  - Whenever a consumer may be disadvantage without an interpreter. People who have not needed an interpreter in the past could need one if they find themselves in stressful or difficult situations, as these can impact on their ability to communicate effectively in English.
  - What type of interpreter? If you assess/perceive a need for an interpreter, which language/dialect is appropriate? Are there any other related issues to consider (e.g. gender, sexuality, religion, and ethnicity)? Is an on-site interpreter required or a telephone service?
  - Would a bi/multilingual employee be suitable? In making the decision, consider what do you need to communicate and the available timeframes. Using children, relatives or unqualified bi/multilingual staff is not good practice.

### **2.5.4 Good Practice for working with an interpreter**

The Interviewer:

- Get your list of questions ready before the interview
- Ensure to identify and book the right language/dialect
- Ensure appropriate environment and seating
- Brief the interpreter before starting the interview
- Check that the consumer and the interpreter understand each other
- Explain the purpose of the interview and the interpreter role
- Speak directly to the Consumer – the Consumer is your focus
- Stay in control of the interview and be prepared to manage challenging aspects

- Stop the interview if it is not working
- Know how to manage feedback and complaint handling
- Debrief with the interpreter after the meeting
- Provide feedback to the interpreter/service you have booked

#### The Consumer:

- Can request the dialect and gender of the interpreter
- Can refuse to use the interpreter
- May speak English even if the interpreter is present
- Can ask questions and seek clarification
- Should be encouraged to be an active partner
- May prefer to use telephone interpreting services
- Has the right to provide feedback and lodge complaints

#### The Interpreter:

- Should make participants linguistically present by interpreting everything
- Should try to facilitate communication for everyone
- Should seek clarification
- Should take notes
- Must remain impartial – an interpreter is not a cultural broker and is not an advocate
- Must follow the AUSIT Code of Ethics
- Must keep exchanges confidential

2.5.5 Telephone interpreting is suitable for short simple exchanges and can be more practical for emergency, crisis and ad-hoc communication however it may also be more challenging for participants as there are no visual clues and information is limited to a few sentences at a time.

2.5.6 If you require a document to be translated, ensure you have explored the consumer's literacy levels before deciding to translate information. Literacy levels of many people from CALD backgrounds is limited in their own language and there are some languages for which there is no script. Prioritise what needs to be translated. Focus first on documents that require consumer consent (e.g. care plans) and that provide essential information (e.g. service standards, consumer rights & responsibilities).

2.5.7 For additional information relevant to your individual service stream or program refer to your Uniting program manual.

## **2.6 Working with consumers with disabilities**

2.6.1 To enable our programs to deliver quality services to our consumers, we must take into consideration the individual needs of each consumer. Uniting acknowledges that all consumers have varying strengths, abilities,

support needs, and preferences. Uniting is committed to providing accessible, equitable, and appropriate services to all consumers of all abilities.

- 2.6.2 Uniting acknowledges that consumers with disabilities is a very broad and diverse group and takes an intersectional approach to working with all communities.
- 2.6.3 The Australian Network on Disability describes types of disability as:
- Physical - affects a person's mobility or dexterity
  - Intellectual - affects a person's abilities to learn
  - Mental Illness - affects a person's thinking processes
  - Sensory - affects a person's ability to hear or see
  - Neurological – affects the person’s brain and central nervous system,
  - Learning disability
  - Physical disfigurement, or
  - Immunological - the presence of organisms causing disease in the body
- 2.6.4 People with disability are the experts in their own lives and Uniting respect how the person needs or wants to engage. At Uniting, the expectation to support consumers is as follows:
- Ask the Consumer if any accessibility requirements or reasonable adjustments are required for the Consumer to:
    - Communicate with Uniting
    - Use the service the Consumer is seeking
  - Once you understand any requirements, make sure the communication or service is accessible. This could be many ways, but some examples may be:
    - Consumers who have vision loss may require the information in braille or they may need it provided in large text
    - If the person has an intellectual disability, they may require the information in Easy English or they might prefer you to explain it to them in person
  - Information is provided to the consumer in a way they can easily understand. Information will be provided using the language, mode of communication and terms that suit the consumer’s communication needs.
  - Review basic tips on communication outlined by the Australian Network on Disability: <https://www.and.org.au/pages/etiquette.html>
  - Meetings with consumers will take place in an accessible environment with all mobility requirements taken into consideration
  - Mobility requirements may include accessible seating locations to ensure appropriate space around a meeting table and accessibility for wheelchairs, or mobility equipment. An accessible seating plan requires doorways to be at least 91.5cm wide and for the room to contain sufficient turning space (e.g. a 155cm diameter circles). Also consider

accessible parking, if the lifts are in working order, and an accessible bathroom

- Consumers with vision loss will be supported to access an environment that considers their vision loss requirements. Vision loss requirements may include no protruding objects and no overhead objects. All areas accessed by the consumer must include space to navigate walking as consumers may require a cane or guide dog.
- Consumers who have hearing loss will be supported with their communication needs with consultation regarding their communication preferences. Consumers with hearing loss may communicate in varying ways including gestures, verbal and/or written communication, lip-reading, sign language, or a combination of these methods. For consumers who use sign language, they may require support from an Auslan interpreter (note: the same seating arrangements for using a language interpreter would apply here). An Auslan interpreter will face the consumer and translate what is being said. The consumer may wish to sign or speak in response. The National Relay system offers many different types of services. Please refer to the National Relay system website for more details.

2.6.5 For additional information relevant to your individual service stream or program refer to your Uniting program manual.

## **2.7 Home based care**

2.7.1 As part of the Minimum Standards and Outcome Objectives for HBC in Victoria, Uniting employees working with children and young people and families from multicultural backgrounds will ensure that planning, processes and decisions consider and respect their cultural, linguistic and religious diversity. Links are developed with culturally appropriate services if necessary.

2.7.2 For additional information relevant to your individual service stream or program refer to your Uniting program manual.

## **3. Definitions**

<b>Term</b>	<b>Meaning</b>
People seeking asylum	People seeking protection who have not yet had their refugee status determined.
Bisexual/Bi	A person who is sexually/emotionally attracted to people of more than one sex. Often this term is shortened to Bi. Related terms include multi-gender attracted, and pansexual.

Term	Meaning
CALD	<p>Culturally &amp; Linguistically Diverse. Refers to people of diverse ethnic and other cultural backgrounds, who:</p> <ul style="list-style-type: none"> <li>• Were born overseas in a non-English speaking country</li> <li>• Are Australian born with at least one parent born from a non-English speaking country or are Australian born and have a strong affiliation to a cultural and linguistic heritage that is not Anglo Celtic</li> <li>• CALD is inclusive of those people who identify with the deaf community.</li> </ul>
Coming out	<p>The process through which an LGBTIQ+ person comes to recognise and acknowledge to themselves and/or others, their sexual identity, gender identity and/or intersex status. Coming out is never a once off event. Rather it is a repetitive process where LGBTIQ+ people have to make a decision about whom to be out to in every new personal, social or work situation.</p>
Coming home, coming in, inviting people in	<p>Terms preferred by some people to 'coming out' because individuals are not pressured to publicly declare their identity. Some people from non-Anglo cultural backgrounds may prefer these terms.</p>
Consumer	<p>A person who is a current or potential user of Uniting's services. Note: this term may vary across service streams, for example, client, customer, service user, etc.</p>
Cultural Safety	<p>Respecting, accommodating and being responsive to the cultural and spiritual beliefs and needs of our consumers, employees and stakeholders; creating an environment that is safe for people and free from discrimination, challenge or denial of their identity. Cultural safety is defined by the individual's personal service/workplace experience. Cultural safety is not defined by service providers or by the professional and other staff working for them.</p>

Term	Meaning
Cultural Safety competence	The ability to respect, build understanding & knowledge, and interact with persons from cultures and/or belief systems. A person is more likely to work in culturally safe ways when all these elements combine.
Disability	Physical, intellectual, mental illness, sensory, neurological, learning disability, physical disfigurement and immunological or a combination of those experiences.
Diversity	Diversity celebrates respects and values the unique contribution people can make because of their individual characteristics, backgrounds and perspectives. These characteristics include culture, ethnicity, gender, ability, sexual orientation, socio-economic status, age and religious, political or other beliefs.
Employees	Includes agency employees, contractors and volunteers
Gay	A person whose primary emotional and sexual attraction is toward people of the same sex. This term is most commonly applied to men, although some women use this term.
Gender Diverse	A broad term that encompasses a diversity of gender identities and gender expressions including bigender, trans, transgender, genderqueer, genderfluid, gender questioning, gender diverse, agender and non-binary. Gender diverse refers to identities and expressions that reject the belief that gender is determined by the sex someone is assigned at birth.
Heteronormative	Relating to the view that promotes heterosexuality as the normal or preferred sexual orientation
Inclusion	The act of including many different types of people and treating them fairly and equally, whereby every person (irrespective of age, disability, gender, religion, sexual preference or nationality) can access and participate fully in all aspects of life in the same way as any other member of the community.

Term	Meaning
Inclusive Practice	The provision of services that is respectful and aware of the culture and beliefs of the recipient. This includes the provision of services to LGBTIQ+ people that recognize and affirm the values and practices of the LGBTIQ+ communities.
Intersectionality	Intersectionality understands that identity, a person's sense of 'who they are' is not singular, but rather an effect of multiple intersecting social categories. These categories are the effect of complex socio-historical processes and reflect deeply entrenched relations of power & inequality. For any individual these categories are not discrete, but mutually constitutive. For some people they are mutually reinforcing. For others there may be tension or contradiction between different categories that leads to a fractured or dissonant sense of identity.
Inclusive language	Language is free of bias, discrimination and avoids stereotyping and mistaken assumptions about people on the basis of their, sex, marital status, pregnancy or potential pregnancy, breast feeding, sexual orientation, gender history, health status, economic status, race, nationality, colour or ethnic origin, age, religious or political conviction, disability, family responsibility or family status.
Lesbian	A woman whose primary emotional and sexual attraction is toward other women.
LGBTIQ+	Lesbian, Gay, Bi-sexual, Transgender, Gender Diverse and Non-Binary, Intersex and Queer. Queer is an umbrella term for all people of diverse sex, sexuality and gender including those identities not specifically mentioned in the acronym. For older people, this term is tied to a history of abuse and may be offensive.
Minority Stress	The cumulative impact of stigma, discrimination and 'being othered' in a dominant culture.



Term	Meaning
Pronouns and pronouns cueing	Using words and actions to send a 'cue' about someone's gender. This is a pro-active and respectful way of making people aware of someone's gender who might otherwise be mis-gendered. Examples include using 'she' or 'the woman who was speaking' to talk about a woman who had been mis-recognised as male.
Queer	Queer is often used as an umbrella term to refer to individuals that form part of the LGBTIQ+ community. For older LGBTIQ+ people the term is tied to a history of abuse and may be offensive.
Refugee	People who are outside of their country of nationality or habitual residence and have a well-founded fear of persecution because of their race, religion, nationality, or membership of a particular social group or opinion.
Transgender/Trans	A wide-ranging term for people whose gender identity or gender expression differs from the biological sex they were assigned at birth.

## 4. Related Policy, Instructions and Advice

### **Internal**

Diversity Statement

Quality & Compliance Policy

Inclusion, Diversity & Equity Policy

Spiritual and Pastoral Care Policy

Consumer Partnership Framework

Consumer Partnerships Safety and Wellbeing Protocol

*Innovate* Reconciliation Action Plan and RAP guidance resources

LGBTIQ+ Action Plan and inclusive practice resources

CALD Action Plan (under development 2021)

Service Excellence Framework

### **External**

*From Symbols to Systems: Strengthening Aboriginal & Torres Strait Islander cultural security in mainstream organisations: Inner North West Primary Care Partnership and The Long Walk, 2017*

*Everybody Matters: Inclusion & Equity Statement: State of Victoria (Family Safety Victoria), 2018*

*A Guide to Better Communication with CALD Communities: Polaron Language Services, 2015*

*Victorian Refugee Health and Wellbeing Strategy*, Department of Health, 2012

*Getting Better – A Quick Start Guide to LGBTI Inclusion Service Provision: Pride in Health+Wellbeing*, 2020

*Research Matters: Why do we need LGBTIQ-inclusive services? Factsheet*: Rainbow Health Victoria, 2020

*Rainbow Tick guide to LGBTI-inclusive practice*: Rainbow Health Victoria, 2016

*Rainbow Tick Guide to LGBTIQ-inclusive practice*: Rainbow Health Victoria, 2021 (under development)

*Gender & Sexuality Guide to Inclusive Practice*: Vincent Care, 2018 (content reproduced with permission)

NDIS Quality & Safeguarding Framework

NDIS Practice Standards and Rules 2018

MARAM Practice Guides

Responsibility	<p>All employees are responsible for:</p> <ul style="list-style-type: none"> <li>• Complying with the instructions outlined in this procedure</li> </ul> <p>The ELT, Executive Officers and Managers are responsible for:</p> <ul style="list-style-type: none"> <li>• Monitoring awareness of and adherence to this procedure</li> <li>• Overseeing all action and outcomes pertaining to this procedure</li> </ul>
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<b>Revision Record</b>			
Version	Date	Document Writer	Revision Description
0.0	21/03/19	Policy Writer	First draft.
0.1	14/10/19	Policy Writer	Minor review.
0.2	25/11/19	Compliance and Policy Team	Update based on feedback from Staff Review Panel.
0.3	04/12/19	Compliance and Policy Team	Update based on feedback from RAP Project Manager.
0.4	03/02/20	Compliance and Policy Team	Incorporate feedback from EO review.
0.5	28/10/20	Compliance and Policy Team	Reformat draft protocol to guideline.
0.6	20/11/20	Mission & Equity Team	Update based on input from Mission & Equity Division.
0.7	25/11/20	Compliance & Policy team	Update from Manager Disability. Final formatting.

<i>0.8</i>	<i>20/01/21</i>	<i>Mission &amp; Equity Team</i>	<i>Incorporate feedback from Pride in Health+Wellbeing Relationship Manager</i>
<i>1.0</i>	<i>29/01/21</i>	<i>Compliance &amp; Policy team</i>	<i>Approved by CESI subject to further review. Approved by Director of Mission.</i>