



Fact sheet - Aligning the Partnering in healthcare framework with The Rainbow Tick.

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This resource was originally published in September 2021 and reviewed in June 2022 after it was trialled by health services.

How to use this resource

The *Rainbow Tick* is a quality framework that helps organisations show that they are safe, inclusive and affirming of services for the LGBTIQ¹ community. The *Partnering in healthcare* and *Rainbow Tick* frameworks both share a set of common principles including:

- ✓ Consumers must be involved with planning and co-designing services – “nothing about us without us”
- ✓ Consumer engagement is everybody’s business including board members, executives, managers, service providers and volunteers
- ✓ Values of equity, respect, justice, diversity and cultural safety are promoted

It is important that health services engage with and provide inclusive services for LGBTIQ communities. This fact sheet advises health services how to follow *Rainbow Tick* guidance when developing plans to fulfil the *Partnering in healthcare* framework. Doing so will also assist health services who are preparing for *Rainbow Tick* accreditation.

Health inequalities for LGBTIQ people

There are important health and wellbeing disparities for lesbian, gay, bisexual and trans and gender diverse people in comparison to the general population. Although many LGBTIQ people live happy, healthy lives a number of studies have found higher rates of reported diagnosis of anxiety and depression, psychological distress, self-harm and suicidality with minority stress and structural stigma the key drivers (LGBTIQ+ Health Australia, 2021). Other studies have found that trans and gender diverse people report poorer mental health on most measures than their cisgender counterparts.

As reported in Rainbow Health Victoria’s report, [Research Matters: Trans and gender diverse health and wellbeing](#), trans and gender diverse people report significant experiences of stigma and discrimination, including family rejection, childhood abuse, high levels of verbal and physical violence, and a significant burden of sexual violence.

The Rainbow Tick

Lesbian, gay and bisexual people experience discrimination at double the rate of heterosexual community members² and stigmatising and discriminatory behaviour towards trans and gender diverse people has been reported in health care including the use of transphobic language, incorrect pronouns or deliberate misnaming and misgendering of clients (LGBTIQ+ Health Australia, 2021). Rainbow Health Victoria’s report also found that discrimination has been found to be a significant barrier for trans and gender diverse people when trying to access health services.

¹ Lesbian, Gay, Bisexual, Trans and gender diverse, Intersex and Queer

LGBTIQ+ Health Australia.2021, *Snapshot of Mental Health and Suicide Prevention Statistics for LGBTI People*. Available at: <https://www.lgbtiqhealth.org.au/statistics>

The Rainbow Tick framework has been produced by Rainbow Health Victoria to guide health services to remove barriers to health care for the trans and gender diverse population.

There are six *Rainbow Tick* standards:

- ✓ Organisational capacity
- ✓ Workforce development
- ✓ Consumer participation
- ✓ A welcoming and accessible organisation
- ✓ Disclosure of documentation
- ✓ Cultural safety and acceptable services

Each standard has a series of detailed indicators that recommend what health services should do. We have selected some of the most pertinent indicators and aligned them to the domains of the *Partnering in healthcare* framework.

The indicators noted are taken from *Rainbow Tick: accreditation and evidence guide (2020)* which supplements *Rainbow Tick standards: A framework for LGBTIQ cultural safety (2020)*. You can find these *Rainbow Tick* documents and more information at: [Rainbow Health Victoria](#).

Partnering in Healthcare Framework

The *Partnering in healthcare* framework is available at: [Partnering in healthcare Framework](#). It includes five domains:



Individualised and connected care

Compassion and respect

Health services should consider what people can do for their own health and wellbeing, as well as what is done with and for people in a healthcare setting. Health services should actively engage consumers as partners in all aspects of the healthcare delivery.

Health services should consider the whole person or family, noting that family may be considered differently in a LGBTIQ context. It is important to understand the physical, cultural and social context and recognise that people have agency when they are at the centre of care.

“I am respected and receive personalised care that treats and supports me as a whole person.”

PiH Suggested Priorities	Rainbow Tick Indicators
Treat consumers as a whole person and provide more individualised care.	<i>Health services develop a model for inclusive practice that considers the diversity of sexual orientations, gender identities and intersex variations, and promotes appropriate professional practice. (1.1.C)</i>
	<i>Health services make their expectations about LGBTIQ-inclusive practice explicit to potential and existing service users and staff, the LGBTIQ community and to the broader community. (1.1.F)</i>
	<i>Health services ensure that systems and staff appropriately recognise a person’s identity through affirmed name and pronoun use. (1.5.D)</i>
	<i>Health services recognise that sexual orientation, gender identity and intersex status are independent personal attributes and there are specific considerations and appropriate language that pertain to each of these experiences. (5.1.D)</i>

PiH Suggested Priorities**Rainbow Tick Indicators****Provide staff training on person-centred care.**

Health services provide training and professional development to support staff in respectful and engaging interactions with LGBTIQ service users; additional training may be required for staff at intake, assessment, significant decision points, and when promoting services in public forums. (4.1.D)

Staff understand the significance to LGBTIQ people of disclosing their sexual orientation, gender identity or intersex status and the organisation has strategies to ensure that staff respond in a respectful and positive way when service users, other staff or volunteers disclose. (5.4)

Health services consider any additional training needs of staff in specialist positions such as frontline/reception, intake and assessment positions, and resource this appropriately. (6.2.B)

Care is codesigned with patients, families and clinicians

Coordination and continuity of care

Knowledge transfer is a two-way street. The consumer knows about their experience of the illness, social circumstances, values and culture. Without exchanging this information, the knowledge of health services may be limited, and the resulting care may be compromised.

Health services should use person-centred, co-design as a method for service improvement, building empowering relationships with the LGBTIQ community to enable this.

“I am included as a respected partner in learning about and improving healthcare”

PiH Suggested Priorities	Rainbow Tick Indicators
Co-design care and services with consumers and families.	<i>Health services work with LGBTIQ service users and community representatives to identify LGBTIQ service users’ needs and to develop and continuously improve their provision of LGBTIQ-inclusive services. (3.1)</i>
	<i>Health services consider how they meet the needs of different subpopulations within LGBTIQ communities (3.1.1)</i> <i>As part of a structured approach to service planning, the organisation explicitly includes the needs and risks of different groups within LGBTIQ communities in the systematic development, delivery and evaluation of services and programs. (6.1.A)</i>
Use feedback from consumers for quality improvement.	<i>Health services have an integrated LGBTIQ service user feedback system that ensures continuous LGBTIQ-related quality improvement and planning. (1.3)</i>
	<i>Health services systematically seek and review data from service needs analyses and service evaluations from LGBTIQ service users to identify changing needs in a timely way. (3.2.A)</i>
	<i>As part of its ongoing assessment of service users’ experience, the organisation analyses its performance in working with LGBTIQ service users and undertakes appropriate service improvements. (3.3)</i>

Consumers as experts *Collaborative decision making*

Shared decision-making includes the process by which health decisions are made by consumers and health professionals, using the best available evidence and discussion of consumers' preferences. Key tools to support shared decision-making include decision aids and decision coaching.

"I am empowered with making informed decisions about my healthcare."

PiH Suggested Priorities	Rainbow Tick Indicators
Involve consumers at the service design, policy and governance levels.	<i>Health services develop a plan for service users' participation. (3.1.A)</i> <i>Health services work with LGBTIQ service users and community representatives to identify LGBTIQ service users' needs and to develop and continuously improve their provision of LGBTIQ-inclusive services. (3.1)</i>

Engage diverse consumers

Cultural safety, diversity of consumer participation

People want to be engaged and empowered in their healthcare experience. Some groups, such as the LGBTIQ community, are often under-represented in healthcare participation opportunities and over-represented in clinical risk. Equity in healthcare means that all people receive care of equal quality that is safe, effective and person centred. An equitable approach does not mean that everyone receives the same care, but that all people have their healthcare needs equally well met, including through removing differences in the quality, safety and accessibility of opportunities, services and rights between groups of people.

“I receive care of equal quality that is safe, effective and responsive to my needs.”

PiH Suggested Priorities	Rainbow Tick Indicators
Ensure diversity, culture and inclusion are organisational priorities.	<i>Senior leaders in the organisation participate in, promote and facilitate all aspects of LGBTIQ-inclusive practice. (1.1.B)</i>
	<i>Health services have a systematic process for assessing the LGBTIQ-inclusive practice professional development needs of the governing body, leadership team, staff and volunteers. (2.1)</i>
Build diverse consumer representation at all levels.	<i>Health services convey a message of welcome and safety for LGBTIQ staff, volunteers and service users in all communications – electronic, print, oral – in the physical environment and personal interactions. (4.1.B)</i>
	<i>Health services build their expertise in engaging with the LGBTIQ community and sending a positive message regarding LGBTIQ participation in the organisation – as staff or volunteers or on governance/advisory committees. (1.2.A)</i>

PiH Suggested Priorities	Rainbow Tick Indicators
Develop more inclusive community consultation strategies.	<i>Health services build strong networks with local and regional LGBTIQ organisations, to facilitate improved participation. (1.2.D)</i>
	<i>Health services build relationships with organisations or services that provide support to LGBTIQ people. These organisations will be valuable sources of information in their own right, as well as enabling connections with the local LGBTIQ community and service users (3.1.E)</i>
	<i>Health services consider how existing service user participation mechanisms can be adapted to be more LGBTIQ-inclusive, e.g. inviting LGBTIQ representatives onto an existing diversity committee or service-users’ advisory groups or specific, time-limited projects. An alternative approach might be to establish an LGBTIQ advisory group. (3.1.D)</i>
Promote consumer awareness of healthcare rights.	<i>Health services promote the protection of human rights and address LGBTIQ discrimination as responsibilities for all staff and volunteers. (1.4.H)</i>
	<i>Health services only collect information about a service user’s sexual orientation, gender identity, intersex status and/or relationship status from the service user themselves or from their nominated representative. (5.2)</i>
	<i>Health services provide accessible information to service users regarding their rights with regards to privacy and confidentiality, including information about sexual orientation, gender identity, intersex status and relationships. (5.3.A)</i>

Awareness of diverse needs

Respectful environments and language

Effective health communication is essential for public health strategy and practices. Poor quality communication, and the mistakes associated with it, are a major cause of error in diagnosis and treatment. Health literacy is an enabler of communication and participation in healthcare. It is also the product of good communication between health professionals and consumers, and of health systems that are responsive to consumer needs.

“I receive high quality information that I can readily understand and act on.”

PiH Suggested Priorities	Rainbow Tick Indicators
Promote friendly, supportive interactions.	<p><i>Health services communicate clearly with all service users and visitors (including family) that this LGBTIQ-inclusive service does not tolerate homophobia, biphobia, intersexphobia and transphobia and it is their responsibility to behave in non-discriminatory ways. (4.1.E)</i></p> <p><i>The organisation has a policy on when it is and is not appropriate to collect information on a service user’s sexual orientation, gender identity, intersex status and/or relationship status. (5.1)</i></p>
Provide training for staff on respectful communication.	<p><i>Health services train staff in the use of appropriate and LGBTIQ-inclusive language in all communication, including written and oral. (4.2.F)</i></p> <p><i>Health services create scripts to train and assist workers in asking demographic questions and conducting the intake process in a respectful and gentle manner. (5.4.D)</i></p>
Improve communication, so it is responsive to cultural, linguistic, cognitive and other needs.	<p><i>Health services regularly review all promotional materials (hard copy, digital, social media, etc.) to ensure they use contemporary and respectful language and imagery. (4.2.B)</i></p> <p><i>Health services set clear expectations about good practice and the use of appropriate language and images that demonstrate LGBTIQ-inclusive practice. These expectations are made clear in guidelines, policies, marketing strategies and style guides. (4.2.E)</i></p>