

Engaging Marginalised Groups - Procedures¹

1. Overview of the Procedure

This procedure is a guide for [insert organisation name] in engaging people from marginalised groups.

This procedure should be read with the Diversity Policy and Participation Policy.

2. Considerations

There are groups of people who remain marginalised in our society, and as a result are not receiving appropriate mental health supports in all circumstances.

The barriers that contribute to marginalisation are often the same barriers that prevent their voices being heard when it comes to planning and delivering mental health supports

[insert organisation name] takes steps to address these barriers.

All [insert organisation name] staff, Board members, students and volunteers are given information about this process as part of their induction.

3. Procedure

3.1 Aboriginal and Torres Strait Islander People

Integrating the needs and interests of Aboriginal people into health services depends on engaging with local communities where services are delivered.

Aboriginal Community Controlled Health Services (ACCHSs) are managed by Aboriginal people.

These services were set up to deliver culturally appropriate and accessible health care. However, it is essential that mainstream services are also accessible to Aboriginal people. A truly accessible service is one where staff in all areas, not just

¹ From NSW Health (2011)

those involved in direct patient care, demonstrate an understanding of Aboriginal - culture and related perceptions.

[insert organisation name] aims to ensure our supports meet the mental health needs of Aboriginal people by:

- providing staff training in cultural awareness and cultural safety. Keeping Aboriginal culture safe includes recognising Aboriginal people as active participants in mental health support with the ability to provide feedback on individual supports and wider mental health programs
- employing Aboriginal health workers to support Aboriginal people receiving treatment and care

To ensure that Aboriginal people are engaged in decision making about mental health supports, **[insert organisation name]** takes into consideration that:

- consultation takes time, and sufficient time should be allowed for stakeholders to consult with other community members
- both men and women should be consulted where appropriate
- there may be existing consultation processes or protocols. In this case we will use them.
- Aboriginal people have not always been well-treated by mainstream services. Developing trust to establish strong partnerships may take more time than initially envisaged. This may include, among other strategies, engaging a cultural consultant.

3.2 People with a Disability

Consultations with groups who provide services and/or lobby for people with disability is not the same as engaging with those with the disability. While the views of all groups are valid, **[insert organisation name]** ensures the views of those who experience disability first hand are heard clearly.

To ensure that people with a disability are engaged in decision making about mental health supports, **[insert organisation name]** takes into consideration that:

- the building, the room, toilets and any other facilities connected with the engagement activities (such as meetings) need to be accessible for people with a disability; there may be also be a need for help with, and extra time for, transport or other support
- everyone needs to be able to receive information; the venue should enhance the ability to listen and concentrate, and be free of features that might trigger conditions which limit the ability to participate. People with visual and/or hearing impairments need to have appropriate support, such

as hearing loops, resources produced in Braille, signing or interpreting services and support workers.

- small gatherings rather than large meetings may be held to enable greater participation by people with communication or cognitive difficulties.
- enough time needs to be allowed for people with communication or cognitive difficulties to express their views; there may be a need for pre-arranged meetings with support people to explain a topic before consulting people with intellectual disability.
- language used when referring to people with disability needs to be free of words and phrases that stereotype, stigmatise or demean individuals with a disability
- events should be kept short for those who need care and for carers who often have limited time away from responsibilities.

3.3 People from Culturally and linguistically diverse backgrounds

When developing strategies to engage these communities in decision-making; **[insert organisation name]** liaises with organisations such as:

- NSW Community Relations Commission
- Ethnic Communities Council
- local Migrant Resource Centres

To ensure that people from communities that are culturally and linguistically diverse are engaged in decision making about mental health supports, **[insert organisation name]** takes into consideration the following:

- Communicating Information
 - oral and written information needs to be provided in languages that are understood
 - there needs to be sufficient time for translation
 - accredited interpreters rather than family members and friends may be preferable
 - translation protocols need to be followed, including ensuring the style and content of information is culturally appropriate - as literal translations of material written in English may offend.
 - some people may be illiterate in their own language; written formats such as surveys will miss these people, and **[insert organisation name]** will consider speaking with them instead.
 - appropriate methods to distribute information need to be used to publicise community engagement events and provide feedback on decisions made. These methods might include: media, existing community networks and multicultural organisations
 - people might feel more comfortable being consulted by others of the same gender, or from the same community
- Planning Meetings

- avoiding venues that could cause offence, such as licensed clubs with alcohol or gaming machines, and church halls
- making allowances for cultural practices or events that may reduce attendance. Avoid conflicts with festivals and holy days.
- considering culturally appropriate dietary requirements for refreshments. If possible use caterers from the relevant community.
- wearing appropriate clothing that does not offend any group
- being aware that some cultures have different commitments to time and do not consider it important to arrive at the time specified
- being sensitive to rifts and rivalries within and between cultural groups. Consider engaging with these groups separately.
- considering any specific cultural patterns relating to communication. For instance, it may not be culturally appropriate for women to speak out in front of men. Consider the need for seating and speaking protocols and for separate consultations.
- being sensitive when asking for some types of information. The concept of community engagement may be unfamiliar to some people who may not trust the process. They may be cautious in providing information or expressing a personal viewpoint. Seek collective, rather than individual views; for instance, through focus groups rather than an individual survey, to help allay these fears.
- being sensitive to the particular needs of new migrants, refugees and humanitarian entrants, who may have additional fear of authority, concerns about confidentiality, an eagerness to please, and a poor understanding of what is expected of them in the community.

3.4 People who Identify as Gay, Lesbian, Bisexual, Transgender or Intersex (GLBTI)²

To ensure that people who identify as GLBTI are engaged in decision making about mental health supports, **[insert organisation name]**:

1. Provides an inclusive and safe environment which reflects a commitment to the physical, spiritual and emotional wellbeing of GLBTI people by, for example:
 - displaying:
 - posters, stickers and symbols such as the rainbow flag.
 - diverse images on promotional material such as same-sex couples and intergenerational images.
 - appropriate GLTBI community magazines and literature within the organisation.

² This section is from GRAI (2010) – [Best practice guidelines: Accommodating older gay, lesbian, bisexual, trans and intersex \(GLBTI\) people](#)

- Including explicit reference to non-discriminatory policies regarding GLBTI individuals on organisational advertising.
 - Developing relationships with GLBTI community organisations such as the LGBTI Health Alliance, the Gender Centre, ACON etc
 - Promote awareness of mental health participation opportunities through GLBTI community organisations and GLBTI community papers to.
 - Having a presence at GLBTI events such as **[insert regular local events]**
2. Uses appropriate language that is respectful and aligned with how a person identifies themselves, so that GLBTI people can feel safe and comfortable disclosing information that may impact on their quality of treatment, care and support. **[insert organisation name]** employees will:
- Use questions which are gender-neutral and non-discriminatory such as “Do you have a partner?”, rather than “Do you have a husband/wife?”
 - Demonstrate acceptance by referring to the person in the manner they wish to be referred to.
 - Educate staff on the context of GLBTI issues and its impact.
 - Use language which is appropriate and respectful of the client’s sexual orientation and/or gender identity – for example, many GLBTI people’s families are families of choice, rather than blood relatives.
 - Include same-sex partners in care planning and personal activities such as bathing, feeding, etc.
 - Differentiate sexual identity from sexual behaviour.
 - Be respectful and understanding when a client discloses their gender identity or sexual orientation.
 - Speak openly about GLBTI issues where appropriate, as this demonstrates an environment where staff can comfortably and regularly discuss GLBTI issues and sexuality in general.
3. Demonstrates better practice through knowledge and understanding of the impact of history and culture (sexual orientation, past experiences, race, gender, etc) on an individual’s beliefs and behaviour, and their interactions with health professionals.
- [insert organisation name]** uses GLBTI-sensitive practices including appropriate intake and assessment practices, referral sources, access to resources and providing an opportunity for GLBTI people to disclose their sexual orientation and/or gender identity if they so choose.
4. Provides education and training for all staff to equip them with the skills and knowledge required to support and work with GLBTI people, so they are better able to understand the specific needs of this group.

5. Embeds principles and guidelines into organisational policy and procedures to demonstrate **[insert organisation name]**'s intent to have GLBTI-inclusive practices.

3.5 Youth and families with young children

Systems that work for adults may not work for young people and parents of young children.

Young people are often difficult to engage, in part because they are highly mobile. Many young people respond to techniques which generate a sense of ownership of both the process and results of a consultation, and planning issues which are genuinely interesting and relevant. Tone and content are important here. Involving young people may also be helped by selecting venues appropriate to them (e.g. youth centres), offering incentives for attendance, and providing food and refreshments which they will like.

3.6 Socially, economically or geographically isolated communities

- Transport issues
- Safety of staff in accessing these groups

3.7 People with lower levels of literacy

- Written information is not useful, so face to face contact is a worthy consideration.
- Consider how visual resources can be used in place of written information

3.8 Older people

- Supporting other agencies already engaging these groups is a priority.
- Transport issues
- Consider inclusive language – some more recent terms normally used in consultations, such as “competence” may be misunderstood by older people.

3.9 People who are homeless

- Facilitate 1:1 relationships for engagement
- Set up a safe environment
- Provide several scheduled appointments to maximize successful linkage.
- Collaborate with organisations providing support to homeless people.

3.10 Resources for participation

People involved in engagement activities will require access to resources including:

- administrative support

- computers, fax machines, telephones, libraries and internet

There may also be a need to translate documents into other languages or Braille to ensure everyone can understand the information presented.

Subject to availability of resources, **[insert organisation name]** will reimburse reasonable expenses incurred by individuals involved in engagement activities, in order to:

- recognise the experience and skills individuals bring to the table.
- places individuals on equal footing with other participants whose costs incurred as part of the engagement process are largely covered by their employer.

References

NSW Health (2011). *DRAFT Version 1 Community Engagement Framework Policy Directive*.

GRAI - GLBTI Retirement Association Inc. - and Curtin Health Innovation Research Institute, Curtin University (2010). *Best practice guidelines: Accommodating older gay, lesbian, bisexual, trans and intersex (GLBTI) people*. <http://grai.org.au/wordpress/wp-content/uploads/2010/07/Best-Practice-Guidelines.pdf> Accessed 8th November, 2011.