

2021 HWEI CLIENT SURVEY



SURVEY FOCUS

Welcome, you have been invited to participate in this survey as part of your organisation's submission to the Health + Wellbeing Equality Index (HWEI). The main purpose of the HWEI is to benchmark and gauge the effectiveness (or otherwise) of initiatives that promote greater inclusion of people of diverse sexuality and/or gender. We acknowledge that a diverse sexuality and/or gender may be only one of many diversities that you or your loved one identifies with.

WHO CAN PARTICIPATE

This survey is open to ALL CLIENTS of participating organisations, regardless of how people personally identify. This survey is also open to the carers, next of kin, and family of choice of a client to answer *on behalf of the client*.

CONFIDENTIALITY & IDENTIFYING INFORMATION

This survey is managed by Pride in Health + Wellbeing, Australia's not-for-profit health sector support program for the inclusion of people of diverse sexuality and gender within care and wellbeing services. Pride in Health + Wellbeing is an ACON program.

Participation is anonymous. The only identifying information collected is the name of the organisation that you are providing feedback on. Data is reported at aggregate level only with high level trends and commentary being presented back to the service to assist in determining the overall impact of work in this area. Please DO NOT include any identifying comments within free-form commentary.

De-identified data may also be analysed by our academic advisers under strict confidentiality and ethics approvals in order to identify patterns and correlations that can assist in determining the effectiveness or otherwise of initiatives.

Participation in this survey will not impact the service you receive from the organisation nor will your individual information be shared with the service.

ABILITY TO IGNORE QUESTIONS OR STOP AT ANY TIME

While there will be some demographic data that will require a response (indicated by *), you may choose not to respond to any questions that you do not feel comfortable responding to. Please ignore any questions you do not wish to answer.

SUBMITTING YOUR SURVEY

Please seal your survey in any envelope (no stamp required) and send it to:



PIHW Survey
Reply Paid 89454
SURRY HILLS NSW 2010

Your service may have a locked box or staff who you can give the completed survey to. Only ACON staff will read your survey and it is completely anonymous.

QUESTIONS AND COMPLAINTS

If you have any questions in regard to the survey, please contact us at HWEl@prideinhealth.com.au or call **0419 583 034**

If you have a complaint please contact ACON's research Ethics Committee at research@acon.org.au

If any of the questions triggered any issues, you can get support from the following places:

- ACON Counselling Services: 9206 2000 or www.acon.org.au
- Lifeline (crisis support and suicide prevention): 13 11 14 or www.lifeline.org.au (24/7)
- QLife (LGBTI peer support and referral service): 1800 184 527 or www.qlife.org.au (3pm to midnight)
- Kids Helpline (13-25 year olds): 1800 55 1800 or www.kidshelpline.com.au

IMPORTANT INFORMATION IN REGARD TO SURVEY TERMINOLOGY

While we often use, and most people understand, the acronym LGBTQ to refer to Lesbian, Gay, Bisexual, Transgender and Queer people (and it is widely used within diversity programs both here and internationally), we are aware that the acronym can be problematic and potentially exclusive of many people within our communities.

Pride in Health + Wellbeing has also affirmed the Darlington Statement in support of intersex-led organisations driving all work and support in terms of intersex inclusion within the workplace. For more information on the Darlington Statement and how this impacts the work of Pride in Health + Wellbeing, the HWEl and this survey, please go to www.prideinclusionprograms.com.au/intersex-inclusion.

To reflect the above, our language has now changed from LGBTQ to the following terminology:

- Sexuality and gender diverse;
- People of diverse sexuality and/or gender,
- Diverse sexualities and gender; or
- Sexuality and gender diversity

To ensure that you are able to respond to the initial questions within the survey, please ensure that you are comfortable with our meaning of the following terms:

- OF DIVERSE SEXUALITY? – Answering yes would mean that you are gay, lesbian, bisexual, pansexual, asexual or identify with any sexuality other than “straight/heterosexual”
- OF DIVERSE GENDER? – Answering yes would mean that you have a trans history or experience or that you identify as non-binary, agender, gender diverse or any other diverse gender identity.
- CLIENT – We have used the term client though out this survey for simplicity. This term is used to cover care service recipients, patients, residents, customers, participants or others who utilise a service.

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NAME OF THE ORGANISATION WHO ASKED YOU TO COMPLETE THE SURVEY:

*** If you are not the CLIENT, please fill this out from the perspective of the client. If you are a paid staff member of the organisation and wish to present your own views, please fill in the organisational staff survey.**

DEMOGRAPHICS

Q1 I am a:

- ☐ Client
- ☐ Family member/relative of the Client
- ☐ Family of choice of a Client
- ☐ Unpaid Carer of Client
- ☐ Paid Carer/Staff of the Client

Q2 Which state or territory do you primarily live?*

- | | | |
|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> ACT | <input type="checkbox"/> QLD | <input type="checkbox"/> VIC |
| <input type="checkbox"/> NSW | <input type="checkbox"/> SA | <input type="checkbox"/> WA |
| <input type="checkbox"/> NT | <input type="checkbox"/> TAS | |

Q3 How would you best describe the location that you live?*

- ☐ City/metropolitan
- ☐ Regional
- ☐ Rural
- ☐ Remote

Q4 Thinking about the organisation who gave you this survey – what is the MAIN service you receive from them?*

- ☐ Aged care
- ☐ Domestic, family and intimate violence
- ☐ Alcohol and other drugs
- ☐ Counselling/mediation
- ☐ Mental health
- ☐ Homelessness services
- ☐ Primary health
- ☐ Specialty health
- ☐ Fertility/reproduction
- ☐ Other support services
- ☐ Sexual health
- ☐ Other _____

Q5 Which age bracket do you fall within?*

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 45 – 54 |
| <input type="checkbox"/> 18 – 24 | <input type="checkbox"/> 55 – 64 |
| <input type="checkbox"/> 25 – 34 | <input type="checkbox"/> 65+ |
| <input type="checkbox"/> 35 – 44 | <input type="checkbox"/> Prefer not to respond |

Q6 To help provide us with an understanding of the multi-faceted aspects of diversity within your lived experience, please select all of the following dimensions of diversity that apply.*:

- ☐ I am Aboriginal and/or Torres Strait Islander
- ☐ I am someone with a trans experience
- ☐ I am a person of diverse gender
- ☐ I am a person of diverse sexuality
- ☐ I am a person of colour
- ☐ I identify with a CALD background (culturally and linguistically diverse)
- ☐ I am someone living with a disability
- ☐ I am neuro-diverse (eg. autism, ADHD, dyslexia)
- ☐ I am a person of faith/religion
- ☐ I receive a government income (eg. Newstart, Youth Allowance, Aged Pension)
- ☐ None of the above
- ☐ I am someone with a diversity background not listed above _____

Q7 Which of the following would best describe your gender identity? *:

- ☐ Woman
- ☐ Man
- ☐ Non binary
- ☐ Gender fluid
- ☐ A gender identity not listed above _____
- ☐ Prefer not to respond

Q8 Is the above gender identity different to what was recorded on your original birth certificate?*

- ☐ Yes
☐ No
☐ Prefer not to respond

Q9 What are your personal pronoun/s? (Please select all that apply)*:

- ☐ She/her
☐ He/him
☐ They/them
☐ A pronoun not listed above

☐ Prefer not to respond

SERVICE PREFERENCES

Q10 Please indicate your level of agreement with the following statements*:

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Before I approach a service I research to see it is being "LGBTQ-friendly"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When visiting a health service I anticipate that my diverse sexuality or gender will be accepted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before I use/visit a service I am anxious that my privacy may not be respected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have experienced discrimination in the past due to my diverse sexuality or gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have not disclosed my sexuality or gender in the past due to fear of discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have postponed or delayed medical care because I thought I would not be accepted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SERVICE EXPERIENCES

Q11 Focusing on the organisation who gave you this survey; please indicate your level of agreement with the following statements*:

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
At my first visit my anxiety matched my experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I saw visible symbols of inclusion when I visited this service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff were comfortable with me being gender or sexuality diverse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was asked questions about my sexuality or gender that were unrelated to my care needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had to educate staff on the needs of the sexuality and gender diverse communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q11 Continued

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
I was not discriminated against at this service due to me being sexuality or gender diverse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The intake form made me feel comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The people at receptions used my correct name and pronouns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other staff used my correct name and pronouns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was asked in a culturally appropriate way about my sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was asked in a culturally appropriate way about my gender identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was asked questions about body, gender or sexuality that were appropriate to the reason for my visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt I needed to educate the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff introduced themselves with pronouns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FINAL THOUGHTS

Q12 Please note an area of inclusion that you think this service is doing well at*:

Q13 Please note an area of improvement this service could undertake for more inclusive service provision*:

NEXT STEPS

Thank you for participating in the **2021 HWEI Client Survey**. Please return the survey to the organisation who gave it to you, or to send it directly to Pride in Health + Wellbeing , place it in an envelope (no need for a stamp) and address it to:

PIHW Survey

Reply Paid 89454

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This will then come directly back to Pride in Health + Wellbeing for uploading onto our database. No identifying data will be recorded about you. Your service provider will not be provided with your responses, only a report on all responses.