

Building Equity and Inclusion

Findings from LGBTIQ+ Community Consultations May to July 2022
Perth, Kalgoorlie, Geraldton, South West, and Kimberley

Why did we ask you?

LGBTIQ+ community members are recognised to have disproportionate exposure to discrimination and marginalisation that leads to being at risk of psychological distress when accessing care. LGBTIQ+ communities have been identified as disadvantaged in accessing safe and inclusive primary health care services. They experience significantly disparate health outcomes compared to other Australians. Findings from LGBTIQ+ community consultations on what makes a service safe and inclusive will inform the development of an Equity and Inclusion Framework for WA Primary Health Alliance (WAPHA). The framework aims to improve the competency of WAPHA and services to ensure LGBTIQ+ people can access services and receive a safe primary health care, resulting in enhanced patient experience, engagement, and improved health and wellbeing outcomes.

“Practitioners that are well educated about the LGBTIQ+ community make me feel safe, relaxed and able to concentrate on why I'm seeing them. It is so good to feel seen and normal, it has a very positive impact on my mental health.”

Introduction

It is estimated that 11% of the Australian population identify as LGBTIQ+ (WA Department of Health, 2019). LGBTIQ+ communities are subject to ongoing scrutiny and discrimination that makes community members feel unsafe accessing mainstream services. As a result, LGBTIQ+ people rate their overall health and wellbeing as lower in comparison to the general population, have higher levels of poor mental health and feeling suicidal, experiences of bullying, homelessness and poor physical health, particularly for younger and older people.



How did we consult?

Kambarang Services (Aboriginal owned) was engaged to consult with LGBTIQ+ community members, commissioned service providers, peak groups and WAPHA staff members. Findings were collected using a stakeholder engagement approach and a consultation method which included online sessions and survey to engage with over 200 LGBTIQ+ community members to ask them what makes a service culturally safe. Kambarang facilitated 8 group consultations in the Midwest, Perth, South West, Goldfields and Kimberley, Western Australia. The majority of the sessions were conducted on line. The WAPHA LGBTIQ+ Stakeholder Reference Group also provided feedback.

What did we ask?

We asked about what a safe service looks and feels like, what are the barriers, what makes a service culturally safe and how can WAPHA support services to become more culturally competent and safe for all LGBTIQ+ people.

“Seeing queer people as the reception staff at a standard GP practice! One of the reception staff was wearing a they/them pronoun pin which made me feel that this practice must be safe! If the staff feel safe and supported enough to wear a pronoun pin, the practice must be doing good stuff.”

Equity and Inclusion Continuum

Equity and Inclusion Competence

Awareness

Looking outwards at LGBTIQ+ society and people, and develops an understanding of the impacts of trauma. Awareness involves understanding the impact of heteronormativity on LGBTIQ+ people.

Sensitivity

Self exploration, personal learning and research occurs.

Safety

An outcome of education that enables safe services to be defined by those who receive them. The final phase of the education process where internal operating systems and biases are recognised as pervasive. Beginning a journey of reflective practice to understand the social and cultural determinants of health. Safety is determined by LGBTIQ+ individuals, families, and communities.

Equity and inclusion competence can not be achieved unless safety is achieved. Equity and inclusion competence is a set of congruent behaviours, attitudes and policies that come together in a system, service or those professionals work effectively in cross cultural situations.

Increasingly culturally appropriate

Culturally appropriate is where a service is equity and inclusion competent and is considered by LGBTIQ+ people to provide safety.

What communities told us was important for services in making them feel culturally safe

Feedback & Barriers

- Change of title for framework – from cultural competency to equity and inclusiveness.
- Poor awareness of the diversity and health needs of LGBTIQ+ people.
- Lack of respect/ignorance including lack of correct titles, pronouns and misgendering.
- Discrimination, inappropriate behaviours by health care providers and myths/ misunderstandings about health care needs leading to feeling unsafe using services.
- No formal LGBTIQ+ staff representation in services.
- Inappropriate service procedures, assessments and records for the LGBTIQ+ community.
- Low practitioner continuity/revolving door.
- Services not welcoming and rely on word of mouth to find safe services.
- Lack of care for older community members.
- General poor-quality service and no follow-up
- Rainbow Tick Accreditation does not necessarily reflect the diversity of LGBTIQ+ needs.

Actions

- LGBTIQ+ inclusiveness training.
- Supporting LGBTIQ+ led health organisations, programs and funding.
- LGBTIQ+ employment.
- Welcoming and LGBTIQ+ friendly environment.
- Inclusive Practices e.g. forms, record keeping, toilets, email signatures, badges.
- Respectful communication/language.
- Holistic service delivery
- Engaging with communities including safe feedback on services - community and individual stories.
- Increasing awareness and sensitivity to diversity and associated specific health needs including need for intersectionality to address needs and improve services.
- Confidentiality.
- Advocacy on human rights issues including anti-discrimination and equal rights.
- Accessible services particularly in regional areas.



“Display of LGBTIQ+ affirming imagery (welcoming signs, etc.), inclusive intake forms on sex/gender/sexuality, etc. I feel affirmed and supported when my health services acknowledge my identity, and tailor health care to it. My current GP does not shy away from asking about my partner, and uses his pronouns - it is small, but a big thing. I feel safe.”

Key Elements



Summary of the key findings from WAPHA staff, commissioned service providers, selected peak agencies in Western Australia.

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Commissioned Service Provider Representatives

- Agreed with community perceptions and feedback on safe services.
- Want to do more to improve competency and provide culturally safe service.
- Want more support for training, agreed standards and organisation self assessments/audits.
- Ongoing measurable actions to demonstrate accountability.
- Sharing learnings and best practice, seeking WAPHA's guidance and advice.

Barriers

- Funding allocations within contracts limit funds for cultural training. Need flexibility in contracts or specific capacity building allocations.
- Capacity to find consultants, trainers and release staff from service provision.
- Workforce shortages and turnovers.
- Capacity to build long lasting relationships.

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WAPHA Staff Respondents

- Acknowledged leadership team commitment and importance of cultural competency.
- Felt WAPHA makes an effort to ensure there is no discrimination in workplace.
- Willingness to engage, proactive and positive approach.
- Has Rainbow Tick Accreditation and improvement plan.
- Acknowledges and prioritises those most disadvantaged.

What we could do better

- Regular ongoing training cultural awareness, place-based immersion, unconscious bias training.
- Support for existing staff and an increase the diversity of the WAPHA workforce to present the priority community groups.
- More community consultation, input to program planning and design, culturally safe and appropriate feedback mechanisms.
- Showcase experiences of staff and community including best practice.

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Peak Agencies - WAPHA member organisations

- Governance representation of community - accountability and transparency.
- Cultural competency and inclusiveness needs a whole of organisation response.
- Seek and understand community needs, expectations and experiences – build authentic relationships and partner in planning.
- Place-based responses and peer support including inclusion training.
- Spectrum of learning based on the continuum from awareness to competence.

What can WAPHA do?

- Ensure embedded in WAPHA framework and practice.
- Review funding models to resource building competency, including funding more ACCHSs service providers.
- Support QI activities – continuous improvement, highlight best practice, share information.
- Pool/panel of available training.
- Provide motivation through innovation.
- Reporting and measurement aligned with other compliance, accreditation and standards.

Next Steps

Deliverables

WAPHA is finalising:

- Draft cultural competency framework and actions
- Commissioning guidelines for providing a culturally safe and inclusive service.
- List of resources to support the equity and inclusion journey.

These will be reviewed by the LGBTIQ+ Reference Group and commissioned service providers then endorsed by WAPHA's governance structure.

Principles Informed by the Consultation



- Strategic Alignment
- Consumer/ Individual Needs Focused
- Human Centred Approach
- Community Led Action
- Transparent
- Accountable
- Learning Mindset

Timeline and 3-year Implementation



All documents will be published by June 2023.

* Further consultation may occur during implementation period for Year 3 actions.

Conclusions

Barriers prevent LGBTIQ+ people from accessing primary health care services. Improving the competency of services to be equitable and inclusive can be achieved through listening to and taking action on what makes LGBTIQ+ people feel safe when using primary health care.

Services that commit to transparency, accountability, inclusion training; LGBTIQ+ workforce development; human centred care; and community engagement can create welcoming environments for LGBTIQ+ community members, increasing access and working towards meeting their social, emotional and physical health care needs.