ASEXUALBISEXUAL
QUEERTAKATAAPUI
FA'AFAFINE
TRANS/TRANSGENDER
RAINBOWLESBIAN
WHAKAWAHINEGAY

OUTLINE/AFFINITY SERVICES/ADHB

Best Practice Guidelines

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*The term Rainbow is a generic term that incorporates all people who do not identify as heterosexual or asexual, or do not fit standard gender identity norms; such as (but not limited to) gay, lesbian, bisexual, trans, intersex, takataapui, whakawahine, fa'afafine, queer, gender queer, fakaleiti, akava'ine, fiafifine, vaka sa lewa.

Best practice guidelines

Effective engagement and treatment with Rainbow Tangata Whai Ora/service users of mental health and addictions services in Aotearoa

Anecdotally the experience of many people from Rainbow communities involves harassment, bullying, and alienation from family and friends. Prevalent research reports significantly higher rates of mental health and addiction issues are experienced by this population when compared to the general population. This is attributed to the effects of marginalisation and stigmatisation. This population can therefore be seen as being at greater risk of developing mental health or addiction problems as well as having less protective factors to ameliorate against this elevated risk.

'Everyone has the right to the highest attainable standard of physical and mental health, without discrimination on the basis of sexual orientation or gender identity.'
(Yogyakarta Principles, 2007)

Purpose

To encourage all staff in mental health and addiction services to adopt practices that create an inclusive, rather than an exclusive, environment which is accepting and welcoming of all Rainbow people. Understanding cultural and historical backgrounds enables providers to better engage with, recognise and meet the unique needs of Rainbow people.

Aim

To provide practical strategies or actions for management and staff, so that they are better able to recognise, understand and meet the needs of Rainbow people, and to enable them to provide culturally appropriate and effective services.

Principles

Principle 1: Create a welcoming, inclusive and safe environment

Principle 2: Rainbow sensitive practice

Principle 3: Staff training and education – Rainbow cultural competency

Principle 4: Rainbow inclusive organisational policies and procedures

Principle 1

Create a welcoming, inclusive and safe environment

Provide an inclusive environment where Rainbow people feel physically, spiritually and emotionally safe. This reflects a commitment to the physical, spiritual and emotional wellbeing of Rainbow people.

Rainbow individuals will often 'scan' an office for clues to help them determine what information they feel comfortable sharing with their health provider. Open dialogue with all service users about their sexual orientation and their gender identity/expression means more relevant and effective care.

'It's not so much about the service as such, but about the whole organisational culture governance structure to the service interface. It is not just about being sensitive but about being affirming, and actively trying to support rather than passively not trying to discriminate.' (Mann et al., p.45)

"Services need to make it inviting for LGBT." (DHB clinician/health professional)
(Let's talk about sex _ sexuality and gender 2012)

"Trans find it very difficult to come to the service. They have a fear of waiting rooms, accessing the toilets, and fear about how they will be received at the service.... (DHB clinician/health professional)
(Let's talk about sex _ sexuality and gender 2012)

Welcoming environment

Demonstrate evidence that your environment is Rainbow inclusive (not limited to):

1. Display Rainbow flag, pink triangle, unisex bathroom signs, or other Rainbow-friendly symbols or stickers.

2. Exhibit posters showing racially and ethnically diverse same-sex couples or trans people; and/or posters from non-profit Rainbow or HIV organisations.

3. Display diverse images of Rainbow communities on brochures and promotional material, such as same-sex couples, or trans people (multilingual where possible).

4. Display brochures or publications about Rainbow health concerns such as safe sex, hormone therapy, mental health and substance abuse.

5. Display appropriate Rainbow community magazines and literature within the organisation/service and waiting rooms.

6. Utilise a feedback process with Rainbow service users, to establish what made the environment welcome to them.

7. Have explicit reference to non-discriminatory policies regarding Rainbow individuals in organisational advertising, stating that equal care will be provided to all individuals regardless of age, race, ethnicity, disability, religion, sexual orientation and gender identity/expression.

8. Utilise Rainbow community organisations and media to advertise your organisation or service.

9. Encourage Rainbow staff to be visible.

10. Acknowledge relevant days of observance or celebration, such as Pride Day, or World Aids Day.

11. Participate and/or promote services at local Rainbow community events.

Inclusive dialogue

1. Consider sexual orientation and gender identity as one of the many cultural characteristics of the service user, along with age, gender, disability, language and ethnicity to ensure appropriate and effective services.

2. Recognise that the Rainbow population is diverse and heterogeneous.

3. Inclusion and acknowledgment of Rainbow service user's whanau/family (of origin or choice) and partners/friends as the service user would like.

Safety

Safeguard Rainbow people from discrimination and prejudice, including discriminatory acts by other people, their whanau/family, friends or staff:

1. Zero tolerance of homo/trans/biphobia or discrimination, including jokes or cynical remarks regarding Rainbow sexual behaviour or identity.

Principle 2

Rainbow sensitive practice

Knowledge of the impact of an individual's past experience of homophobia, transphobia or biphobia and/or discrimination and social exclusion is fundamental to the delivery of Rainbow sensitive practices.

Rainbow sensitive practices are included in intake, assessment, treatment plans and access to resources. The opportunity for Rainbow service users to disclose their sexual orientation and/or gender identity is provided. Appropriate language that is respectful and aligned to how a person identifies themselves is standard.

Inclusive communication will enable Rainbow people to feel comfortable disclosing information that may impact on their quality of care. Trans service users may have had particularly traumatic past experiences with health professionals causing fear and mistrust, so the development of rapport and trust may take longer and require added sensitivity by the health professional.

> *"Yes, of course [I concealed my sexual orientation], because of self embarrassment, and fear of how other people may respond." (gay male)*
> *(Let's talk about sex – sexuality and gender 2012)*

> *"The female psychiatrist I saw put me at ease and made me feel comfortable. She also asked me about my sexual orientation, and was inclusive of my female partner." (lesbian woman)*
> *(Let's talk about sex – sexuality and gender 2012)*

Open Communication:

Encourage open communication:

1. Ask open ended questions.

2. Use questions that are gender neutral and non-heteronormative, such as 'Do you have a partner?', rather than 'Do you have a husband/ wife?'.

3. Use questions or make comments that demonstrate an awareness, understanding and acceptance of diversity e.g. 'Is your partner male or female?' or 'Have you always had male/female partners?'.

Be respectful:

1. Be understanding and accepting/validating when a client discloses their gender identity and sexual orientation.

2. Speak openly about Rainbow issues where appropriate. This demonstrates an environment where staff can comfortably and regularly discuss Rainbow issues and sexuality in general.

3. Demonstrate acceptance by referring to the person in the manner they wish, including use of the correct gender pronoun e.g. 'he' or 'she'.

4. Be aware of the variety of ways Rainbow service users may identify themselves and be able to use language appropriate to each individual.

Avoid assumptions:

1. Do not assume that everyone is heterosexual.

2. Do not assume that everyone identifies as either male or female, or identifies as the gender they were born as, or make assumptions about their behaviour or bodies based on their presentation. If in doubt, check it out.

3. Be aware that personal and sexual relationships are different for each person, regardless of sexual orientation or gender identity. Sexual behaviour may or may not significantly differ between Rainbow and heterosexual people.

4. Be able to differentiate between sexual behaviour and sexual identity, e.g. a man may be having sex with other men, but identifies as heterosexual.

5. Be aware that both sexual orientation and gender identity lie on a continuum and may be fluid for some people.

Intake and assessment practices:

"One psychiatrist asked me as part of the assessment process about my past relationships and how I identify my sexual orientation. This felt comfortable. I liked that this was being asked in the context of the full assessment; if it is asked in a vacuum then I think it can be taken in a way that pathologies it."
(lesbian woman)
(Let's talk about sex – sexuality and gender 2012)

Assessment process:

1. All new assessment and treatment plans include sexual orientation and/or gender identity, with all service users having the opportunity to discuss both.

2. Residential service users from the Rainbow community determine themselves whether they are 'out' to the other residents and specific safety issues are assessed and addressed. Specific trans needs are catered for.

3. Non-judgemental questions about sexual practices and behaviours are viewed as more important than a specific identity.

4. Intake/assessment forms provide an opportunity for disclosure of sexual orientation and/or gender identity.

5. Forms use the term 'relationship status' rather than 'marital status'.

6. The option of 'transgender' and 'other' is included with male and female on the intake form.

7. Support systems are explored, as well as connections with community. Connection with the community is seen as part of the recovery process.

8. Sexual health issues are discussed as part of the assessment process, including asking trans if they have had any gender confirmation surgeries and/or hormone treatment.

Sensitivity:

1. Where possible there is openly Rainbow staff. They can provide valuable knowledge and perspectives about serving Rainbow service users as well as helping service users feel represented and comfortable.

2. Language which the individual identifies with during assessment and treatment is used (e.g. the service user may be more comfortable with 'queer' or 'gay' rather than homosexual). Unfamiliar terms or behaviour are clarified.

3. Obstacles for a therapeutic alliance or engagement are explored. Unique requests, such as the option of seeing a Rainbow health professional, or a particular gender health professional are appropriately actioned.

4. Assessment which includes same-sex partners, next of kin and the inclusion of family/whanau is handled sensitively.

5. Health professionals are skilled in assessing for homonegative trauma, and undertake this assessment as a routine part of the assessment process.

6. An atmosphere of openness and affirmation is established to gain the trust of all service users.

Referrals and resources:

1. A list of relevant Rainbow organisations or support groups/networks, is easily accessible

2. There are partnerships with Rainbow community groups or organisations.

3. Rainbow friendly practitioners are identified with clear processes for referral.

Principle 3

Staff education and training – Rainbow cultural competency

Training and ongoing education in working effectively with Rainbow communities is considered a key cultural competency. This is reflected in organisational policy, with Rainbow competency training being mandatory for all staff.

Rainbow competency training provides the foundation for ensuring a level of safety for, and effective engagement of, Rainbow services users. Ongoing education focuses on the skills and knowledge required to support and work effectively with Rainbow people.

"Cultural and social sensitivity towards minority groups is essential in good practice. Some nurses appear to get anxious around trans care as they are worried about not getting 'it right' or being 'politically correct' and they don't check or don't ask (the individual). Usually when anxiety exists it indicates a lack of training, or training needed." (DHB clinician/health professional)
(Let's talk about sex – sexuality and gender 2012)

"All staff need training; specifically training that challenges their own homophobia, attitudes and understanding on issues and experiences. Clinicians need to be comfortable about their own sexuality and have overcome their own prejudices and fears." (DHB clinician)
(Let's talk about sex – sexuality and gender 2012)

"LGBT cultural competency should be part of skills training." (NGO clinician/health professional)
(Let's talk about sex – sexuality and gender 2012)

Rainbow competency training addresses:

1. The historical and current context of Rainbow issues (including relevant research and best practice guidelines).

2. Prevalence of mental and addiction problems for the Rainbow communities and increased risks (including suicide and self harm).

3. The complexity of human sexual and gender diversity and the impact of discrimination.

4. Understanding heteronormativity.

5. Assessment for homonegative trauma.

6. Language and identity.

7. The coming-out process.

8. Attitudes and values of health professionals: the impact this may have on delivery of care (including the impact of discriminatory behaviour).

9. How to ask about sexual orientation and/or gender identity.

10. Trans and intersex issues.

11. Cultural issues – religion, ethnicity and race.

12. Family/whanau inclusion.

13. Appropriate referral of Rainbow service users to Rainbow friendly practitioners.

14. Relevant research and best practice guidelines.

Principle 4

Rainbow inclusive organisational policies and procedure

Organisational policy and procedures set the benchmark for expected staff behaviour and practices, and demonstrate the organisation's intent to provide Rainbow inclusive, respectful and effective services.

"Queer consumers are often unidentified. It's hit and miss and it varies between clinicians. It's hardly ever done [asked or recorded]." (DHB clinician/health professional)

"[There is] no specific tool or assessment process that identifies sexual orientation or gender identity and this process would differ between individual clinicians." (DHB clinician/health professional)
(Let's talk about sex _ sexuality and gender)

Policies underpin Rainbow inclusive and effective practices, including:

1. Specific non-discrimination policies that protect and include Rainbow staff and service users.

2. Sexual orientation and gender diversity is recognised in forms, data collection and other systems.

3. Relevant policies and procedures include specific references to sexual orientation and gender diversity.

4. Rainbow best practice guidelines policy and procedures are translated into appropriate languages to cater for a linguistically diverse workforce and displayed in prominent places.

5. Policies exist that ensure all staff are trained, skilled and competent in working with Rainbow communities and individuals.

6. Residential, inpatient and community services develop protocols to accommodate the unique needs of trans people (including bathroom facilities, accommodation and attendance at the appropriate gender group activities).

7. Same-sex partners of staff and service users have the same rights and privileges as opposite sex partners.

8. A written complaints procedure exists for staff or service users specifically referring to discrimination on the grounds of sexual orientation or gender identity.

9. There are systems for monitoring compliance with these standards and making continuous improvements to enhance Rainbow inclusive practice.

Recruitment:

1. Positions are advertised in specific Rainbow media sites or publications.

2. Prospective employees are asked about their understanding of diversity (including sexual orientation and gender identity) and how they would provide a safe and welcoming environment for Rainbow service users and staff.

Associated documents:

Type	Title/Description
Ministry of Health	• Health and Disability Sector Standards 2008 • The New Zealand Disability Strategy 2001 • The New Zealand Health Strategy 2002 • Te Tahuhu: Improving Mental Health 2005-2015 • Te Kokiri: The Mental Health and Addiction • Action Plan 2006-2015 • Making Visible: Improving services for sexual minority people in alcohol and other drug addiction prevention and treatment, Matua Raki 2010
Mental Health Commission	• Service User Participation in Mental Health Services May 2002
Health and Disability Commission	• Code of Health and Disability Services Consumers' Rights 1996
The Yogyakarta Principles	• Human Rights Law Review 2008: • Contextualising the Yogyakarta Principles, Michael O'Flaherty and John Fisher
Human Rights Commission	• Human Rights Act 1993 • To be who I am: 2007
OUTLine/Affinity Services/ADHB	• Let's talk about sex (sexuality and gender) 2012

Culturally effective and appropriate services for Rainbow service users Audit Tool

The environment is welcoming and inviting to Rainbow service users

Audit date:

1	There are posters or symbols in service user areas that reflect positive and diverse images of the Rainbow communities. Where the service has brochures, some of the images reflect Rainbow communities and/or make specific reference to Rainbow communities where appropriate.	Not met	Part met	Met
	Evidence:			
	Action list: (include estimated completion date)	Date completed		

2	There are Rainbow magazines and literature in waiting areas and other service areas.	Not met	Part met	Met
	Evidence:			
	Action list: (include estimated completion date)	Date completed		

3	There are clearly sign posted unisex toilets in service user areas. Where this is not practically possible there is signage to indicate where the nearest accessible unisex toilet is located. (if yes, list)	Not met	Part met	Met
	Evidence:			
	Action list: (include estimated completion date)	Date completed		

4	For primary services, the organisation or service advertises and/or promotes their services in Rainbow community media sites, publications and local Rainbow events. Secondary and tertiary services promote their services to the Rainbow communities as relevant or appropriate (e.g. NGO residential service may have a presence or stand/poster at a Rainbow community event to promote their Rainbow inclusive service).	Not met	Part met	Met
	Evidence:			
	Action list: (include estimated completion date)	Date completed		
5	Explicit non-discriminatory policies regarding Rainbow individuals are on display in public, and waiting areas. This may be Rainbow specific, or part of a wider non-discriminatory policy (e.g. may include other cultures or minority groups).	Not met	Part met	Met
	Evidence:			
	Action list: (include estimated completion date)	Date completed		
6	Relevant days of observance or celebration are advertised and acknowledged in a visible way e.g. Pride Day, World Aids Day during each year.	Not met	Part met	Met
	Evidence:			
	Action list: (include estimated completion date)	Date completed		

All Rainbow service users receive effective and sensitive services

7	All health professionals signal to service users in a positive and respectful way that they are welcome to discuss their sexual orientation or gender identity, and are routinely asked about sexual orientation and/or gender identity as part of the assessment process. This is routinely documented in the clinical or service notes in a designated area.	Not met	Part met	Met
	Evidence:			
	Action list: (include estimated completion date)	Date completed		

8	The health professional speaks openly about Rainbow issues, and there are openly Rainbow staff.	Not met	Part met	Met
	Evidence:			
	Action list: (include estimated completion date)	Date completed		

9	Relevant forms use the term 'relationship status' rather than 'marital status', and forms have an option for trans or other along with male and female.	Not met	Part met	Met
	Evidence:			
	Action list: (include estimated completion date)	Date completed		

All Rainbow service users receive effective and sensitive services

10	The health professional uses language that the service user identifies with e.g. 'queer' and the preferred language is recorded in the clinical or service notes.	Not met	Part met	Met
	Evidence:			
	Action list: (include estimated completion date)	Date completed		

11	Risk assessments are undertaken and include sexual health issues.	Not met	Part met	Met
	Evidence:			
	Action list: (include estimated completion date)	Date completed		

12	Clinicians routinely assess for homonegative and/or transnegative trauma as part of the assessment process. Non-clinical staff, (such as community support workers) identify any possible issues relating to sexuality and gender identity, and support their services users accessing the appropriate service (such as their clinical team, or Rainbow support services). Relevant issues or risks are communicated to the clinical team.	Not met	Part met	Met
	Evidence:			
	Action list: (include estimated completion date)	Date completed		

13	The assessment process and treatment plan/delivery includes family/whanau of origin or choice, as the service user would like.	Not met	Part met	Met
	Evidence:			
	Action list: (include estimated completion date)	Date completed		

14	The service has an up to date directory of Rainbow support organisations and has access to Rainbow-friendly practitioners to refer to. The clinicians 'quick reference guide' is readily available (visible within staff work areas) for all health professionals.	Not met	Part met	Met
	Evidence:			
	Action list: (include estimated completion date)	Date completed		

Professional development is provided and monitored to ensure all staff are confident and competent working with Rainbow people

	15	The service or organisation has, or can access, an education/training programme that delivers comprehensive training to all staff in working with Rainbow individuals, and all staff complete this training within 6 months of appointment.	Not met	Part met	Met
		Evidence:			
		Action list: (include estimated completion date)	Date completed		
	16	Staff are competent in providing Rainbow sensitive services and deliver services that are based on best practice guidelines.	Not met	Part met	Met
		Evidence:			
		Action list: (include estimated completion date)	Date completed		

Organisational policy and procedure set the benchmark for expected staff behaviour and practices, and demonstrates the organisations intent to provide inclusive, respectful and effective services

17	The organisation has specific policies that protect and include Rainbow service users and staff (e.g. non-discrimination policy, employment and complaints). All relevant policies and procedures include specific reference to sexual orientation and gender identity where appropriate or indicated (e.g. discrimination and harassment policy, culturally appropriate services, recruitment process and partner rights).	Not met	Part met	Met
	Evidence:			
	Action list: (include estimated completion date)	Date completed		
18	Rainbow best practice guidelines are readily available and accessible to all staff, and in additional languages if indicated by staff need.	Not met	Part met	Met
	Evidence:			
	Action list: (include estimated completion date)	Date completed		
19	Residential, inpatient and community services have specific written protocols to accommodate the unique needs of trans people (including bathroom facilities, accommodation and attendance at the appropriate gender group activities).	Not met	Part met	Met
	Evidence:			
	Action list: (include estimated completion date)	Date completed		

20	There is an effective consumer feedback system in place. A written complaints procedure exists for service users, visitors and staff specifically referring to discrimination, or a breach of cultural safety on the grounds of sexual orientation or gender identity (this may be included within an existing policy such as discrimination/harassment).	Not met	Part met	Met
	Evidence:			
	Action list: (include estimated completion date)	Date completed		

21	Positions are advertised in specific Rainbow media sites (such as Express Magazine, GayNZ, Tamaki Makaurau).	Not met	Part met	Met
	Evidence:			
	Action list: (include estimated completion date)	Date completed		

22	Prospective employees are asked about their understanding of diversity, including sexual orientation and gender identity, and how they would provide a safe and welcoming environment for Rainbow service users.	Not met	Part met	Met
	Evidence:			
	Action list: (include estimated completion date)	Date completed		

23	The service has Rainbow leaders/champions/advocates who provide support and expertise to the wider team/staff, and keep up to date with current trends. This role may include supervision and consultation with staff, and participation in a wider Rainbow network with other services.	Not met	Part met	Met
	Evidence:			
	Action list: (include estimated completion date)	Date completed		
24	There are systems for monitoring compliance with these standards and making continuous improvements to enhance Rainbow inclusive practice (this may be part of a Rainbow advocate role, or other quality process).	Not met	Part met	Met
	Evidence:			
	Action list: (include estimated completion date)	Date completed		

Clinicians Rainbow pocket guide – ASK

Assess/ask

1. Ensure that questions you ask are open-ended, and non-assuming e.g. 'Do you have a partner at the moment?', instead of 'Are you married?'

2. Demonstrate an openness and acceptance of diverse sexual orientation or gender. If the service users confirm they are in a relationship, you could ask without making assumptions, 'What does he or she do?'

3. Acknowledge diversity, and ask about sexual orientation e.g. ask 'In terms of your sexuality, do you identify in any particular way?', or 'Are you attracted to men, women or both?', whilst also giving them the option not to answer.

4. Check gender identity: (especially if the service user has not completed the intake form), e.g 'We have you recorded on our form as male, is this right?', or, 'Is this how you would like your gender recorded?'. Ask what gender pronoun the person prefers.

5. Ask service users about a personal history of hate crimes/violence or homonegative trauma.

6. Undertake a thorough risk assessment (including sexual). Rainbow individuals have significantly higher rates of self harm and suicide.

Sensitivity and support

1. Avoid the assumption that service users are heterosexual just because they haven't told you otherwise. It may take time for Rainbow service users to trust you.

2. If a service user seems offended by something you've said, apologise and offer a brief explanation about why information is necessary to provide the best care possible. Ask what terminology the patient prefers.

3. Explain how the service user's confidentiality will be protected, and who will have access to the information.

4. Avoid making assumptions about a service user's sexual orientation, relationships or parental status based on a particular gender identity or expression, and allow time for them to provide information.

5. If a young person tells you he or she may be gay, lesbian, or bisexual, be open and supportive. Try to avoid the assumption that he or she is going through a phase. Be open to what support they may want or need (it may not be what the clinician views as the need).

Knowledge – know the facts, including:

1. Many service users fear the response of the clinician when disclosing sexual orientation or gender identity, and may have been discriminated against in the past.

2. Service users may experience internalised homophobia (e.g. shame and guilt).

3. Gender identity (e.g. male, female, and trans) is distinct from sexual orientation.

4. Trans people may feel uncomfortable about their bodies or life histories and the particularly difficult experiences they may have had in the healthcare environment.

5. Sexual orientation and gender identity/expression can change over time.

6. Sexual orientation and gender identity may be a very sensitive issue. If you are unsure at times, ask with respect how you can support them better.