

LGBT Inclusiveness Audit

Date:	November 30, 2009
To:	Advisory Committee on Long-Term Care Homes and Services
From:	General Manager, Long-Term Care Homes and Services
Wards:	All
Reference Number:	

SUMMARY

At the January 12, 2009 meeting of the LGBT Diversity Initiative Steering Committee, one of the final tasks of the committee was to discuss possible approaches in measuring the success of the initiative within participating homes. Following significant discussion that was facilitated by the General Manager, the committee suggested measurement of results through a periodic qualitative audit of LGBT inclusiveness, as a first step. It was recognized that the content of the audit should be grounded in and built on the contents of the LGBT Toolkit itself.

The committee, the General Manager and the Quality Improvement Adviser provided advice regarding the design and content of the audit. In May 2009, the audit was forwarded to the three participating homes (namely Fudger House, Kipling Acres and True Davidson Acres) with a request that each home administer the audit, providing feedback to the Resident-Client Advocate for collation, review and analysis within the division.

This report provides a high-level overview of the findings, including strengths and opportunities arising from application of the LGBT Inclusiveness Audit across the division.

Financial Impact

There are no financial implications of arising from this report.

ISSUE BACKGROUND

The LGBT Inclusiveness Audit was forwarded to the Administrators at Fudger House, Kipling Acres and True Davidson Acres, with a request to complete the self-assessment based on progress to date in implementing the LGBT Toolkit. No other instructions were

provided, other than the note section captured on the audit itself. Administrators were asked to return the completed audits to the Resident-Client Advocate for division-wide analysis.

In reviewing the audits submitted, the Resident-Client Advocate noted a number of general observations:

1. Each home chose different routes in administering the audit and recording the findings, i.e. multiple individuals assigned to complete the audit; a team approach etc.;
2. By not prescribing or influencing the data collection, there is a “richness” in the data that might otherwise have been missed had there been more explicit instructions;
3. All three homes utilized and relied on the LGBT Toolkit as a reference point in completing the audit, which enhanced completeness of the self-assessment and reinforced learning;
4. While the supporting structures and processes within the LGBT initiative are consistent across all three homes, there is a sense that each home has strategically launched and integrated the initiative based on the culture of the home. It is important to acknowledge this contributing dynamic, as the home is able to assess and gauge the most receptive strategies within its community on how to successfully implement quality initiatives;
5. The LGBT Steering Committee was successful in providing guidance regarding a number of systemic enabling pieces and eliminating potential barriers (e.g. Values Statement, etc.); there is evidence that those administering the audit were well-versed in and able to refer to content regarding enablement and engagement in completing the self-assessment;
6. Each home continues to be at a different stage in their development, which is not dissimilar to the way in which all quality initiatives are successful within organizations; that is, the pace of learning and implementation needs to be guided by and respectful of other dynamics and change processes occurring simultaneously in the individual homes; and
7. A high level of commitment was consistent in all three homes and breaking down of barriers was evident in all three homes.

The data from the three self-assessments collectively “paint a picture” regarding the efforts that the homes have invested in the LGBT initiative. The data also identifies some promising practices and lessons learned, which can be shared and used to guide further implementation across the division. The following strengths were evident from the audit results:

1. Across all homes, there has been comprehensive uptake and advancement within this initiative (especially when attention is paid to the *comments* sections of the audit, and where the auditors offered substantiated evidence from their review); the audit results provided quantifiable and qualitative measures based on a program approach, congruent with the LGBT Toolkit;
2. The LGBT Toolkit has been a helpful resource for the homes for awareness building, education and program design;
3. Welcoming symbols (Rainbow Flag, etc.) are important to communicate an inclusive and affirmative environment for LGBT persons; when tours for applicants include information about LGBT-positive care, this re-affirms the values and commitment of the home; orientation for new staff also includes content related to diversity as a strength, including information about LGBT-inclusiveness;
4. Recruitment for positions within the Long-Term Care Homes and Services Division is inclusive, with job postings prefaced by encouraging applications from people with demonstrated cultural competency in diversity issues, including ethno-racial, cultural, linguistic and LGBT communities;
5. Gender and sexual orientation is included in anti-discrimination policies and is included in the division's Standards of Employee Conduct;
6. Gay-straight alliances and positive role modeling can be formed within Residents' Councils, Family Committee and Home Advisory Committees;
7. LGBT-focused activities promote pride and positive identity but are also appropriate for and often attended by straight residents; some examples are: Rainbow Cinema, Flag raising, Pride Parade events, World AIDS Day services, True Colours Social Club, Lady Phyllis Abernathy's readings, Molly Wood Social Club, outings to the gay village;
8. When questions or concerns about LGBT issues arise, homes' staff are empowered and knowledgeable regarding how to manage;
9. There are stronger alliances with LGBT organizations such as The 519 Community Centre, Sherbourne Health Centre, Casey House and the Seniors' Pride Network amongst others, strengthening the collaborative model of care;
10. The data provided through the self-assessment audits provide a roadmap for the participating homes to focus their continued efforts and energies for further enhancements.

In total, the self-assessment audit (Appendix 1) has twenty-nine (29) measures in seven (7) categories. The audit results verified that nineteen (19) of the measures (65 percent) have been fully implemented in all three homes. Three (3) additional measures were verified to have been implemented in all three homes through the homes' narrative comments, increasing the findings to a 76 percent implementation rate. The remaining measures are all in development and in progress.

Given the advice, thought and collaborative process used to develop a self-assessment audit tool that reliably measures the development, integration and success of the LGBT Toolkit within the homes and from the data available from this initial review, it appears that the current LGBT Inclusiveness Audit meets the current needs of the division. Other measures may be considered in future years as the initiative matures.

One of the Administrators whose home was involved in the LGBT Inclusive Audit offered the following observation:

“The audit was a good tool to get a snap shot of the progress on paper. I was not surprised by the results, as it was about where I thought we were at”.

The LGBT Inclusiveness Audit can now be incorporated into ongoing quality monitoring activities within the homes and repeated on a periodic basis. Also, the audit tool will be very helpful to the division in launching the LGBT Toolkit in other homes, in order to assess pre and post initiative inclusiveness.

CONTACT

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SIGNATURE

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ATTACHMENTS

- (1) Appendix 1 – LGBT Inclusiveness Audit