

[insert organisation name/logo]

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## Diversity Policy

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**Lead Author:** [name and position]

**Approved by:** [insert organisation name] Board of Directors on [date]

**Scheduled Review Date:** [date]

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### Record of Policy Review

Review Date	Person Initiating/Leading Review	Other People Consulted

### Triggers for Policy Review (tick all that apply)

- Standard review is timetabled.
- A gap has been identified
- Additional knowledge or information has become available to supplement the policy.
- External factors
  - Policy is no longer relevant/current due to changes in external operating environment.
  - There are changes to laws, regulations, terminology and/or government policy.
  - Changes to funding environment, including requirements of funding bod(y)ies
- Other (please specify).
- Internal / organisational factors
  - A stakeholder has identified a need, eg by email, telephone etc
  - A serious or critical incident has occurred, requiring an urgent review.
  - Need for consistency in service delivery across programs and organisations.
  - Separate, stand-alone policy is now warranted
  - A near miss has occurred, requiring a review to prevent a serious/critical incident in the future

**Additional Comments**

*[for example, policy now covers details related to new legislation].*

# Diversity Policy

## 1. Purpose and Scope

[insert organisation name] recognises, respects and values the diversity of its staff, consumers and the community in which it operates.

The purpose of this policy is to provide guidance to Board members, staff, students, and visitors of [insert organisation name] recognise, value and respect diversity.

## 2. Definitions

Culturally and linguistically diverse refers to backgrounds which are not Anglo-Australian, demonstrated through country of birth (COB), language other than English being spoken at home, and English language proficiency. Cultural diversity embraces Indigenous Australian and multicultural perspectives.

Culturally secure ways of working respect the legitimate rights, values and expectations of people

A disability may be defined as an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment or a combination of those impairments.

Diversity refers to aspects of people such as beliefs, attitudes, languages, social circumstances, ability, ethnicity, sexual orientation, gender history, health status and age.

Diverse sexualities and gender identities include people identifying as gay, lesbian, bisexual, transgender or intersex (GLBTI).

Inclusive language is free of bias, discrimination and avoids stereotyping and mistaken assumptions about people on the basis of their, sex, marital status, pregnancy or potential pregnancy, breast feeding, sexual orientation, gender history, health status, race, nationality, colour or ethnic origin, age, religious or political conviction, impairment or disability, socio-economic status, choice of drug and/or drug dependence, family responsibility or family status.

A traumatic event is one in which a person experiences, witnesses or is confronted by experiences that involve actual, threatened or perceived death or serious injury and/ or threat to own or others physical and emotional integrity. The person's response may then include intense fear, feelings of helplessness and horror, which impact on their sense of 'self'

Unlawful discrimination occurs when one person takes adverse action against another person because of the following attributes of the latter person:

- race
- colour
- sex
- sexual preference
- age
- physical or mental disability
- marital status
- family or carer's responsibilities
- pregnancy
- religion
- political opinion
- national extraction or social origin

### **3. Principles**

Valuing diversity contributes to better outcomes for consumers.

Information about the organisation, its services and programs is accessible to individuals and groups with specific diversity attributes.

Individuals seeking treatment, care and/or support from **[insert organisation name]** are provided with treatment, care and/or support that is free from stigma, discrimination and stereotyping.

**[insert organisation name]** is committed to providing sensitive and relevant services for consumers with diverse needs.

**[insert organisation name]** uses the principles of trauma informed care, namely:

- A belief that recovery is possible and that healing occurs in healthy and supportive relationships
- Understanding trauma and its impact
- Promoting safety
- Supporting control, choice and autonomy
- Focusing on strengths
- Ensuring cultural competence

Unlawful discrimination is not tolerated by Board members, staff, students, volunteers, contractors, consumers, carers and visitors of **[insert organisation name]**.

### **4. Outcomes**

**[insert organisation name]** practices are free from discrimination.

Staff treat all consumers equally with a welcoming, non judgemental and professional attitude.

An innovative, flexible and creative work environment exists in which **[insert organisation name]** actively acknowledges, supports, encourages and values diversity.

Services and programs provided by **[insert organisation name]** are communicated, relevant, accessible, and effective for a broad spectrum of individuals with diverse needs.

**5. Functions and Delegations**

<b>Position</b>	<b>Delegation/Task</b>
Board of Directors	Endorse Diversity Policy.  Compliance with Diversity Policy and relevant legislation.  Identify diversity issues and opportunities to improve access to services provided by the organisation.
Management	Compliance with Diversity Policy and relevant legislation.  <u>CEO/Manager</u> Organisational alignment with diversity issues and seek opportunities to address and adjust services to make programs more accessible to a broader range of consumers.
Staff	Compliance with Diversity Policy.  Identify program or services areas that require changing to be more accessible and effective for consumer’s diverse needs.  Update and review programs and services to ensure that they are responsive to a wide range of individuals with diverse needs.  Consult consumers, stakeholders and relevant expert organisations to assess and monitor service and program accessibility and relevance.

**6. Risk Management**

**[insert organisation name]** ensure this policy does not breach any of its legal obligations.

The Board of Directors ensures decisions and actions relating to diversity are transparent and respectful.

All Board members, staff, volunteers and students are made aware of this policy during orientation.

Board members and staff are provided with ongoing support and professional development to assist them to implement diversity policies and practice effectively.

This policy will be reviewed in line with **[insert organisation name]**'s quality improvement program and/or relevant legislative changes.

## **7. Policy Implementation**

This policy is developed in consultation with all employees and approved by the Board of Directors.

This policy is to be part of all staff orientation processes and all employees, volunteers and students are responsible for understanding and adhering to this policy.

This policy should be referenced in relevant policies, procedures and other supporting documents to ensure that it is familiar to all staff and actively used.

## **8. Policy Detail**

**[Insert organisation name]** uses diversity sensitive practices and provides all consumers with a welcoming, inclusive environment.

As far as is practicable, disclosures regarding personal diversity are determined by the consumer, and confidentiality is maintained by **[insert organisation name]**.

Staff understand and use diversity sensitive consumer communication strategies.

**[insert organisation name]** addresses any arising issues associated with prejudice, bias and discrimination in regard to its own staff and volunteers to ensure non-discriminatory practices and equitable access to services.

### **8.1 Legal responsibilities**

**[insert organisation name]** policies and practices are free from discrimination and comply with anti-discrimination legislation, including:

- Age Discrimination Act 2004 (Commonwealth)
- Anti-Discrimination Act (1977)
- Disability Discrimination Act 1992 (Commonwealth)
- Fair Work Act 2009 and associated National Employment Standards
- Human Rights and Equal Opportunity Commission Act 1996 (Commonwealth)
- Industrial Relations Act 1996 (NSW)
- Racial Discrimination Act 1975 (Commonwealth)
- Sex Discrimination Act 1984 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)
- Work Health and Safety Regulations (NSW – due 2012)

## **8.2 Diversity Aspects of Consumers**

Board members, staff, volunteers and students make themselves aware of specific issues related to, and respond effectively to, diversity aspects of consumers, including but not limited to:

- Cultural and linguistic backgrounds
- Aboriginality
- Sexuality
- Gender/gender history
- Age
- Health
- Disability (physical, intellectual, and others)
- Socio-economic status
- Drug used
- Religious and spiritual beliefs.

**[insert organisation name]** engages people from Diverse backgrounds through methods such as the Engaging Marginalised Groups procedure.

Staff acknowledge personal, cultural and social issues and facilitate an integrated approach to consumer treatment, care and/or support, ensuring referral to and liaison with appropriate services.

**[insert organisation name]** promotes and provides access to information about its services in a manner likely to reach potential consumers with diverse needs.

### **8.2.1 Aboriginal People**

**[insert organisation name]** staff have an understanding of Aboriginal history and the impact of colonisation on Aboriginal peoples' lives.

Culturally appropriate and respectful ways of working with Aboriginals people, their families and communities are used by the organisation, ensuring treatment, care and/or support and services:

- Incorporate an Aboriginal holistic concept of health and wellbeing
- Are grounded in an Aboriginal understanding of the historical factors, including traditional life, the impact and ongoing effects of colonisation
- Aim to strengthen Aboriginal family systems of care, control and responsibility
- Address culturally secure approaches to harm reduction
- Work from within empowerment principles
- Understand the need for developing rapport and trust with Aboriginal people to better provide care and services.

**[insert organisation name]** acknowledges that Aboriginal people may experience complex mental health issues which requires integrated service delivery by facilitating partnerships and collaboration between government, Aboriginal and non-Aboriginal agencies and individuals.

## **8.2.2 People from Culturally and Linguistically Diverse Backgrounds**

**[insert organisation name]** considers issues of culture and diversity in the delivery of programs/services.

**[insert organisation name]** involves other services to support the needs of culturally diverse consumers, and is aware of potential issues when considering using an interpreter. Consumer concerns may include: confidentiality, the interpreter coming from their own community or being known to them, and difficulty translating some languages accurately, particularly when trying to translate the philosophy of harm reduction in cultures which may be rigidly opposed to such an approach.

Staff are aware of the potential need to include family members in treatment, care and/or support, particularly if the consumer comes from a collectivist perspective and requests family involvement.

Questions the organisation asks to improve cultural sensitivity include:

- *Are we working in a consumer-centred way that allows reflection on assumptions about culture and language?*
- *How might consumers and families from CALD backgrounds understand concepts like treatment, care, support or counselling?*

- *What impact does shame have on consumers seeking treatment, care and/or support, and how may consumers understand confidentiality?*
- *How does cross-generational conflict and new roles and freedoms affect how communities function?*
- *How has the migration and/or refugee experience affected the resilience of the consumer?*
- *Do we develop relationships with relevant community organisations and services to address access issues for CALD consumers?*
- *Is the information we display and produce in simple and plain English and/or community languages?*

### **8.2.3 People who Identify as Gay, Lesbian, Bisexual, Transgender or Intersex (GLBTI)**

**[Insert organisation name]** recognises that the GLBTI population is diverse and heterogeneous.

**[Insert organisation name]** will not preclude access on the basis of diverse sexuality or gender identity.

**[insert organisation name]** staff have an understanding of historical concerns and impacts that have structured the lives of people who are GLBTI in the past, and the ways these patterns continue to be expressed in contemporary Australia, including:

- historical criminalisation
- medicalisation of diverse sexualities and gender identities
- hiding sexual orientation or gender identity,

**[Insert organisation name]** ensures its treatment, care and/or support services build trust with the GLBTI community through:

- positive relationships with GLBTI health services, including accessible and effective referral pathways.
- ensuring **[insert organisation name]** does not make stereotypic assumptions about GLBTI, such as:
  - use of drugs and alcohol
  - sexual risk-taking behaviours.
  - “hetero-normative” assumptions, such as those about domestic relationships.

Staff, consumers, carers and other interested people are encouraged to bring our tacit assumptions to light, where possible, in order for **[Insert organisation name]** to understand, engage with, and provide treatment, care and/or support to, GLBTI consumers.



**[Insert organisation name]** takes steps to safeguard GLBTI people from discrimination and prejudice. This includes discriminatory acts by other people, their family and friends, residents and staff.

**[Insert organisation name]** consumers are not isolated or discriminated against by staff in relation to any health condition. This includes mental illness, HIV, other blood borne viruses, etc.

#### **8.2.4 People with Disability**

**[insert organisation name]** will not preclude consumer access to programs and services on the grounds of disability, unless it can be demonstrated to cause the organisation unjustifiable hardship under Section 11 of the Disability Discrimination Act (1992).

**[Insert organisation name]** staff have an understanding of historical concerns and impacts that have structured the lives of people with disabilities in the past, and the ways these patterns continue to be expressed in contemporary Australia, such as: including

- separation from family and/or society
- institutionalisation
- inability to access services of facilities because of their particular disability.

Education, information and support are provided to staff and volunteers on service responsibilities and best practice when working with people with disabilities presenting for mental health treatment, care and/or support.

Working relationships with disability services are developed. Where appropriate, consumers are linked to disability support networks as part of treatment, care and/or support, case management and continuing care.

**[Insert organisation name]** has developed a **[insert name of policy]** for working with consumers with a disability.

#### **8.2.5 People with Substance Use Issues**

**[insert organisation name]** will not preclude consumer access to services and programs solely on the grounds of past and/or current substance use issues. Education, information and support are provided to staff and volunteers on service responsibilities and best practice when working with people's substance use issues and lived experience of mental illness/recovery, including strategies to facilitate the safer use of currently-illicit drugs. See [Substance Use Policy](#)

## 8.2.6 People with Criminal Justice System Involvement

**[insert organisation name]** will not preclude consumer access to services and programs solely on the grounds of past and/or current involvement in the criminal justice system. Education, information and support are provided to staff and volunteers on service responsibilities and best practice when working with people with lived experience of mental illness/recovery who are connected to the criminal justice system.

**[insert organisation name]** recognises that many people with lived experience of mental illness/recovery have come into contact with prisons, courts or other parts of the criminal justice system. Staff and volunteers recognise the range of socio-economic factors affecting the majority of consumers with a criminal justice background such as: low educational attainment, financial management, employment, health issues, homelessness, substance use issues and the ongoing challenges faced in reintegrating into the community.

## 8.2.7 [Insert specific population group]

**[Insert key considerations for specific population groups accessing services and programs – examples follow]**

### **a. Young people**

*Staff and volunteers will discuss potential parental involvement with the young person at the start of treatment, care and/or support.*

*Consent will be obtained from young people for parental involvement.*

***[insert organisation name]** ensures that the limits of confidentiality in regard to disclosing information to parents and guardians are influenced by assessment of maturity of the young person to provide informed consent and by the treatment, care and/or support being provided.*

### **b. Older people**

***[insert organisation name]** recognises the increasing knowledge, power, and wealth of people as they grow older, that what it means to be “older” is changing, and that many older people are vulnerable, disempowered, and need help and support.*

*In order to promote mental health and wellbeing in older people, **[insert organisation name]***

- Assists older people and carers to navigate the mental health system;*

- Ensures its services cater for the needs of older people, without necessarily being a “special program” for older people;
- Ensures needs of older people are included in cultural sensitivity training for staff;
- Provides information to older people and their carers on recovery, services and rights, utilising relevant media to promote its services;
- Ensures older people are not excluded from its workforce
- Where necessary and possible, increases transport support for older people
- Develops industry partnerships with organisations providing services for older people
- Participates in research relating to older people and recovery

#### **c. Consumers who are parents**

**[insert organisation name]** recognises the heightened stigma that substance-using parents (especially women), continue to experience.

Supporting consumers with lived experience of mental illness/recovery who are parents involves consideration of child protection. See Abuse and Neglect Policy.

Staff and volunteers enhance protection and care for children by accurately assessing and manage the potential risk of harm to a child in their consumer’s care.

**[insert organisation name]** helps to improve the quality of life for parents by working in a multi-systemic manner with the parents to address areas of difficulty that impact on their parenting capacities.

#### **d. Women**

**[insert organisation name]** recognises that Women with lived experience of mental illness / recovery and who have additional diversity needs (e.g. disability, older women, GLBTI, or drug users) may face heightened stigma.

There are.

The option of a female support worker, and/or women-only groups, is provided for consumers who are women.

**[insert organisation name]** ensures its:

- employees are sensitive in assessment and handling of issues of sexual abuse, domestic violence and **[if relevant]** higher rates of hepatitis C amongst women in custodial settings;
- programs pay attention to the full range of health (physical and emotional), justice and welfare issues that women may be facing;

**If a residential service**, women are offered separate bedroom and bathroom facilities in residential services with mixed gender services.

#### **e. Pregnant women**

**[insert organisation name]** recognises the importance of accessible harm reduction information for pregnant women who continue to use illicit substances

**[insert organisation name]** will facilitate consumer engagement with appropriate medical personnel and referral to appropriate antenatal services.

#### **f. Men**

The option of a male support worker, and/or men-only groups, is provided for consumers who are men

**[insert organisation name]** ensures:

- its employees are sensitive in their assessment of issues of past sexual or other abuse;
- employees are aware of the lethality of male suicide attempts and always explore suicidal ideation;
- where appropriate, men are encouraged to examine consequences of anger, violence, or domestic violence;
- where possible, men are included in mixed gender groups with women who also choose to be in mixed gender groups.

### **8.3 Employment**

**[insert organisation name]** recognises and harnesses the diverse talents and life experiences of its staff, attracting and retaining people from equal employment opportunity target groups and other diversity areas.

Staff recruitment, selection, induction, training and development promotes a diverse workforce, reflecting the diversity of the community sector and consumers seeking treatment, care and/or support. Refer to the Human Resources Policy for more details on the recruitment and selection of staff.

Diversity education and training is provided to staff, volunteers and students.

Staff in supervisory roles are encouraged to attend training about enhancing sensitivity and communication to increase awareness of issues (e.g. past matters relating to criminal records being considered sensitively and fairly) related to the employment of staff from diverse backgrounds.

### **8.4 Workplace Culture**

**[insert organisation name]** aims to ensure that:

- individuals, while respecting the rights of others, have the right to express their opinions without fear of discrimination, harassment or bullying.

- individuals are respected, regardless of the background from which they come from (e.g. history of drug use, culture, imprisonment etc)
- Board members, volunteers, students, employees, and contractors are:
  - respectful of diversity and free of behaviour of a racist, sexist or of an otherwise prejudicial or demeaning nature.
  - sensitive to the needs of people from other cultures, particularly those whose first language is not English.
- Reasonable provisions are made for the cultural and religious needs of consumers, carers and staff.
- Where appropriate, access to flexible work arrangements is available.

All spoken and written language is free from stereotyping or bias, and is inclusive in valuing diversity. Sensitive approaches to documentation are used.

The organisation regularly reviews its diversity practices by using the Diversity Sensitivity Checklist.

## 8.5 Specialist Services

**[insert organisation name]** keeps an up-to-date directory of other service providers or organisations with diversity expertise / programs relevant to the unique needs of the community within which **[insert organisation name]** operates.

**[insert organisation name]** regularly communicates with other service providers or organisations with diversity expertise.

When consumers and carers require diversity expertise beyond that which can be directly provided by **[insert organisation name]**, staff will offer to facilitate a referral to another organisation with relevant diversity expertise.

## 9. References + Resources

### 9.1 Internal

Diversity Sensitivity Checklist  
 Engaging Marginalised Groups Procedure  
 Family & Carers Policy  
 Individual Supports Policy  
 Integration Policy  
 Human Resources Policy

### 9.2 External

Brady, M (2008). *First Taste. How Indigenous Australians Learned About Grog*. Goanna Print. Fyshwick, Canberra.

Centre for Culture Ethnicity and Health (VIC). *How to: Assessing the need for an interpreter*. Available at: [www.ceh.org.au/downloads/ass\\_need\\_interpreter.pdf](http://www.ceh.org.au/downloads/ass_need_interpreter.pdf)

Department of Community Services (2005). *Good Practice Guide: Working with Culturally and Linguistically Diverse (CALD) People and Communities*. DoCS, Sydney.

Fair Work Australia (2009). *Fact Sheet: Unlawful Workplace Discrimination* <http://www.fairwork.gov.au/factsheets/FWO-Fact-sheet-Unlawful-workplace-discrimination.pdf> Accessed 9th November, 2011.

Flaherty, I, Donato-Hunt, C, Arcuri, A, Howard, J (2010). *Finding the Right Help: Pathways for Culturally Diverse Consumers with Cannabis Use and Mental Health Issues*. Sydney: DAMEC and NCPIC.

Mills K, Deady M, Proudfoot H, Sannibale C, Teesson M, Mattick R, Burns L, 2009, *Guidelines on the management of co-occurring mental health conditions in alcohol and other drug (AOD) treatment settings*, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

Ministerial Advisory Committee on Gay, Lesbian, Bisexual, Transgender and Intersex Health and Wellbeing, 2009, *Well proud: A guide to gay, lesbian, bisexual, transgender and intersex inclusive practice for health and human services*, viewed on 28 August 2010. Available at: [www.health.vic.gov.au/glbtimeac](http://www.health.vic.gov.au/glbtimeac)

Multicultural Disability Advocacy Association of NSW, *Fact Sheet No.6 Cultural Competence Checklist for Agencies*.

Multicultural Mental Health Australia (2010). *National Cultural Competency Tool (NCCT) For Mental Health Services*. <http://www.dhi.gov.au/Multicultural-Mental-Health-Australia/Program-Areas/Workforce-Development/NEW-National-Cultural-Competency-Tool-for-Mental-Health-Service/default.aspx> Accessed 9<sup>th</sup> November, 2011.

NSW Health Care Interpreter Services. *Guidelines for working with interpreters for counselling & health care staff working with refugees*. Available at: [www.sswahs.nsw.gov.au/sswahs/refugee/pdf/Resource/FactSheet/FactSheet\\_14.pdf](http://www.sswahs.nsw.gov.au/sswahs/refugee/pdf/Resource/FactSheet/FactSheet_14.pdf)

NSW Health (2008). *NSW Health Drug and Alcohol Psychosocial Interventions: Professional Practice Guidelines*, NSW Health, Sydney,

NSW Health (2007). *Aboriginal Family and Carers Training (AFACT) – No Shame, No Blame! – Worker Resource*. Available at:  
[http://www.health.nsw.gov.au/pubs/2007/afact\\_workers\\_guide.html](http://www.health.nsw.gov.au/pubs/2007/afact_workers_guide.html)

NSW Health (2007). *Drug and Alcohol Treatment Guidelines for Residential Settings*. NSW Health, Sydney.

## **Legislation**

Age Discrimination Act 2004 (Commonwealth)  
Anti-Discrimination Act (1977)  
Disability Discrimination Act 1992 (Commonwealth)  
Fair Work Act 2009 and associated National Employment Standards  
Human Rights and Equal Opportunity Commission Act 1996 (Commonwealth)  
Industrial Relations Act 1996 (NSW)  
Racial Discrimination Act 1975 (Commonwealth)  
Sex Discrimination Act 1984 (Commonwealth)  
The Community Relations Commission and Principles of Multiculturalism Act 2000 (NSW)  
Work Health and Safety Act 2011 (Commonwealth)  
Model Work Health and Safety Regulations 2011 (Cth)

## **Websites**

ACON  
[www.acon.org.au](http://www.acon.org.au)

Aboriginal Health and Medical Research Council  
[www.ahmrc.org.au](http://www.ahmrc.org.au)

Community Restorative Centre  
[www.crcnsw.org.au](http://www.crcnsw.org.au)

Disability Council of NSW  
[www.disabilitycouncil.nsw.gov.au](http://www.disabilitycouncil.nsw.gov.au)

Drug and Alcohol Multicultural Education Centre  
[www.damec.org.au](http://www.damec.org.au)

No Bars  
[www.nobars.org.au](http://www.nobars.org.au)

Pride in Diversity  
[www.prideindiversity.com.au](http://www.prideindiversity.com.au)

*This policy is adapted from the NADA Client Diversity Policy.*

[http://www.nada.org.au/index.php?option=com\\_content&task=view&id=236&Itemid=44](http://www.nada.org.au/index.php?option=com_content&task=view&id=236&Itemid=44)

### **9.3 Quality and Accreditation Standards**

#### **EQuIP4**

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 1.2: Consumers/patients/communities have access to health services and care appropriate to their needs.

Criterion: 1.2.1: The community has information on, and access to, health services and care appropriate to its needs.

Standard 1.6: The governing body is committed to consumer participation.

Criterion 1.6.3: The organisation makes provision for consumers/patients from culturally and linguistically diverse backgrounds and consumers/patients with special needs.

#### **EQuIP5**

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 1.2: Consumers/patients/communities have access to health services and care appropriate to their needs.

Criterion: 1.2.1: The community has information on health services and care appropriate to its needs.

Standard 1.6: The governing body is committed to consumer participation.

Criterion 1.6.3: The organisation meets the needs of consumers / patients and carers with diverse needs and from diverse backgrounds.

#### **Health and Community Service Standards (6<sup>th</sup> edition)**

Provided by the Quality Improvement Council (QIC)



Standard 2.3: Services and programs are provided in a culturally safe and appropriate manner.

Evidence Questions: What is the evidence that:

- a) processes and practices ensure respect and responsiveness to consumer diversity by being inclusive and flexible?
- b) the changing profile of consumers is monitored?
- c) appropriate links with indigenous and other community groups are established to ensure that services and programs remain responsive and respectful?
- d) professional development regarding consumer diversity is available to staff?
- e) cultural safety is addressed in service and program plans?

#### **9.4 National Mental Health Standards**

Criterion 1.7: The MHS upholds the right of the consumer to have their needs understood in a way that is meaningful to them and appropriate services are engaged when required to support this.

Criterion 1.17: The organisation upholds the right of the consumer, wherever possible, to access a staff member of their own gender.

Criterion 4.1: The organisation identifies the diverse groups (Aboriginal and Torres Strait Islander, Culturally And Linguistically Diverse (CALD), religious / spiritual beliefs, gender, sexual orientation, physical and intellectual disability, age and socio-economic status) that access the service.

Criterion 4.2: The organisation whenever possible utilises available and reliable data on identified diverse groups to document and regularly review the needs of its community and communicates this information to staff.

Criterion 4.3: Planning and service implementation ensures differences and values of its community are recognised and incorporated as required.

Criterion 4.4: The organisation has demonstrated knowledge of and engagement with other service providers or organisations with diversity expertise / programs relevant to the unique needs of its community.

Criterion 4.5: Staff are trained to access information and resources to provide services that are appropriate to the diverse needs of its consumers.

Criterion 4.6: The organisation addresses issues associated with prejudice, bias and discrimination in regards to its own staff to ensure non-discriminatory practices and equitable access to services.

Criterion 7.5: The organisation considers the needs of carers in relation to Aboriginal and Torres Strait Islander persons, culturally and linguistically diverse (CALD) persons, religious / spiritual beliefs, gender, sexual orientation, physical and intellectual disability, age profile and socio-economic status.

## **9.5 Recovery Oriented Service Self-Assessment Tool (ROSSAT)**

Evidence items are:

Item 1.2b: Policy and procedures provide understanding and responses to diversity, and identify and address non-recovery oriented attitudes or behaviours (e.g. workers displaying stigmatising or discriminatory attitudes and behaviours) and are accessible and applied in practice.

Item 1.2e: The organisation has a commitment to develop and support an active peer workforce, including roles, responsibilities and remuneration of consumers (e.g. peer workers and consumer consultants) who are employed or engaged by the service.

Item 1.2h: Policy and procedures identify what language is inappropriate and stigmatising and should not be used in any level of the organisation.

Item 1.5: The organisation promotes a culture of respect and shared humanity towards consumers at all levels.

Item 1.9: The organisation and individual workers challenge stigma and discrimination in public settings.

Item 2.1: Management supports and encourages workers in adopting recovery oriented service delivery.

Item 2.2: Management proactively and constructively challenge non-recovery oriented attitudes and behaviours among workers (e.g. stigmatising and discriminatory attitudes and behaviours).

Item 2.3: Supervision, both formal and informal, is available and used to discuss:

- Relationship development and maintenance
- Respectful recovery oriented practice
- Providing holistic support that is responsive to diversity
- Supporting self-directed care by providing information and choice, fostering engagement and maximising personal responsibility
- Incorporating and maintaining a belief in recovery in service provision
- Obtaining relevant and up to date information, share information in appropriate formats, and educate people on how to access information
- Enhancing a person's participation and social inclusion

Item 2.5: Leaders advocate, champion and model:

- Human rights informing service delivery
- The consumers' voice as central to care and service provision
- The belief that recovery is possible and probable for every person
- Hopeful and optimistic attitudes in dealing with workers, consumers and carers.

Item 2.6: Management:

- Is aware of Commonwealth and State policy directions around recovery orientation and integrates these into practice
- Identifies information relevant to the organisation to increase the knowledge base on recovery and recovery oriented practice, including information for consumers, carers and their families.

Item 3.5: Workers are aware of and responsive to diversity (e.g. gender, age, culture, ethnicity, language, sexual preference and religious beliefs / spirituality)

Item 3.6: When workers engage with people they:

- Respect them as equals and as experts by experience
- Value their voice and vision in informing their support
- Use strengths based language and everyday language (not clinical jargon).

Item 3.8: Workers make information available in different formats to ensure that it is accessible to all people using services.

Item 3.9: Where required, interpreters and workers are made available to consumers, carers and families to communicate in their preferred language

Item 4.2: The organisation provides induction training on personal and cultural interpretations of mental illness and recovery, specifically including Aboriginal and Torres Strait Islander understandings.

Item 4.2a: Policies and procedures are in place that relate to privacy and confidentiality, the obtaining of consumer consent to share their information and communication techniques available.

Item 4.2f: The organisation provides induction training on consumer participation and social inclusion, stigma and discrimination and their pervasive impact on the exclusion of people who live with mental illness.

Item 4.3: The organisation provides the opportunity for ongoing training, including respectful practice, culturally responsive practices acknowledging different understandings and sensitivities relating to mental health, including Aboriginal and Torres Strait Islander meanings, the processes for workers to address stigmatising and discriminatory language they have observed, and the debilitating impacts of stigma and discrimination towards consumers, particularly in the language used by service workers.

Item 4.3b: The organisation provides the opportunity for ongoing training including in relationships:

- How to explore and identify appropriate boundaries
- Prioritising time for and undertaking relationship building
- Identifying relationships that are supportive of recovery, and those that may hinder a person's recovery
- Trauma informed care and practice
- Communication skills, including listening and negotiation
- Dealing with conflict, violence, hopelessness and/or challenging behaviour
- Working with people who are reluctant to be involved in decisions around their treatment and care
- The importance of attitudes such as hope and optimism
- How to explore and relate one's own life experiences to strengthen.
- The complaints process.

Item 4.3d: The organisation provides the opportunity for ongoing training on the obtaining and sharing of knowledge and information including:

- Protocols relating to privacy and confidentiality
- Relevant legislation changes
- Innovative recovery based practice
- New and existing relevant services
- Sharing accessible information and resources relevant to consumers, their families and carers.

Item 5.3: Consumers are provided with the regular opportunity to evaluate relationships, respectful practice, perceptions of stigma and discrimination experienced from workers within the organisation, the consumer self-directed focus, the belief in consumer's recovery, the obtaining and sharing of knowledge and information, the quality and relevance of information provided and participation and social inclusion.

Item 5.3b: Consumers are provided with the regular opportunity to evaluate respectful practice:

- The level of respect they experience from workers within the organisation
- Perceptions of stigma and discrimination experienced from workers within the organisation
- The cultural appropriateness of services received
- Perceptions of how responsive workers are to diversity.

## **9.6 NSW Disability Services Standards (DSS)**

1.7: Other than relative need, the access of a person with a disability to a service is decided on a non-discriminatory basis.

1.9: The service provider targets its information activities to be accessible by all identifiable groups within the target population.

2.9: Services are provided in a manner sensitive to the age, sex, cultural, linguistic and religious background of each person with a disability.

9.6: Services are provided in a manner sensitive to the cultural background and linguistic environment of each person with a disability.