We can accept HWEI submissions between Monday 6th January – 5pm Friday 6th March 2020 (or midnight Saturday 7th March 2020 if sending large file transfer URL).

* No later than 5pm, Friday 6th March 2020 for hand-delivered, couriered or mailed submissions (hard copies, USB, etc).
* Deadline for large file transfer program URL (Including but not limited to Dropbox, Google Docs, ParcelPost, SharePoint or any other internally approved large file transfer system) midnight Saturday 7th March 2020 (note: file attachments will not be accepted within emails).
* Send to HWEI@prideinhealth.com.au with a copy to dhough@acon.org.au

**IMPORTANT INFORMATION FOR SUBMITTERS**

Please ensure that you have signed up to the following newsletter – this will ensure that you receive all relevant information and updates in terms of the up and coming HWEI period. [Click here](http://eepurl.com/tT7vf) to sign up or go to: <http://eepurl.com/tT7vf>

**PLEASE NOTE:**

* **read each question and the evidence required carefully.**
* **ensure that every question is addressed as if for the first time.**
* **all work in this submission relates to activity within the 2019 calendar year only.**

**SERVICE PROVIDER DETAILS: PLEASE CHECK THAT YOU HAVE COMPETED ALL DETAILS WITHIN EACH ROW OF THIS TABLE**

|  |  |
| --- | --- |
| **Name of Company/ Organisation /Service Provider:** | *Please enter name as you would like it to appear on certificates or any awards if applicable* |
| **Type(s) of Service Provision:**  |  |
| **Sector:** ***Please delete those not relevant.***  | *Public/Government : Federal**Public/Government: State**Public/Government: Local**Higher Education* *Private* *NFP/Charity/NGO* |
| **Number of full-time employees (In Australia):*****For benchmarking (not published, confidential)*** |  |
| **Is your head office Regional/Rural?** | ***Yes / No*** |
| ***Please provide full contact details including postal address and postcode.****This is the person we should contact if we have any questions. Email results will also be sent to this person and hard copy participation certificates will be mailed to this person.* | ***Name:******Position Title:******Postal address (including postcode):******Phone number:******Email:*** |
| **Industry Benchmarks*****Please delete those not relevant.*** **Pending participation numbers, participating service providers will by default be benchmarking by:*** **Sector: Public / Private / NFP**
* **Size: (number of employees)**
* **Status Achieved**
 | ***Pending participation numbers, please identify any other benchmarks that you would like to see included:***  |
| **Benchmarking by Service sector** | ***AOD / Mental Health / Physical Health (Sexual, Medical, Diagnostic)***  |
|  | ***Advocacy, Lived Experience & Policy Reform / Community Health General/***  |
|  | ***Wellbeing / Homelessness / Aged Care & Home Nursing***  |

**OTHER BENCHMARKS/ACCREDITATIONS**

|  |  |
| --- | --- |
| **Have you achieved, or are you currently working towards Rainbow Tick accreditation:** | ***Please delete those not relevant.*** *No, we are not currently working towards Rainbow Tick Accreditation**Yes, we are currently working towards Rainbow Tick Accreditation, but not yet achieved**We current have Rainbow Tick accreditation* |
| **Are you also participating in the Australian Workplace Equality Index this year (or associated awards):** | ***Please delete those not relevant.*** *No, we are not participating in the Australian Workplace Equality Index (AWEI) this year**Yes, we are also participating in the Australian Workplace Equality Index (AWEI) this year**Yes, we are nominating for some of the additional AWEI Awards this year* |

**DISCLOSURE**

|  |  |
| --- | --- |
| **Please select participation identification level(Name and Employer Tier only, no scores)*****Please delete those not relevant.***  | ***Please consider this carefully:****We are participating anonymously and do not want to be identified**We are happy to be identified regardless of employer tier reached**Only identify us if we reach Bronze Tier**Only identify us if we reach Silver Tier**Only identify us if we reach Gold Tier* |

**NEGATIVE PRESS / COMPLAINTS DISCLOSURE**

|  |
| --- |
| * **We have received negative press that has impacted our reputation as an LGBTIQ inclusive employer**
 |
| * **We have had formal complaints lodged against us for LGBTIQ discrimination, bullying or harassment (including but not limited to Fair Work Ombudsman, Human Rights Commission, Sex Discrimination Act, Industry bodies)**
 |

In relation to the above (maintaining required confidentiality), please broadly outline your course of action or response/outcomes of any complaints lodged:

**ACCURACY STATEMENT**

We confirm that at the time of submission, details provided for all questions identified within the three submission documents are true and accurate. We understand that should any claims be found to be false, points and rankings will be adjusted accordingly.

|  |  |
| --- | --- |
| **Name of person signing off accuracy:** |  |
| **Position within organisation:** |  |
| **Contact Email:** |  |
| **Contact Phone:** |  |

**UNDERSTANDING OF EVIDENCE PROTOCOLS**

|  |  |
| --- | --- |
| ***Please read carefully:***Evidence is required for each question. Evidence must be clearly stated within the ***Evidence Required*** column. Responses should be entered within the ***Response*** column. Rows will expand automatically to accommodate the depth of your response. Alternatively, should you wish to include all evidence for that question within an attached document, it is necessary to:1. Name the attached document containing the evidence for a particular question *Evidence Q# (where Q# represents the question number)* i.e. Evidence Q1
2. Indicate within the Response Column that you have attached a document (state the name of the document) in response to this question

Assessors cannot take any responsibility for:* evidence missed due to lack of document identification within the response column
* evidence missed due to incorrect naming of the evidence document
* evidence missed due to missing or forgotten files
* evidence lost within superfluous information included or excessive irrelevant information

Please supply *only the evidence requested*, not entire policy documentation or processes unless relevant in its entirety. *Evidence can only be used once for each question unless it is related to a policy. The policy section should only be used as evidence*  | ***Please complete:****We understand all evidence protocols**Name:**Telephone Number:* |

**Section 1: Strategy, Development, Service Planning & Provision**

|  |  |
| --- | --- |
| 1. **Foundation: Strategic Commitment**
 |  |
| **Does this service have access to a working group that includes individuals with LGBTIQ expertise and/or LGBTIQ consumer experience to assist with the planning and ongoing development of LGBTIQ inclusive services?***For maximum point allocation, please provide all of the requested pieces of information below:*1. *evidence of access to LGBTIQ expertise (this may include but is not limited to Pride in Health + Wellbeing, Rainbow Tick contacts, LGBTIQ community expertise in Health)*
2. *the number of individuals with LGBTIQ consumer experience within the working group*
3. *when the working group was last consulted in regard to the planning & ongoing development of services*
4. *regularity of consultation with the working group (how often on average does the working group meet throughout the year)*

[Insert Evidence Here or Indicate Name of Attached File(s)] |
| 1. **Foundation: LGBTIQ Service Planning**
 |  |
| **Have LGBTIQ health disparities and the relevance of this information to your service been investigated and incorporated within your service planning?***For maximum point allocation, please provide both:*1. *evidence of findings (listing the LGBTIQ health disparities relevant to your service provision)*
2. *an explanation of how this information was incorporated into your service planning and/or ongoing development of services*

[Insert Evidence Here or Indicate Name of Attached File(s)] |
| 1. **INTERMEDIATE: Strategic Plan**
 |  |
| **Do you have a current strategy or continuous improvement plan in place that identifies LGBTIQ inclusivity within service provision as a current area of strategic focus?***For maximum point allocation, please provide both:*1. *a copy of the LGBTIQ component of your current strategy or continuous improvement plan*
2. *any associated working plans, reporting accountability or scheduled working groups aligned to the plan*

*.*[Insert Evidence Here or Indicate Name of Attached File(s)] |

**Section 2: LGBTIQ Cultural Safety**

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| 1. **Foundation: Tracking LGBTIQ Cultural Safety**
 |
| **Do you have processes/strategies in place to identify, track, manage/respond to risks or situations that, could or have, jeopardised the cultural safety of LGBTIQ people?** *For maximum point allocation, please provide both:*1. *a list of any risks identified*
2. *a copy of any formally documented processes/strategies that enable you to identify, manage, respond to these risks should they occur*

[Insert Evidence Here or Indicate Name of Attached File(s)] |
| 1. **FOUNDATION: Staff Compliance with Policies and Practices**
 |
| **Do you have any systems or processes in place to monitor staff compliance with your LGBTIQ inclusion policies and practice outlines for inclusive service provision?***For maximum point allocation, provide both:*1. *an outline of how staff compliance with your LGBTIQ inclusion policies and inclusive service provision is monitored*
2. *any evidence of this being in place*

[Insert Evidence Here or Indicate Name of Attached File(s)] |

**Section 3: Visibility of LGBTIQ Inclusion**

|  |
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| 1. **Foundation: Website and Service Brochures**
 |
| **Do your website *and* your service brochures clearly promote the LGBTIQ inclusivity of your service?***For maximum point allocation, please provide both:*1. *all public facing URLs where LGBTIQ inclusion is clearly communicated*
2. *a copy of all service brochures where LGBTIQ inclusion is clearly promoted*

[Insert Evidence Here or Indicate Name of Attached File(s)] |
| 1. **FOUNDATION: Customer Facing LGBTIQ Collateral**
 |
| **Do you display any community posters, rainbow flags or LGBTIQ collateral within your service provision areas?***Please provide a photograph of LGBTIQ collateral displayed within service provision areas.*[Insert Evidence Here or Indicate Name of Attached File(s)] |

**Section 4: Initial Engagement & Assessment**

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| 1. **Foundation: Intake Forms**
 |
| **Is the language used within forms/documentation that service users are required to complete, inclusive of LGBTIQ people?***Please provide a copy of two intake forms/ documents that service users are required to complete. (Note: Less than two intake forms/documents will result in partial point allocation.)**If you can provide more than two intake forms/documents, please add them to the ADDITIONAL WORK section at the end of this submission, in one row with the Item Name: “LGBTIQ Inclusive Language.”*[Insert Evidence Here or Indicate Name of Attached File(s)] |
| 1. **FOUNDATION: On-going Documents**
 |
| **Are your individual care assessment, care planning and/or case management documents explicitly inclusive of LGBTIQ people, their support team and families?***Please provide a copy of two forms/documents that are explicitly inclusive of LGBTIQ people, their support team and their families within assessment, care or case management processes.(Note: Less than two forms/documents will result in partial point allocation.)**If you can provide more than two forms/documents, please add them to the ADDITIONAL WORK section at the end of this submission, in one row with the Item Name: “LGBTIQ On-going Documents.”*[Insert Evidence Here or Indicate Name of Attached File(s)] |

**Section 5: LGBTIQ Inclusivity & Disclosure Traning/Resources**

**PLEASE NOTE:** This section will look at:

* **General development opportunities** to increase understanding of health disparities, challenges faced by LGBTIQ people, LGBTIQ inclusive service provision or general awareness - provide any evidence of this within the assessed year within Question 10
* Training and/or resources on managing **LGBTIQ disclosure sensitivities and privacy** – Provide evidence of this within Question 11
* Training and/or resources to specifically increase understanding of the challenges faced by **trans/gender diverse service users** (Question 12) and **intersex service users** (Question 13) and/or the “how to” of inclusive service provision for these populations (over and above any general awareness covered in Question 10.

*If one training covers several of the above areas, only address the identified areas of that training within the questions below.*

**You cannot claim points for the same training session across multiple questions. Please ensure that your evidence is placed under the most appropriate question.**

|  |
| --- |
| 1. **Foundation: Staff Development Opportunities**
 |
| **Have you provided any development opportunities for staff over the assessed year to increase their understanding of LGBTIQ people or LGBTIQ inclusive service provision?** *For maximum point allocation, please provide all of the following:*1. *total number of development opportunities specifically covering LGBTIQ populations, awareness or inclusive service provision within the assessed year*
2. *a brief outline of LGBTIQ content covered (evidence required for a maximum of 2 sessions)*
3. *duration of the LGBTIQ content delivery within each of the sessions identified in (b) above*
4. *approximate number of people who undertook each of the sessions identified in (b) above*

 *[*Insert Evidence Here or Indicate Name of Attached File(s)] |
| 1. **FOUNDATION: Staff Guidelines**
 |
| **Understanding the sensitivity around disclosure for LGBTIQ people, we provide staff/clinicians/practitioners with guidelines/factsheets on the management of LGBTIQ sensitive information.***For maximum point allocation, please provide all of the following:*1. *your understanding of LGBTIQ hesitations and sensitivities around disclosure*
2. *the importance of articulating why requested sensitive information is important to the service*
3. *knowing when to ask these questions and when it is not relevant or appropriate to ask these questions*
4. *the need to convey information in regards to data privacy i.e. how this information is shared/stored when collecting sensitive information*

*Please also provide:*1. *details as to how this information is distributed to, or accessed by staff/clinicians/practitioners*

[Insert Evidence Here or Indicate Name of Attached File(s)] |
| 1. **ADVANCED: Trans / Gender Diverse Resource Services**
 |
| **We provide education/resource materials and/or comprehensive training to frontline staff/clinicians/practitioners in regard to the provision of respectful and inclusive services for Trans / Gender Diverse people (beyond general awareness training covered in Q10).***For maximum point allocation, please provide both:*1. *a copy of the materials used, or table of contents detailing the material covered in relation to inclusive service provision for Trans/Gender Diverse service users*
2. *details as to how staff/clinicians/practitioners access this information or how this information is distributed (if training – how many sessions were run over the assessed year).*

[Insert Evidence Here or Indicate Name of Attached File(s)] |
| 1. **ADVANCED: Intersex Resource Services**
 |
| **Do you provide education/resource materials and/or comprehensive training to frontline staff/clinicians/practitioners in regard to the provision of respectful and inclusive services for Intersex people (beyond general awareness training covered in Q10)?***For maximum point allocation, please provide both:*1. *a copy of the materials used, or table of contents detailing the material covered in relation to inclusive service provision for Intersex service users*
2. *details as how staff/clinicians/practitioners access this information or how this information is distributed (if training – how many sessions were run over the assessed year).*

[Insert Evidence Here or Indicate Name of Attached File(s)] |

**Section 6: Referrals & Stakeholder Management**

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| 1. **INTERMEDIATE: Referrals to LGBTIQ Inclusive Services**
 |
| **Are you able to refer those accessing your service to other LGBTIQ inclusive service providers or practitioners?***For maximum point allocation, please provide both:*1. *evidence of an LGBTIQ inclusive provider list or referrals*
2. *details of how you source or ascertain the LGBTIQ inclusivity of referral networks*

[Insert Evidence Here or Indicate Name of Attached File(s)] |
| 1. **ADVANCED:**
 |
| **Do you engage with other health services, wellbeing providers, professional associations or communities of practice on the topic of LGBTIQ inclusive service provision?***Please provide evidence of engagement/participation.*[Insert Evidence Here or Indicate Name of Attached File(s)] |

**Section 7: LGBTIQ Community Engagement**

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| 1. **INTERMEDIATE: Communication of Services**
 |
| **Does your service promote/communicate services directly to the LGBTIQ community?***For maximum point allocation, please provide both:*1. *evidence of this promotion/communication*
2. *details of any promotions/communications within the assessed year*

[Insert Evidence Here or Indicate Name of Attached File(s)] |
| 1. **INTERMEDIATE: Feedback Mechanism**
 |
| **Do you have a feedback mechanism that LGBTIQ people can utilise to comment on the LGBTIQ inclusivity of your service?***For maximum point allocation, please provide all of the following:*1. *how this feedback was collected*
2. *when this feedback was last collected*
3. *any actions resulting from the feedback collected*

[Insert Evidence Here or Indicate Name of Attached File(s)] |

**Section 8: Additional Work**

This section allows you to describe and provide evidence for any additional work completed throughout the assessed calendar year *that*

1. *has not already been included within this year’s index submission, or*
2. *you believe is significantly over and above what the index is asking for.*

*Has your organisation engaged in any other work/activity throughout the assessed year to improve the LGBTIQ inclusivity of your organisatin, service, medical facility, hospital or practice that has not been covered within the above submission?*

*Examples may include but are not limited to:*

* *Dedicated LGBTIQ support and/or client care contacts*
* *Promotion of your LGBTIQ inclusivity to other service providers*
* *Being involved in LGBTIQ service provision industry or community groups*
* *Promoting positive LGBTIQ health / service user stories in industry magazines/press/at conferences*
* *Assisting LGBTIQ people in overcoming barriers in terms of being able to live their authentic selves.*

**IMPORTANT: PLEASE COMBINE ALL RELATED INDEX WORK INTO ONE ROW.** For example, if you wish to claim for signficiant training, list all LGBTIQ training within one row under the Item Name of “Training.” Only 1 point is available for all work pertaining to a particular topic/area – PLEASE do not split similar areas of index activity over multiple rows.

Please add additional rows regarding different areas of work, as necessary. ***Please add additional rows as required***

|  |
| --- |
| 1. **ADDITIONAL WORK**
 |
| ***Please do not split work within the same topic area over multiple rows. All work pertaining to a particular question or topic must be contained within one row.*** **Item Name:** *[Question No. or Item Name Here]****If referencing significant work over and above in relation to one of the questions or topics within the index, please state question number or index topic here and then provide evidence to the right.******If you have new work, the topic of which is not covered within the index, please add an appropriate heading here and then provide evidence to the right.*** | *[Insert Evidence Here or Indicate Name of Attached File(s)]* |