



HEALTH + WELLBEING EQUALITY INDEX

2019

THE NATIONAL
BENCHMARK ON
LGBT INCLUSIVE
HEALTH + WELLBEING
SERVICE PROVISION

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WELCOME FROM THE NATIONAL PROGRAM MANAGER OF PRIDE IN HEALTH + WELLBEING



CLAIRE ALLEN

National Program Manager
Pride in Health + Wellbeing

On Behalf of ACON and the Pride in Health + Wellbeing team, I am honoured to present to you the inaugural Pride in Health + Wellbeing Equality Index (HWEI) benchmarking publication.

This is the first time there has been a National benchmarking process for LGBT inclusive service delivery, so we are excited and proud of our members who have been leading this change. This publication is a milestone in Pride in Health + Wellbeing's journey, and we are grateful to all of the organisations who participated in the index. Thank you for your submission.

The HWEI allows us to benchmark current LGBT inclusive service delivery across Australia and within the health and wellbeing sectors. It also allows us to identify and map any gaps that exist, allowing for continuous quality improvements to be made. Ultimately, the knowledge gained from the HWEI will result in better experiences of LGBT people when accessing health and human services, across Australia.

As this was the first year of the HWEI, participation was small but significant, and we anticipate an increase each year. As participation increases this will provide more specific and meaningful data. Participation plays an essential role in measuring the current climate of LGBT inclusion, as well as creating an understanding of best practice. We encourage sector organisations to participate in the future indices; it is free and you do not have to be a Pride in Health + Wellbeing member to submit.

In this publication and in the months ahead, you may also notice a change to our language. In affirmation of the Darlington Statement and in acknowledgement that intersex communities are best supported by intersex led organisations, we will be using the acronym LGBT rather than LGBTI. And in recognition that acronyms do not fully capture all identities we will, more frequently, be employing the term "people of diverse sexualities and genders". This is all a part of the ongoing work of respectful inclusion. For more information go to:

www.prideinclusionprograms.com.au/intersex-inclusion

I would like to thank the Pride Inclusion Programs team, who worked tirelessly to mark each of the submissions, and to produce the Australian LGBTQ Inclusion Awards luncheon, where we announce the HWEI index results and an acknowledgement of those organisations that participated. I would also like to acknowledge Pam Barker for her work as Program Manager for PIHW in 2019 and in making this inaugural index a reality.

We thank Uniting NSW/ACT for sponsoring this inaugural publication. Without our members and their sponsorship who continue to demonstrate leadership we could not continue to progress inclusive works.

I hope you find this publication useful and that you will continue to use this annual benchmarking tool to make a meaningful impact to LGBT communities, through your services.

Thank you once again for contributing to this important work.

A WORD FROM OUR 2019 SERVICE PROVIDER OF THE YEAR



TRACEY BURTON
Executive Director
Uniting NSW/ACT

Uniting is proud to partner with Pride in Health + Wellbeing for this inaugural publication – the first of its kind to spotlight LGBTI diversity and inclusion in the health and wellbeing sectors. This initiative strongly aligns with Uniting’s ongoing LGBTI inclusion strategy, our gold employer status in the Australian Workplace Equity Awards (AWEI), and Rainbow Tick accreditation for our ageing and corporate services, and Local Area Coordination of the NDIS.

We take pride in being a faith-based organisation that celebrates diversity of ability, age, ethnicity, faith, sexual orientation, intersex variation, gender expression and gender identity, and in welcoming everyone exactly as they are. Being recognised as the Service Provider of the Year proves the credibility of this claim and reflects our commitment to leading LGBTI service delivery across all our community services.

Uniting provides care and support for people through all ages and stages of life. Industry-wide recognition of our status as an LGBTI-inclusive employer and service provider sends the public message that people are safe and welcome at Uniting, even before they enter our doors or require our services.

Endorsement from LGBTI peak bodies such as Pride in Diversity and Pride in Health + Wellbeing serves to unequivocally demonstrate that everyone is welcome at Uniting. This is especially significant in the context of the current Royal Commission into Aged Care Quality and Safety, and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

Welcoming everyone is something all organisations who provide community support should strive to achieve. Not just quietly and minimally, but consistently, credibly, visibly, and proudly – so that there’s no confusion regarding your LGBTI inclusion stance. Joining Pride in Health + Wellbeing is a great way to lend credibility to your organisation’s inclusion strategy and delivery.

I would like to acknowledge and thank our LGBTI Working Party and LGBTI Consumer and Carer Advisory Group for their dedication and support. As Uniting constantly evolves to strengthen advocacy and inclusion for the LGBTI people and communities we serve, these groups provide the lived experience, the collective voice, and the feedback on our progress. Without them, we could not have achieved Service Provider of the Year.

WELCOME FROM OUR PRIDE IN HEALTH + WELLBEING CO PATRON



MICHAEL OBEID

CEO, Telstra

Co Patron, Pride In Health + Wellbeing

I am honoured to join Dr Kerryn Phelps as a co patron of ACON'S not-for-profit program Pride in Health + Wellbeing. The Pride in Health + Wellbeing program is a life-changing program for the LGBT community who wish to access health and wellbeing services that are safe, inclusive and free from discrimination.

Statistics show that, as a nation, we still have much work to do to create safe and inclusive wellbeing services for LGBT people. Across Australia we see large gaps in the level of inclusive health care LGBTI people have access to or receive. Many LGBT people don't access medical services in fear of being judged or experience discrimination.

Programs like Pride in Health + Wellbeing are paving the way for change in the hope that one day very soon, LGBT people can access their services of choice and be treated fairly, without discrimination by health and wellbeing professionals who don't understand their health needs.

It has been an amazing year of achievement for the program, seeing many milestones achieved. In 2018 the Health + Wellbeing Equality Index was launched with many health and wellbeing organisations preparing a submission to be benchmarked on their LGBT cultural safety and inclusion efforts.

Claire Allen joined as the National Program Manager of Pride in Health + Wellbeing, bringing a wealth of experience to the role. The program has released and developed several resources that support organisations to implement cultural safety.

As a result of the HWEI benchmarking this year, we witnessed for the first time; organisations acknowledged for their hard work and effort in the annual Australian LGBTQ Inclusion Awards. The effort demonstrated by those who participated does not go unnoticed, and we are excited to see what the next couple of years holds for the HWEI benchmarking and membership program.

I encourage organisations across Australia to submit to the Health + Wellbeing Equality Index and be measured. I urge health and wellbeing organisations to consider a membership with Pride in Health + Wellbeing as the program can support you in bettering the lives of LGBT people all over Australia, and possibly save a life.

By making these changes today, in a meaningful way and through partnering with organisations, we can move from LGBT awareness & inclusion to LGBT competency in Australian service provision.



Inclusion equals better outcomes for everyone

When you provide services that are LGBT inclusive everybody benefits

It's not hard to understand how providing services that are LGBT inclusive can benefit LGBT clients and service users.

When you listen to and learn from a community, when you address their unique health disparities – the health outcomes of that community change for the better.

But the benefits of inclusive service provision extend further and are greater than that.

LGBT families, including children, parents and siblings who are supported and cared for by LGBT people, are able to reach out to service providers secure in the knowledge the entire family is safe and welcome.

LGBT staff employed in an inclusive service know they can bring their whole selves to work which leads to greater job satisfaction and achievement.

And for organisations committed to inclusive service provision, happier staff and clientele translates to better productivity and healthier financial outcomes.

For more information about how your organisation can provide better LGBT inclusive services contact Pride in Health + Wellbeing on **02 9206 2139** or visit prideinclusionprograms.com.au

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CURRENT RESEARCH

The Health + Wellbeing Equality Index (HWEI) is a benchmarking tool that stems from international best practice. As part of the development of this benchmarking tool, the team investigated international benchmarks to help inspire and inform the HWEI and the value it would bring to the Australian health and wellbeing sectors.

The benchmark allows for organisations to focus on improving how LGBT consumers experience services. The benchmarking tool is vital in changing the current landscape of inclusion for people of diverse sexuality and gender, across the health and wellbeing sector.

The following literature review analyses the current research, and critical gaps that currently exist. We will also highlight areas that organisations can focus on to make a meaningful difference to those in the LGBT community accessing health and wellbeing services.

AGEING

History of discrimination and medicalisation of the LGBT community has led to our ageing LGBT population living a life of invisibility due to the need for safety and self-preservation. Hiding one's sexual orientation and/or gender identity were vital to a person maintaining employment, avoiding imprisonment and or forced medical intervention (also known as reparative therapies) (Peisah et al. 2018).

As our ageing LGBT population enter aged care facilities, many may remain closeted or go back into the closet due to experienced discrimination or perceived discrimination.

Aged care settings can trigger or evoke traumatic memories of past experiences of violence and discrimination. Health disparities of ageing LGBT people show higher rates of mental health distress in particular higher rates of depression and anxiety than any other risk group. Hughes (2018) identified that "older gay, and bisexual men experience mental health distress 1.42 times higher than heterosexual men and 1.35 times higher for older lesbians and bisexual women compared to older heterosexual women".

Those who live alone reported higher psychological distress than those who live with a partner. It is found that higher rates of loneliness were associated with mental health distress. Hughes (2018) found that 61% of respondents were concerned that their diverse gender identity or sexuality affected the quality of service they received.

International research has informed us on significant health disparities ageing LGBT people face that are yet to be adequately measured here in Australia. The research shows that lesbians and bisexual women over 50 have higher rates of obesity (Beyrer, 2012), smoking and excess drinking behaviours (Boehmer, 2012). Gay and bisexual men have higher rates of HIV and transmissible diseases than heterosexual populations (Beyrer, 2012) however, do not suffer from obesity like their heterosexual counterparts.

Australian Bureau of Statistics census 2006-2011 showed the number of same-sex couples, 65 years and over living in Australia was 3% of the population (33,700 couples Australia wide). Despite this we currently see aged care services across Australia struggling to implement safe and inclusive practice standards for LGBT people entering care.

The aged care sectors acknowledgement that older people's sexual and intimate needs have been neglected. This lack of sexual expression has led to the polarisation of LGBT people. These factors influence staff attitudes and beliefs about the people in their care.

A study conducted by Petrie and Cook (2019) at the University of Tasmania found that staff and their managers who work in residential aged care facilities felt discomfort when residents expressed their sexuality and/or sexual expression while in care. It was also found that most staff presume binary genders and that heterosexuality were the only options for people in aged care. They also reported that organisations felt they needed to "warn staff" about LGBT people coming into service in order to prepare them for this encounter.

The research did also show the positive impact training could have on staff working in aged care. Training lead to better understanding of the needs of LGBTI

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ageing consumers; however, gaps were observed in organisations around the organisations' ability to implement cultural safety within the service.

It is evident from the research that training alone is not sufficient, and further support in cultural change and policy, procedures and processes within organisations is also needed.

Research has found that families play a complex role in navigating the care of ageing LGBTI people. Historically, discrimination and phobia have led to laws preventing a same-sex partner's involvement in care. LGBTI identity, the legal role that the Next of Kin play in medical and care directives and how this compares to the rights of the biological families is historically biased (Duffy & Healy, 2014). A study conducted by Cartwright et al. (2010) found that many medical professionals did not understand the law when it came to a patient's decision-making capacity and who had rights to make decisions on a person behalf. "Many participants reported that partners had been denied involvement in care decisions and some denied access and visiting rights in the hospital or care facility, in some cases this is by the biological family".

Aged care services across Australia need to understand the unique experiences of the ageing LGBT population. Taking into consideration discrimination, trauma, social isolation, legal precedent, family structures and the unique health disparities of this population when providing safe and inclusive services.

MENTAL HEALTH

LGB people experience higher rates of mental health distress than their heterosexual peers. "LGB individuals residing in regional and rural areas face more hostile environments than their inner city peers due to less-acceptance of non-traditional sexualities and less LGB community presence " (Morandini, Blaszczyński, Dar-Nimrod, Ross 2015).

The research indicates that those residing in rural/ remote and regional areas face increased exposure to homophobia and discrimination. The location of health services and the lack of social support create further

isolation for LGBT people. This impacts the mental health of those living outside of metropolitan areas.

A study conducted by La Trobe University and Lifeline (Waling, Lim, Dhalla, Lyons, Bourne, 2019) surveyed 427 participants nationally. Of those participants, 35.5% identified as LGBTQ, 12% identifies as Trans or Gender Diverse.

71% of those surveyed stated they choose not to reach out to a crisis support service when they were in a mental health crisis in fear of anticipated discrimination.

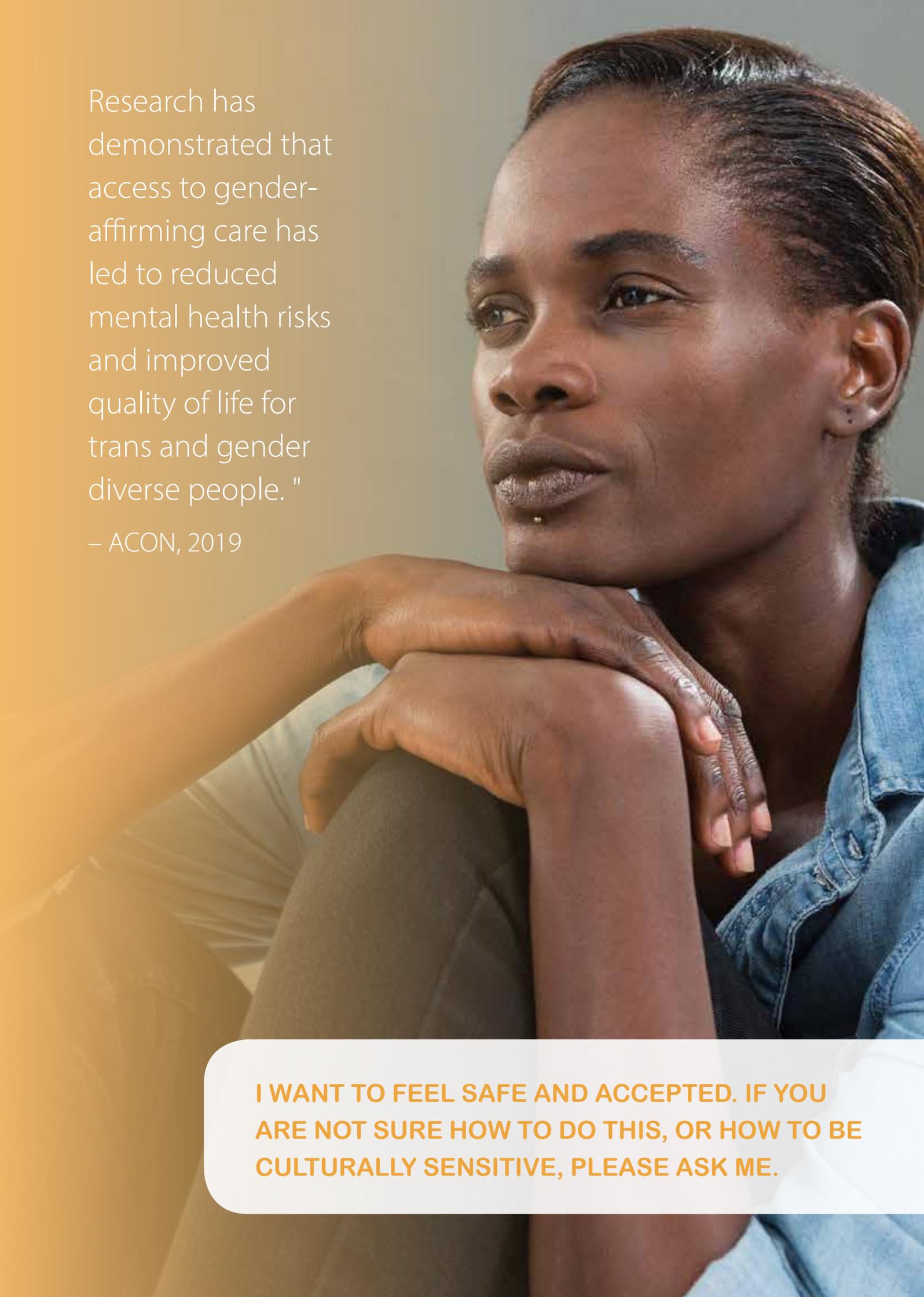
The 'Who I am' Study conducted by Taylor, Power, Smith, Rathbone (2019) was based upon a survey completed by 2651 bisexual people and people who had a sexual attraction to, or experiences with, more than one gender. This study found that biphobia (lack of self-acceptance), invisibility, erasure and not being 'out' were significantly related to mental health distress.

There are many causes of "Health inequalities [experienced] by LGBTI people including: cultural and social norms that preference and prioritise heterosexuality (heteronormativity); minority stress associated with sexual orientation, gender identity and sex characteristics; victimisation; discrimination (individual and institutional); and stigma." (Hernandez-Festersen, et al. 2018). The ongoing stress experienced by many LGBTI consumers may lead to physical and mental distress creating poorer mental health outcomes.

Many LGB people experience mental health distress in times of debate, such as the Marriage Equality plebiscite (Todd and Perales, 2018) and current "Religious Freedoms" debate (Waling et al. 2019). So it is important for health professionals to consider the current political and social climate as part of a truly person-centred approach to care.

DISABILITY

Research conducted by Leonard & Mann (2018) at La Trobe University, published significant findings in relation to the experiences of LGBTI people with a disability. Health disparities experienced by LGBTI people with a disability are common with this



Research has demonstrated that access to gender-affirming care has led to reduced mental health risks and improved quality of life for trans and gender diverse people. "

– ACON, 2019

I WANT TO FEEL SAFE AND ACCEPTED. IF YOU ARE NOT SURE HOW TO DO THIS, OR HOW TO BE CULTURALLY SENSITIVE, PLEASE ASK ME.

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community experiencing higher rates of systemic discrimination and violence.

LGBTI people with a disability experience twice the rates of mental health distress than LGBTI people without a disability.

Research suggests “Stigma and prejudice against LGBTI people with disability are associated with an inability to include their specific situation and needs in sex and relationships education and resources, placing them at increased risk of STIs and reducing their capacity to develop respectful, intimate relationships.”. LGBTI people who have an intellectual disability or a learning disability have poorer mental health than LGBTI people with other disabilities. They have an “increased risk of self-harm due to the effects of additional forms of discrimination, stigma and abuse”.

Leonard and Mann also found that LGBTI people with a disability may struggle to access services and have reduced social connections. This was thought to be due to support staff and family demonstrating reluctance or being unwilling to support a person’s sexuality, gender identity and/or gender expression. LGBTI people with a disability have less freedom to explore and express their sexuality and gender identity compared to their peers. When providing services to LGBTI people organisations need to consider the needs of LGBTI people with a disability and how they can best access culturally safe services.

ALCOHOL AND OTHER DRUGS (AOD)

LGBT people experience a number of specific risk factors for substance use and mental health problems, including elevated social stigmatisation and social stress, lower levels of parental support, and higher rates of abuse and victimisation (Ritter, Matthew-Simmons & Carragher, 2012).

It is found due to historical violence and discrimination against the LGBT community, bars and clubs are seen as safe space for some LGBT people. These places of refuge are where the community can come together in spaces that foster acceptance and connection. This “safe space” within bars and clubs then leads to increased access to and risk of alcohol and drug abuse.

The ‘Private Lives 2’ study conducted by Leonard, Lyons, Bariola, (2015) found that rates of drug usage were considerably higher among LGBT people than the general population. This study also found that usage of illicit drugs was a positive indicator of poor mental health outcomes from respondents. Lesbian and bisexual males who have used party drugs reported higher rates of psychological distress than those who had not. Gay males reported much higher rates of party drug use overall (Leonard, et al. 2015).

HOMELESSNESS

We are still seeing LGBT people experiencing homelessness as a result of violence, stigma and discrimination. The ABS General Social Survey Australia (2014) recorded that only 13.4% heterosexuals had ever been homeless compared with 20.8% bisexual people and 33.7% Lesbian/Gay people. The key drivers to LGBT people becoming homeless are the discrimination and violence, with LGB people twice as likely to experience discrimination as heterosexual people. Higher levels of mental health distress, domestic and family violence, financial stress and alcohol and other drug abuse are all contributors to LGB people’s experiences of homelessness. And these intersecting influences lead to a repetitive cycle of homelessness (McNair, Andrews, Parkinson and Dempsey, 2017). Organisations working with LGBT people who are at risk or currently are homeless must ensure LGBT clients feel safe and service delivery is inclusive.

TRANSGENDER AND GENDER DIVERSE HEALTH

A survey conducted by Riggs, Coleman and Due (2014) surveyed 188 trans and gender diverse (TGD) Australians about their health care experiences and found that there were both positive and negative experiences of TGD people accessing healthcare. This indicates there is still a need for medical professionals to be educated on how to engage with trans and diverse gender clients in relation to their care.

Medical professionals who provide inclusive services to trans and gender diverse people are limited in number and availability with many professionals practising privately. (Victorian Department of Health, 2014).

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This overburdens those doctors who are inclusive with high TGD patient loads and places a financial strain on TGD patients who need to access gender-affirming care through private care.

Due to the prevalence of transphobia and discrimination, trans and gender diverse people experience higher rates of poor mental health. The Private Lives 2 study reported that both trans male and female people reported higher levels of psychological distress than their cis male and female counterparts. It was found that two-thirds (67.2%) of trans females and almost three-fifths (59.6%) of trans males reported using mental health services (Leonard, Lyons, Bariola, 2015).

The Trans Pathways Report (Straus et al. 2017), found that almost three quarters (74.6%) of trans and gender diverse people who responded had been diagnosed with depression, 72.2% had been diagnosed with anxiety, and almost half had attempted suicide.

Many trans and gender diverse people do not feel safe accessing healthcare due to fear of discrimination. Discrimination can come in the form of the person being subjected to unnecessary examinations or when "the language the health professional is using is not sensitive when describing body parts and functions" (Prescott, Anderson, Habin, 2019). These as well as confidentiality concerns and patient registration forms don't allow a patient to identify themselves as their affirmed gender, name and sex assigned at birth, all contribute to this feeling of not being culturally safe.

"Agencies should ensure that the needs of LGBTI communities are considered in mental health and suicide prevention planning and that policies, tools and health promotion resources are inclusive of LGBTI communities." (NSW Mental Health Commission, 2014). It is important that health professionals (Doctors, Nurses, Psychologists, and Social Workers) receive training and support to implement inclusive practice principles to support LGBT people in clinical care settings seeking support. Providing inclusive and safe services is a multi-level approach from advertising thought to intake, assessment and treatment.

IN SUMMARY

Organisations who strive for inclusive, safe service delivery should consider the health disparities that LGBT people face in their everyday lives. Key recommendations are to understand how use of language, lack of training and employee prejudices play a part in the consumer experience (Rossi, Lopez 2017). Root causes of LGBT inequalities stem from stigma, prejudice and discrimination. The social, cultural and environmental norms that presume everyone is heterosexual and identifies within the gender binary of Male and Female are problematic (Hernandez-Festersen et al, 2018). Organisations can help to change this reality for LGBT people by adopting an LGBT inclusive person centred service provision framework.

It is evident from the research that people of diverse sexualities and genders still face barriers of inequality, prejudice, homophobia and transphobia. The Pride in Health + Wellbeing Program is designed to support organisations to implement meaningful change using the latest research and best practice knowledge.

The HWEI is the only Australian benchmark for health and wellbeing organisation to measure how they are performing in their implementation of safe and Inclusive services. The benchmark will also inform how the health and wellbeing sector is performing in its delivery of safe and affirming services to LGBT populations across Australia, and how this is improving over time.

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METHODOLOGY

HISTORY

The Pride in Health + Wellbeing program is a national membership program that provides year-round support in the provision of LGBT inclusive services for those within the health and wellbeing sector. Pride in Health + Wellbeing was launched in August of 2017 at Uniting NSW ACT office in Sydney. Eight foundation members supported the program and today has over twenty organisations who are committed to making a difference to LGBT people nationally.

The Health + Wellbeing Equality Index (HWEI) was a natural progression for the Pride in Health + Wellbeing Program. The HWEI initially drew from the expertise and success of the Australia Workplace Equality Index (AWEI). The AWEI has been running for over nine years and has been a successful, trusted and equitable measurement of workplace LGBTQ inclusion nationally.

The Health + Wellbeing Equality Index was developed out of the need for LGBT inclusive person centred service provision to be implemented nationally. The research shows apparent gaps that still exist in the Health + Wellbeing space. LGBT people are still reluctant to access services for perceived fear of and actual discrimination experienced.

The HWEI provides a platform for organisations to be measured on their level of inclusivity when delivering services to LGBT people, demonstrating competency and best practice as well as benchmarking against the rest of the sector.

For many years the Rainbow Tick accreditation has existed as the only way organisations can show their inclusivity. The HWEI is not designed to replace the Rainbow Tick accreditation program but compliment it, and supports organisations who may not be ready for accreditation. The Index enables organisations to benchmark themselves against a set of eight principles. Organisations are then benchmarked against others to gain an understanding of how well they perform in delivering safe and inclusive services.

The HWEI, while it is still in its infancy, is projected to grow into a definitive national benchmark on LGBT

inclusive service delivery. The index assists in driving best practice in Australia and will set comparative benchmarks for organisations across the health and wellbeing sector.

The current HWEI measures practice in terms of:

Strategy Development, Service Planning & Provision

(18pts)

LGBT Cultural Safety

(10pts)

Visibility of LGBT Inclusion

(10pts)

Initial Engagement & Assessment

(12pts)

LGBT Inclusivity & Disclosure Training/Resources

(22pts)

Referrals & Stakeholder Engagement

(8pts)

LGBT Community Engagement

(12pts)

Additional Work

(8pts)

METHODOLOGY

HOW ARE HWEI SUBMISSIONS ASSESSED?

Each HWEI submission is marked using a marking rubric; each submission was marked by two different members of the ACON's Pride Inclusion Programs team, each on separate score sheets.

Strict attention is given only to the information which appears within the submission document, ensuring equity across all submissions, regardless of the marker.

Once both markers have entered their scores, the spreadsheet automatically identifies where scores have differed and flags these questions for consultation. The two markers then meet to discuss the discrepancies, re-checking the evidence supplied to agree on a point value. If the agreement is not unanimous, a third person is consulted. The process is repeated until all score differences have been investigated and scores finalised.

Where scores between organisations are close for awards eg. Service Provider of the Year, a third marking is completed highlighting key standouts for each submission as well as differentiators. The process often involves new markers and if required, additional discrepancy checks and validation meetings.

A transcript is generated by the scoring rubric and saved for each submitting organisations.

A table is then produced for Gold, Silver, Bronze and Participating service provider recognition based on the score distribution across all submissions.

From the scores provided within the HWEI submission, the following recognition tiers are determined:

HWEI Service Provider of the Year

HWEI Gold Service Provider

HWEI Silver Service Provider

HWEI Bronze Service Provider

HWEI Participating Service Provider

For too long, the health needs of LGBTI people have been invisible in the health and wellbeing policies and service settings, despite growing evidence that we have disproportionate needs

– Nicolas Parkhill, CEO, ACON

2019 SERVICE PROVIDER TIER RECOGNITION

2019 HWEI SERVICE PROVIDER OF THE YEAR

Service Provider of the year is an award that recognises an organisation who has achieved the highest ranking on the HWEI benchmarking submission. This recognition is reflective of the substantial amount of work and activity an organisation has completed over the year. Service Provider of the Year is an outstanding achievement and Uniting NSW/ACT achieved this recognition and should be applauded for their performance.

2019 HWEI GOLD TIER RECOGNITION

Gold tier recognition highlights the hard work organisations have put in to achieve excellence in providing safe and inclusive service to LGBT people. To obtain this recognition services must achieve a score of 60 or higher out of 100. A substantial amount of hard work goes into achieving this score. Organisations who achieve Gold Tier recognition are to be proud of their endeavours.

- Flourish Australia
- Reliant Healthcare

2019 HWEI SILVER TIER RECOGNITION

Silver recognition is given to those organisations who have achieved a score of 45 or higher out of 100.

Silver is challenging to obtain as we see many organisations are still early in their inclusion journey.

Achieving Silver recognition demonstrates commitment to LGBT inclusive practice and the implementing of meaningful change.

- Network of Alcohol and other Drug Agencies (NADA)
- Plus 1 not for publications submission

2019 HWEI BRONZE TIER RECOGNITION

We did not have any Bronze organisations this year. The work required to achieve Bronze recognition should not be underestimated. For many organisations, it takes several years to achieve bronze recognition. Bronze organisations are considered active in inclusive LGBT service delivery with submissions providing detailed evidence of work in this area over the 2018 calendar year.

2019 HWEI PARTICIPATING TIER RECOGNITION

Participating in the HWEI shows commitment to LGBT inclusion and a desire to obtain an external assessment measure of progress to date. Congratulations to all participating organisations in the HWEI. Scores tend to vary significantly within the Participating Tier recognition group. This year we have four organisations within this tier.

- ADSSI Limited
- NurseWatch
- The Sydney Children's Hospital Network
- Western Region Alcohol & Drug Centre

2019 AWARDS FOR SERVICE PROVIDERS



2019 SERVICE PROVIDER OF THE YEAR
UNITING NSW/ACT



2019 GOLD SERVICE PROVIDER
FLOURISH AUSTRALIA



2019 GOLD SERVICE PROVIDER
RELIANT HEALTHCARE



2019 SILVER SERVICE PROVIDER
**NETWORK OF ALCHOL AND OTHER
DRUGS AGENCIES**

2019 AWARDS FOR SERVICE PROVIDERS



2019 PARTICIPATING SERVICE PROVIDER
ADSSI LIMITED



2019 PARTICIPATING SERVICE PROVIDER
NURSEWATCH



2019 PARTICIPATING SERVICE PROVIDER
**THE SYDNEY CHILDREN'S HOSPITAL
NETWORK**



2019 PARTICIPATING SERVICE PROVIDER
**WESTERN REGION ALCOHOL & DRUG
CENTRE**

2019 SERVICE PROVIDER OF THE YEAR AWARD

CLARE ALLEN

LGBTI PROJECT MANAGER, UNITING NSW/ACT

Uniting is honoured to be the 2019 Service Provider of the Year in the inaugural Health + Wellbeing Equality Index awards.

We became foundational members of Pride in Health + Wellbeing to publicly promote LGBTI inclusion in the delivery of our community services. As leaders in LGBTI service provision, we felt the responsibility of sharing our journey to encourage other service providers in this sector.

For many years we've been Pride in Diversity members in support of LGBTI workplace inclusion, so this service provider recognition is an opportunity for us to lead by example for our LGBTI clients, service users and communities, not just our employees and volunteers.

Uniting's LGBTI inclusion journey actively began in 2011 when Steve Teulen, former Director of Ageing at Uniting heard, at an Alzheimer's Australia conference, that LGBTI consumers were not accessing required health services due to fear of discrimination. This was unacceptable for us at Uniting.

We commissioned our own research in 2012 and found that 25% of older LGBTI Australians don't access health or aged care, and of those who do access services, 35% don't disclose that they are LGBTI for fear of discrimination. This drove Uniting's commitment to address LGBTI inclusion across all our services.

We've deliberately made our inclusion visible, personal and credible.

Visible through our active participation in LGBTI specific activities, fair days, Sydney's Mardi Gras and regional events. Visible in our symbology throughout all services, and in our promotional collateral and media.

Personal through individualised care, and through the training of all our teams in LGBTI inclusive practices, as well as through the direction set by our LGBTI working party and consumer advisory group.



Credibility was sought through our partnerships with peak LGBTI bodies such as ACON, Pride in Diversity and now Pride in Health + Wellbeing. We have presented and shared our learnings at conferences, and independently benchmarked our delivery through the AWEI and HWEI indices, as well as qualifying for 3-year Rainbow Tick accreditation in 2015 and 2018.

Uniting's LGBTI inclusion journey is ongoing, and as a faith-based organisation we understand people may assume we are non-inclusive due to past hurts in LGBTI communities from religious organisations. Uniting is breaking down that fear and celebrating diversity of ability, age, ethnicity, faith, sexual orientation, intersex variation and gender identity.

Being awarded Service Provider of the Year is a great acknowledgement of the work Uniting is doing, and we thank Pride in Health + Wellbeing for this significant recognition.

Providing inclusion training programs to assist health and community organisations increase their knowledge of LGBTQ people, communities and health issues.

www.PrideTraining.org.au



PRIDE
TRAINING

Welcoming
you as you are.
exactly

Learn more

1800 864 846

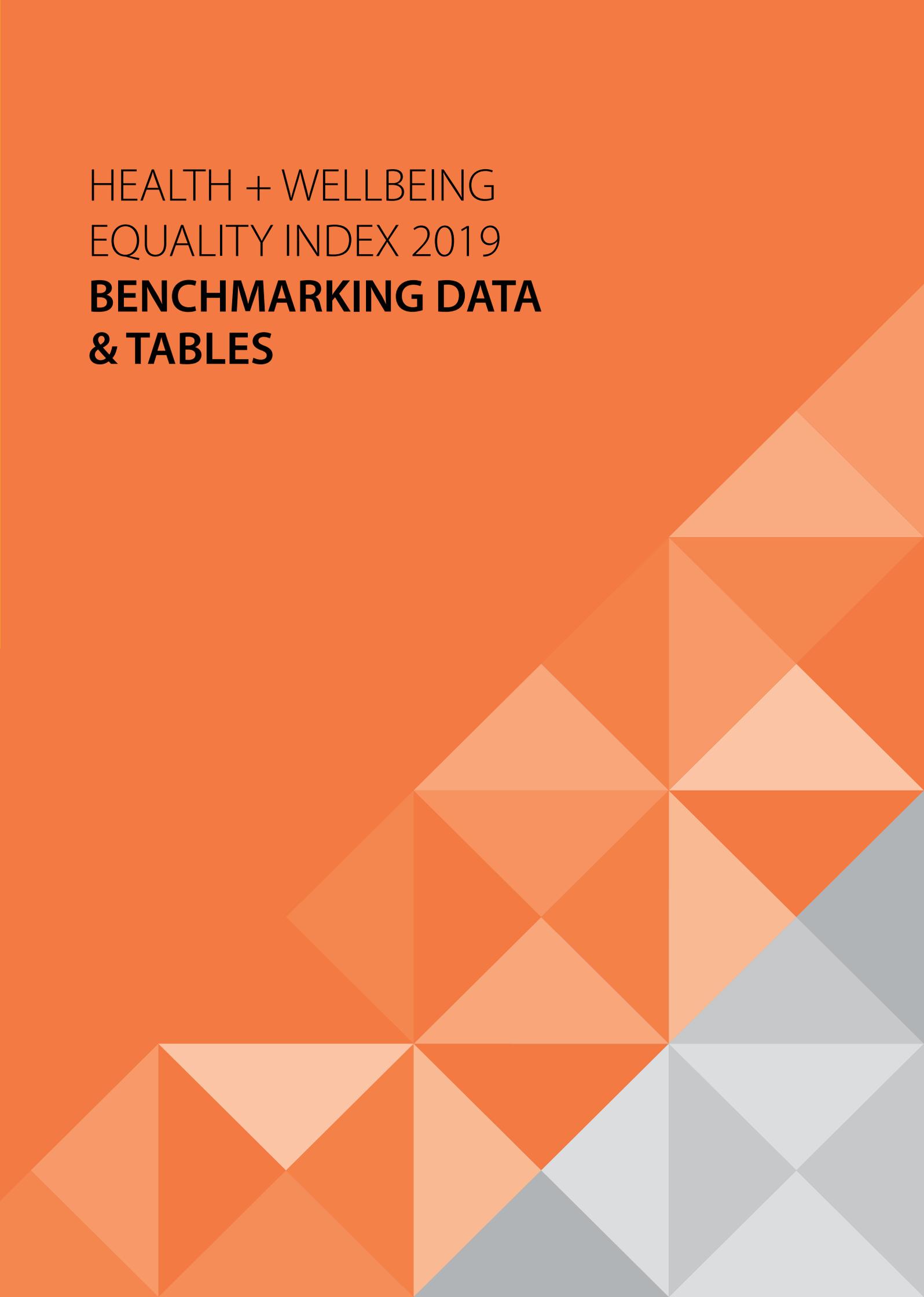
ask@uniting.org

uniting.org/lgbti



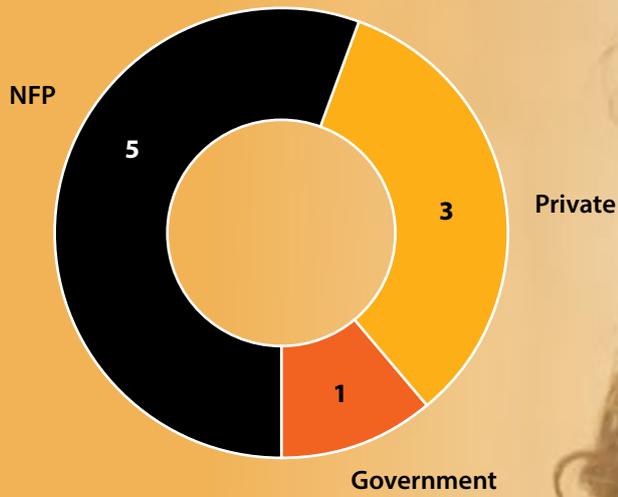
Uniting

HEALTH + WELLBEING
EQUALITY INDEX 2019
**BENCHMARKING DATA
& TABLES**

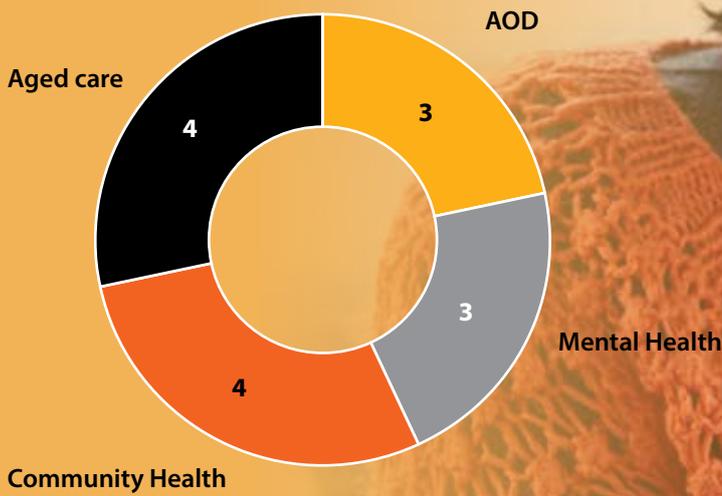


PARTICIPATION OVERVIEW

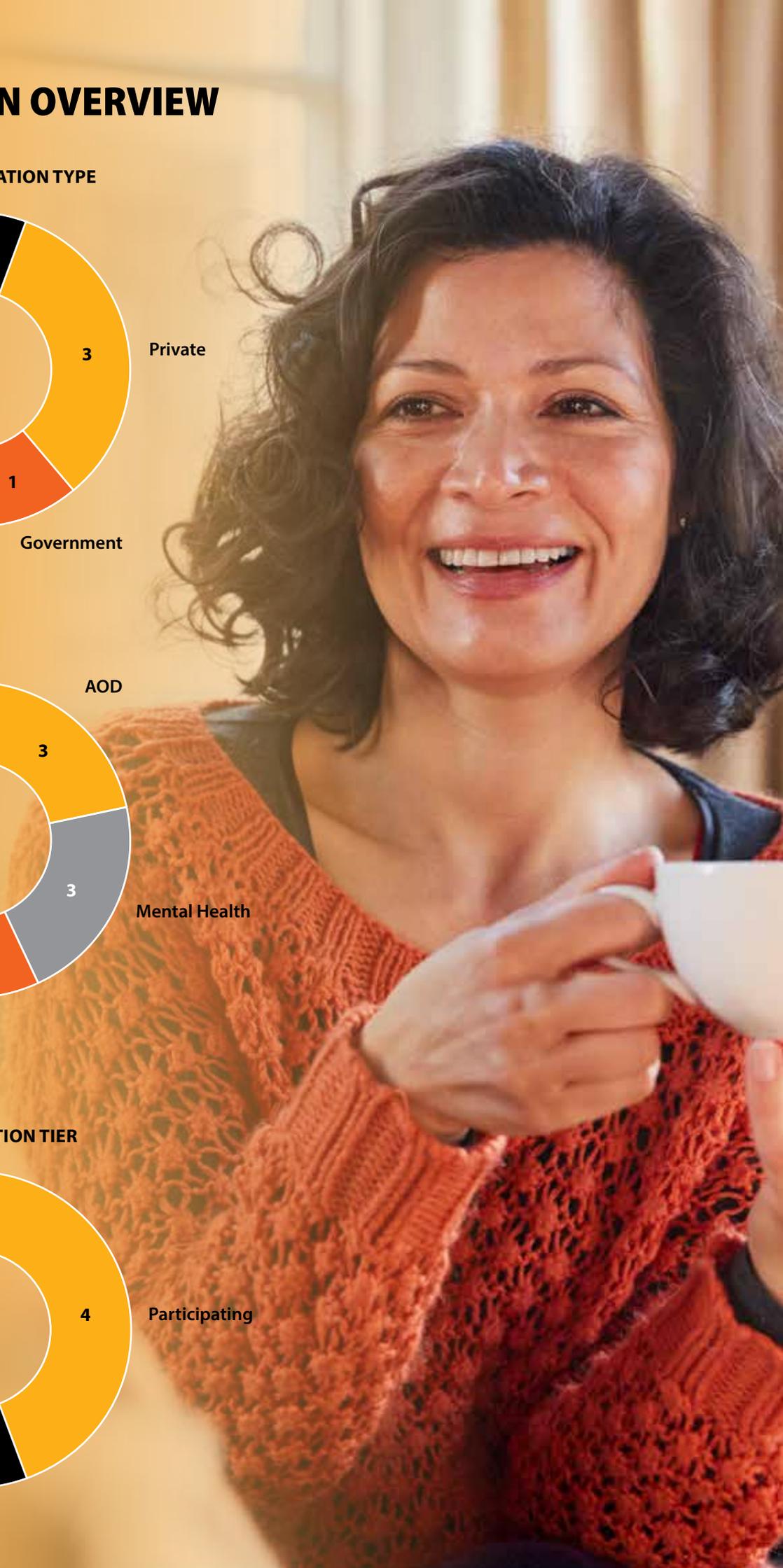
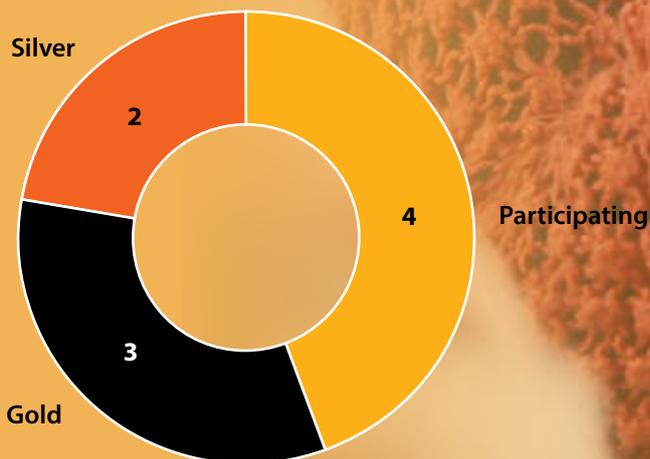
PARTICIPATION BY ORGANISATION TYPE



PARTICIPATION BY SECTOR



PARTICIPATION BY RECOGNITION TIER



HEALTH + WELLBEING EQUALITY INDEX 2019 BENCHMARKING DATA

UNDERSTANDING YOUR SCORES:

Your individual HWEI results allow you to gauge progress year on year while providing you with valuable information that can feed directly into your inclusive service delivery strategy.

Organisation type, sector and tier benchmarking provide a comparative analysis as to how your scores compare to other submitting organisations within the assessed year.

Your Employer Score: Use your score to assess progress towards your inclusive service delivery

Organisation Type: Where available benchmark your work against your peers eg. not for profit vs government vs private.

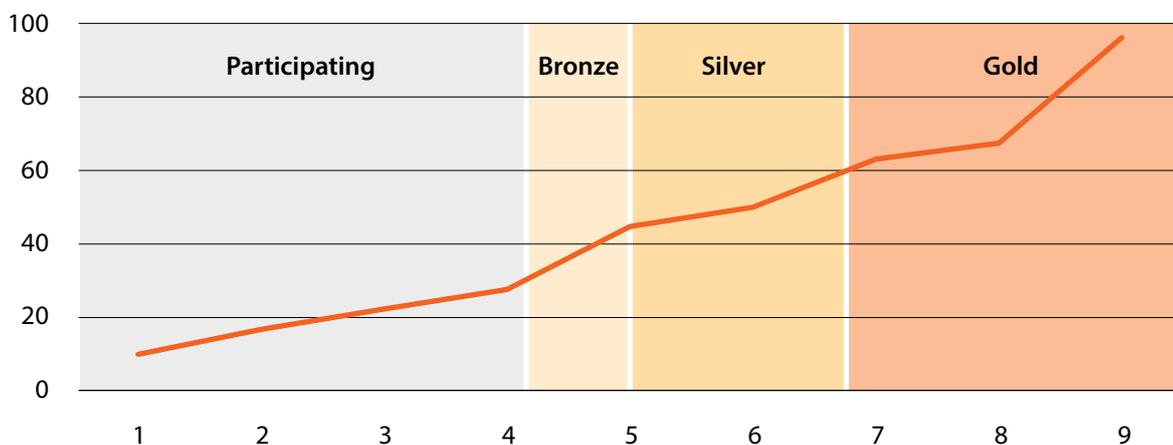
Tier Benchmark: Compare your scores against organisations within the same tier ranking. You can also compare your scores against current tier and next tier organisations

Sector Benchmark: Where available benchmark your LGBT service delivery against other organisations across the sectors. Understand trends and areas of improvement that are required in each sector. This will help foster best practice.

2019 DISTRIBUTION OF SCORES & HISTORICAL TIER DATA

Being the inaugural year we will use Distribution of Scores and Historical Data tables to measure progress annually.

DISTRIBUTION OF SCORES



Participating: n= 4 Bronze: n=0 Silver n=2 Gold n= 3

BENCHMARK: ALL SERVICE PROVIDERS

ALL SERVICE PROVIDERS (n=9)

| BASIC COMPARISONS | Lowest | Average | Median | Highest | Available |
|--|-----------|-------------|-----------|-----------|------------|
| Sect 1: Strategy Development | 3 | 10.4 | 11 | 18 | 18 |
| Sect 2: LGBT Cultural Safety | 0 | 3.3 | 4 | 10 | 10 |
| Sect 3: Visibility of LGBT Inclusion | 0 | 6.7 | 8 | 10 | 10 |
| Sect 4: Initial Engagement & assessment | 0 | 5 | 3 | 12 | 12 |
| Sect 5: LGBT Inclusivity & Disclosure Training/Resources | 0 | 9.7 | 9 | 22 | 22 |
| Sect 6: Referrals & Stakeholder Management | 0 | 2.4 | 2 | 8 | 8 |
| Sect 7: LGBT Community Engagement | 0 | 5 | 5 | 12 | 12 |
| Sect 8: Additional Work | 0 | 1.3 | 1 | 4 | 8 |
| 2019 TOTAL SUBMISSION SCORE | 10 | 43.8 | 45 | 96 | 100 |

| INTERQUARTILE RANGES | Lowest | 25th percentile | 50th percentile | 75th percentile | Highest |
|--|-----------|-----------------|-----------------|-----------------|-----------|
| Sect 1: Strategy Development | 3 | 6 | 11 | 14 | 18 |
| Sect 2: LGBT Cultural Safety | 0 | 0 | 4 | 4 | 10 |
| Sect 3: Visibility of LGBT Inclusion | 0 | 4 | 8 | 10 | 10 |
| Sect 4: Initial Engagement & assessment | 0 | 0 | 3 | 10 | 12 |
| Sect 5: LGBT Inclusivity & Disclosure Training/Resources | 0 | 4 | 9 | 15 | 22 |
| Sect 6: Referrals & Stakeholder Management | 0 | 0 | 2 | 4 | 8 |
| Sect 7: LGBT Community Engagement | 0 | 2 | 5 | 8 | 12 |
| Sect 8: Additional Work | 0 | 0 | 1 | 2 | 4 |
| 2019 TOTAL SUBMISSION SCORE | 10 | 22 | 45 | 63 | 96 |

BENCHMARK: BY EMPLOYER TIER

PARTICIPATING (n=4)

| BASIC COMPARISONS | Lowest | Average | Median | Highest | Available |
|--|-----------|-------------|-----------|-----------|------------|
| Sect 1: Strategy Development | 3 | 5.5 | 5.5 | 8 | 18 |
| Sect 2: LGBT Cultural Safety | 0 | 2 | 0 | 8 | 10 |
| Sect 3: Visibility of LGBT Inclusion | 0 | 4 | 4 | 8 | 10 |
| Sect 4: Initial Engagement & assessment | 0 | 0.8 | 0 | 3 | 12 |
| Sect 5: LGBT Inclusivity & Disclosure Training/Resources | 0 | 3.3 | 3.5 | 6 | 22 |
| Sect 6: Referrals & Stakeholder Management | 0 | 1 | 1 | 2 | 8 |
| Sect 7: LGBT Community Engagement | 0 | 1.8 | 1 | 5 | 12 |
| Sect 8: Additional Work | 0 | 0.5 | 0 | 2 | 8 |
| 2019 TOTAL SUBMISSION SCORE | 10 | 18.8 | 19 | 27 | 100 |

| INTERQUARTILE RANGES | Lowest | 25th percentile | 50th percentile | 75th percentile | Highest |
|--|-----------|-----------------|-----------------|-----------------|-----------|
| Sect 1: Strategy Development | 3 | 4.5 | 5.5 | 6.5 | 8 |
| Sect 2: LGBT Cultural Safety | 0 | 0 | 0 | 2 | 8 |
| Sect 3: Visibility of LGBT Inclusion | 0 | 3 | 4 | 5 | 8 |
| Sect 4: Initial Engagement & assessment | 0 | 0 | 0 | 0.8 | 3 |
| Sect 5: LGBT Inclusivity & Disclosure Training/Resources | 0 | 2.3 | 3.5 | 4.5 | 6 |
| Sect 6: Referrals & Stakeholder Management | 0 | 0 | 1 | 2 | 2 |
| Sect 7: LGBT Community Engagement | 0 | 0 | 1 | 2.8 | 5 |
| Sect 8: Additional Work | 0 | 0 | 0 | 0.5 | 2 |
| 2019 TOTAL SUBMISSION SCORE | 10 | 14.5 | 19 | 24.1 | 27 |

BENCHMARK: BY NUMBER OF EMPLOYEES

SMALL EMPLOYER (n=5)

| BASIC COMPARISONS | Lowest | Average | Median | Highest | Available |
|--|-----------|-------------|-----------|-----------|------------|
| Sect 1: Strategy Development | 3 | 8 | 8 | 12 | 18 |
| Sect 2: LGBT Cultural Safety | 0 | 3.2 | 4 | 8 | 10 |
| Sect 3: Visibility of LGBT Inclusion | 0 | 5.6 | 6 | 10 | 10 |
| Sect 4: Initial Engagement & assessment | 0 | 4.8 | 3 | 11 | 12 |
| Sect 5: LGBT Inclusivity & Disclosure Training/Resources | 0 | 6.2 | 4 | 15 | 22 |
| Sect 6: Referrals & Stakeholder Management | 0 | 2 | 2 | 6 | 8 |
| Sect 7: LGBT Community Engagement | 0 | 2.2 | 2 | 6 | 12 |
| Sect 8: Additional Work | 0 | 0.2 | 0 | 1 | 8 |
| 2019 TOTAL SUBMISSION SCORE | 10 | 32.2 | 27 | 63 | 100 |

| INTERQUARTILE RANGES | Lowest | 25th percentile | 50th percentile | 75th percentile | Highest |
|--|-----------|-----------------|-----------------|-----------------|-----------|
| Sect 1: Strategy Development | 3 | 6 | 8 | 11 | 12 |
| Sect 2: LGBT Cultural Safety | 0 | 0 | 4 | 4 | 8 |
| Sect 3: Visibility of LGBT Inclusion | 0 | 4 | 6 | 8 | 10 |
| Sect 4: Initial Engagement & assessment | 0 | 0 | 3 | 10 | 11 |
| Sect 5: LGBT Inclusivity & Disclosure Training/Resources | 0 | 3 | 4 | 9 | 15 |
| Sect 6: Referrals & Stakeholder Management | 0 | 0 | 2 | 2 | 6 |
| Sect 7: LGBT Community Engagement | 0 | 0 | 2 | 3 | 6 |
| Sect 8: Additional Work | 0 | 0 | 0 | 0 | 1 |
| 2019 TOTAL SUBMISSION SCORE | 10 | 16 | 27 | 45 | 63 |

BENCHMARK: BY NUMBER OF EMPLOYEES

MEDIUM/LARGE EMPLOYER (n=4)

| BASIC COMPARISONS | Lowest | Average | Median | Highest | Available |
|--|-----------|-------------|-----------|-----------|------------|
| Sect 1: Strategy Development | 5 | 13.5 | 15.5 | 18 | 18 |
| Sect 2: LGBT Cultural Safety | 0 | 3.5 | 2 | 10 | 10 |
| Sect 3: Visibility of LGBT Inclusion | 4 | 8 | 9 | 10 | 10 |
| Sect 4: Initial Engagement & assessment | 0 | 5.3 | 4.5 | 12 | 12 |
| Sect 5: LGBT Inclusivity & Disclosure Training/Resources | 6 | 14 | 14 | 22 | 22 |
| Sect 6: Referrals & Stakeholder Management | 0 | 3 | 2 | 8 | 8 |
| Sect 7: LGBT Community Engagement | 5 | 8.5 | 8.5 | 12 | 12 |
| Sect 8: Additional Work | 1 | 2.8 | 3 | 4 | 8 |
| 2019 TOTAL SUBMISSION SCORE | 22 | 58.5 | 58 | 96 | 100 |

| INTERQUARTILE RANGES | Lowest | 25th percentile | 50th percentile | 75th percentile | Highest |
|--|----------|-----------------|-----------------|-----------------|-----------|
| Sect 1: Strategy Development | 0 | 11.8 | 15.5 | 17.3 | 18 |
| Sect 2: LGBT Cultural Safety | 0 | 0 | 2 | 5.5 | 10 |
| Sect 3: Visibility of LGBT Inclusion | 5 | 7 | 9 | 10 | 10 |
| Sect 4: Initial Engagement & assessment | 0 | 2.3 | 4.5 | 7.5 | 12 |
| Sect 5: LGBT Inclusivity & Disclosure Training/Resources | 4 | 9 | 14 | 19 | 22 |
| Sect 6: Referrals & Stakeholder Management | 0 | 0 | 2 | 5 | 8 |
| Sect 7: LGBT Community Engagement | 6 | 7.3 | 8.5 | 9.8 | 12 |
| Sect 8: Additional Work | 0 | 1.8 | 3 | 4 | 4 |
| 2019 TOTAL SUBMISSION SCORE | 5 | 42.3 | 58 | 74.3 | 96 |

BENCHMARK: BY SECTOR

NFP/CHARITY (n=5)

| BASIC COMPARISONS | Lowest | Average | Median | Highest | Available |
|--|-----------|-------------|-----------|-----------|------------|
| Sect 1: Strategy Development | 6 | 12 | 11 | 18 | 18 |
| Sect 2: LGBT Cultural Safety | 0 | 2.8 | 0 | 10 | 10 |
| Sect 3: Visibility of LGBT Inclusion | 0 | 6 | 6 | 10 | 10 |
| Sect 4: Initial Engagement & assessment | 0 | 5.8 | 6 | 12 | 12 |
| Sect 5: LGBT Inclusivity & Disclosure Training/Resources | 0 | 10.6 | 9 | 22 | 22 |
| Sect 6: Referrals & Stakeholder Management | 0 | 3.2 | 2 | 8 | 8 |
| Sect 7: LGBT Community Engagement | 0 | 4.6 | 3 | 12 | 12 |
| Sect 8: Additional Work | 0 | 1.8 | 1 | 4 | 8 |
| 2019 TOTAL SUBMISSION SCORE | 10 | 46.8 | 45 | 96 | 100 |

| INTERQUARTILE RANGES | Lowest | 25th percentile | 50th percentile | 75th percentile | Highest |
|--|-----------|-----------------|-----------------|-----------------|-----------|
| Sect 1: Strategy Development | 6 | 8 | 11 | 17 | 18 |
| Sect 2: LGBT Cultural Safety | 0 | 0 | 0 | 4 | 10 |
| Sect 3: Visibility of LGBT Inclusion | 0 | 4 | 6 | 10 | 10 |
| Sect 4: Initial Engagement & assessment | 0 | 0 | 6 | 11 | 12 |
| Sect 5: LGBT Inclusivity & Disclosure Training/Resources | 0 | 4 | 9 | 18 | 22 |
| Sect 6: Referrals & Stakeholder Management | 0 | 2 | 2 | 4 | 8 |
| Sect 7: LGBT Community Engagement | 0 | 0 | 3 | 8 | 12 |
| Sect 8: Additional Work | 0 | 0 | 1 | 4 | 4 |
| 2019 TOTAL SUBMISSION SCORE | 10 | 16 | 45 | 67 | 10 |

BENCHMARK: BY SECTOR

PRIVATE (n=3)

| BASIC COMPARISONS | Lowest | Average | Median | Highest | Available |
|--|-----------|-------------|-----------|-----------|------------|
| Sect 1: Strategy Development | 3 | 9.7 | 12 | 14 | 18 |
| Sect 2: LGBT Cultural Safety | 4 | 5.3 | 4 | 8 | 10 |
| Sect 3: Visibility of LGBT Inclusion | 8 | 8.7 | 8 | 10 | 10 |
| Sect 4: Initial Engagement & assessment | 3 | 5.3 | 3 | 10 | 12 |
| Sect 5: LGBT Inclusivity & Disclosure Training/Resources | 3 | 9.3 | 10 | 15 | 22 |
| Sect 6: Referrals & Stakeholder Management | 0 | 2 | 0 | 6 | 8 |
| Sect 7: LGBT Community Engagement | 2 | 5.7 | 6 | 9 | 12 |
| Sect 8: Additional Work | 0 | 0.3 | 0 | 1 | 8 |
| 2019 TOTAL SUBMISSION SCORE | 27 | 46.3 | 49 | 63 | 100 |

| INTERQUARTILE RANGES | Lowest | 25th percentile | 50th percentile | 75th percentile | Highest |
|--|-----------|-----------------|-----------------|-----------------|-----------|
| Sect 1: Strategy Development | 3 | 7.5 | 12 | 13 | 14 |
| Sect 2: LGBT Cultural Safety | 4 | 4 | 4 | 6 | 8 |
| Sect 3: Visibility of LGBT Inclusion | 8 | 8 | 8 | 9 | 10 |
| Sect 4: Initial Engagement & assessment | 3 | 3 | 3 | 6.5 | 10 |
| Sect 5: LGBT Inclusivity & Disclosure Training/Resources | 3 | 6.5 | 10 | 12.5 | 15 |
| Sect 6: Referrals & Stakeholder Management | 0 | 0 | 0 | 3 | 6 |
| Sect 7: LGBT Community Engagement | 2 | 4 | 6 | 7.5 | 9 |
| Sect 8: Additional Work | 0 | 0 | 0 | 0.5 | 1 |
| 2019 TOTAL SUBMISSION SCORE | 27 | 38 | 49 | 56 | 63 |

BENCHMARK: BY SECTOR

AGED CARE (n=4)

| BASIC COMPARISONS | Lowest | Average | Median | Highest | Available |
|--|-----------|-------------|-----------|-----------|------------|
| Sect 1: Strategy Development | 3 | 9.8 | 9 | 18 | 18 |
| Sect 2: LGBT Cultural Safety | 0 | 5.5 | 6 | 10 | 10 |
| Sect 3: Visibility of LGBT Inclusion | 4 | 8 | 9 | 10 | 10 |
| Sect 4: Initial Engagement & assessment | 0 | 6.3 | 6.5 | 12 | 12 |
| Sect 5: LGBT Inclusivity & Disclosure Training/Resources | 3 | 11 | 9.5 | 22 | 22 |
| Sect 6: Referrals & Stakeholder Management | 0 | 4 | 4 | 8 | 8 |
| Sect 7: LGBT Community Engagement | 0 | 5 | 4 | 12 | 12 |
| Sect 8: Additional Work | 0 | 1 | 0 | 4 | 8 |
| 2019 TOTAL SUBMISSION SCORE | 16 | 50.5 | 45 | 96 | 100 |

| INTERQUARTILE RANGES | Lowest | 25th percentile | 50th percentile | 75th percentile | Highest |
|--|-----------|-----------------|-----------------|-----------------|-----------|
| Sect 1: Strategy Development | 3 | 5.3 | 9 | 13.5 | 18 |
| Sect 2: LGBT Cultural Safety | 0 | 3 | 6 | 8.5 | 10 |
| Sect 3: Visibility of LGBT Inclusion | 4 | 7 | 9 | 10 | 10 |
| Sect 4: Initial Engagement & assessment | 0 | 2.3 | 6.5 | 10.5 | 12 |
| Sect 5: LGBT Inclusivity & Disclosure Training/Resources | 3 | 3.8 | 9.5 | 16.8 | 22 |
| Sect 6: Referrals & Stakeholder Management | 0 | 1.5 | 4 | 6.5 | 8 |
| Sect 7: LGBT Community Engagement | 0 | 1.5 | 4 | 7.5 | 12 |
| Sect 8: Additional Work | 0 | 0 | 0 | 1 | 4 |
| 2019 TOTAL SUBMISSION SCORE | 16 | 24.4 | 45 | 71.3 | 96 |

BENCHMARK: BY SECTOR

COMMUNITY HEALTH (n=3)

| BASIC COMPARISONS | Lowest | Average | Median | Highest | Available |
|--|-----------|-----------|-----------|-----------|------------|
| Sect 1: Strategy Development | 5 | 12 | 14 | 17 | 18 |
| Sect 2: LGBT Cultural Safety | 0 | 1.3 | 0 | 4 | 10 |
| Sect 3: Visibility of LGBT Inclusion | 4 | 7.3 | 8 | 10 | 10 |
| Sect 4: Initial Engagement & assessment | 0 | 3 | 3 | 6 | 12 |
| Sect 5: LGBT Inclusivity & Disclosure Training/Resources | 6 | 11.3 | 10 | 18 | 22 |
| Sect 6: Referrals & Stakeholder Management | 0 | 1.3 | 0 | 4 | 8 |
| Sect 7: LGBT Community Engagement | 5 | 7.3 | 8 | 9 | 12 |
| Sect 8: Additional Work | 1 | 2.3 | 2 | 4 | 8 |
| 2019 TOTAL SUBMISSION SCORE | 22 | 46 | 49 | 67 | 100 |

| INTERQUARTILE RANGES | Lowest | 25th percentile | 50th percentile | 75th percentile | Highest |
|--|-----------|-----------------|-----------------|-----------------|-----------|
| Sect 1: Strategy Development | 5 | 9.5 | 14 | 15.5 | 17 |
| Sect 2: LGBT Cultural Safety | 0 | 0 | 0 | 2 | 4 |
| Sect 3: Visibility of LGBT Inclusion | 4 | 6 | 8 | 9 | 10 |
| Sect 4: Initial Engagement & assessment | 0 | 1.5 | 3 | 4.5 | 6 |
| Sect 5: LGBT Inclusivity & Disclosure Training/Resources | 6 | 8 | 10 | 14 | 18 |
| Sect 6: Referrals & Stakeholder Management | 0 | 0 | 0 | 2 | 4 |
| Sect 7: LGBT Community Engagement | 5 | 6.5 | 8 | 8.5 | 9 |
| Sect 8: Additional Work | 1 | 1.5 | 2 | 3 | 4 |
| 2019 TOTAL SUBMISSION SCORE | 22 | 35.5 | 49 | 58 | 67 |

BENCHMARK: BY SECTOR

MENTAL HEALTH (n=4)

| BASIC COMPARISONS | Lowest | Average | Median | Highest | Available |
|--|-----------|-------------|-----------|-----------|------------|
| Sect 1: Strategy Development | 5 | 13.5 | 15.5 | 18 | 18 |
| Sect 2: LGBT Cultural Safety | 0 | 3.5 | 2 | 10 | 10 |
| Sect 3: Visibility of LGBT Inclusion | 4 | 8 | 9 | 10 | 10 |
| Sect 4: Initial Engagement & assessment | 0 | 5.3 | 4.5 | 12 | 12 |
| Sect 5: LGBT Inclusivity & Disclosure Training/Resources | 6 | 14 | 14 | 22 | 22 |
| Sect 6: Referrals & Stakeholder Management | 0 | 3 | 2 | 8 | 8 |
| Sect 7: LGBT Community Engagement | 5 | 8.5 | 8.5 | 12 | 12 |
| Sect 8: Additional Work | 1 | 2.8 | 3 | 4 | 8 |
| 2019 TOTAL SUBMISSION SCORE | 22 | 58.5 | 58 | 96 | 100 |

| INTERQUARTILE RANGES | Lowest | 25th percentile | 50th percentile | 75th percentile | Highest |
|--|-----------|-----------------|-----------------|-----------------|-----------|
| Sect 1: Strategy Development | 5 | 11.8 | 15.5 | 17.3 | 18 |
| Sect 2: LGBT Cultural Safety | 0 | 0 | 2 | 5.5 | 10 |
| Sect 3: Visibility of LGBT Inclusion | 4 | 7 | 9 | 10 | 10 |
| Sect 4: Initial Engagement & assessment | 0 | 2.3 | 4.5 | 7.5 | 12 |
| Sect 5: LGBT Inclusivity & Disclosure Training/Resources | 6 | 9 | 14 | 19 | 22 |
| Sect 6: Referrals & Stakeholder Management | 0 | 0 | 2 | 5 | 8 |
| Sect 7: LGBT Community Engagement | 5 | 7.3 | 8.5 | 9.8 | 12 |
| Sect 8: Additional Work | 1 | 1.8 | 3 | 4 | 4 |
| 2019 TOTAL SUBMISSION SCORE | 22 | 42.3 | 58 | 74.3 | 96 |

HEALTH + WELLBEING
EQUALITY INDEX 2019
**QUESTIONS STATS &
BEST PRACTICE**

A decorative background featuring a geometric pattern of overlapping triangles. The triangles are arranged in a grid-like fashion, with some pointing up and some pointing down. The color palette consists of various shades of orange, from light peach to deep burnt orange, and a light blue-grey color that appears in the bottom right corner.

QUESTIONS STATS & BEST PRACTICE

This section allows for organisations to compare their scores question by question, clearly indicating the lowest, average and highest scores obtained by all organisations.

*The best practice score indicates the number of organisations that achieved full points for the identified question showing the commonality of practice for that particular area, with the highest score obtained shown in brackets.

SECTION 1: STRATEGY DEVELOPMENT SERVICE PLANNING & PROVISION

| | |
|---|--|
| 1 | <p>STRATEGY DEVELOPMENT SERVICE PLANNING & PROVISION:</p> <p>Here we look at an organisations current internal expert advisory and LGBT expertise. It is important that organisations who are striving for LGBT inclusivity have access to consumer experience that informs planning and ongoing development of initiatives</p> |
|---|--|

| Lowest Score | Average | Median | Highest | Best Practice* |
|--------------|---------|--------|---------|----------------|
| 3 | 5.8 | 6 | 8 | (8)3 |

| | |
|---|---|
| 2 | <p>STRATEGY DEVELOPMENT SERVICE PLANNING & PROVISION:</p> <p>This questions look at an organisations understanding of LGBT health disparities and how this understanding is incorporated into service planning and delivery.</p> |
|---|---|

| Lowest Score | Average | Median | Highest | Best Practice* |
|--------------|---------|--------|---------|----------------|
| 0 | 2.5 | 4 | 4 | (4)5 |

| | |
|---|---|
| 3 | <p>STRATEGY DEVELOPMENT SERVICE PLANNING & PROVISION:</p> <p>This question measures if an organisations has a current Strategy or continuous improvement plan in place that identities LGBT.</p> |
|---|---|

| Lowest Score | Average | Median | Highest | Best Practice* |
|--------------|---------|--------|---------|----------------|
| 0 | 2.4 | 2 | 6 | (6)2 |

QUESTIONS STATS & BEST PRACTICE

SECTION 2: LGBT CULTURAL SAFETY

| | |
|---|--|
| 4 | <p>LGBT CULTURAL SAFETY:</p> <p>This questions looks at an organisations process and strategies that are in place to identify, manage and respond to risks or situations that, could or have, jeopardised the cultural safety of LGBT people.</p> |
|---|--|

| Lowest Score | Average | Median | Highest | Best Practice* |
|--------------|---------|--------|---------|----------------|
| 0 | 1.6 | 0 | 6 | (6)2 |

| | |
|---|---|
| 5 | <p>LGBT CULTURAL SAFETY:</p> <p>This questions looks at the systems and process an organisations has in place to monitor staff compliance in adhering to LGBT inclusive policies and practices outlines for service provision.</p> |
|---|---|

| Lowest Score | Average | Median | Highest | Best Practice* |
|--------------|---------|--------|---------|----------------|
| 0 | 1.8 | 2 | 4 | (4)3 |

SECTION 3: VISIBILITY OF LGBT INCLUSION

| | |
|---|--|
| 6 | <p>VISIBILITY OF LGBT INCLUSION:</p> <p>This question looks at an organisations external visibility and inclusion efforts. External visibility is demonstrated on the organisations website and service brochures and clearly promotes LGBT inclusivity of service.</p> |
|---|--|

| Lowest Score | Average | Median | Highest | Best Practice* |
|--------------|---------|--------|---------|----------------|
| 0 | 3.8 | 6 | 6 | (6)5 |

| | |
|---|---|
| 7 | <p>VISIBILITY OF LGBTI INCLUSION:</p> <p>This question looks at an organisations physical space and if there are LGBT community related posters, rainbow flags and other collateral that are displayed in service provision areas.</p> |
|---|---|

| Lowest Score | Average | Median | Highest | Best Practice* |
|--------------|---------|--------|---------|----------------|
| 0 | 2.9 | 4 | 4 | (4)6 |

QUESTIONS STATS & BEST PRACTICE

SECTION 4: INITIAL ENGAGEMENT & ASSESSMENT

| | |
|---|---|
| 8 | <p>INITIAL ENGAGEMENT & ASSESSMENT: This question looks at the language used within forms and documentation that service users are required to complete.</p> |
|---|---|

| Lowest Score | Average | Median | Highest | Best Practice* |
|--------------|---------|--------|---------|----------------|
| 0 | 2.8 | 0 | 8 | (8)2 |

| | |
|---|--|
| 9 | <p>INITIAL ENGAGEMENT & ASSESSMENT: This section looks at an organisations Individual care assessment, care planning and/or case management documents measuring if they are explicitly inclusive of LGBT people, their support team and families.</p> |
|---|--|

| Lowest Score | Average | Median | Highest | Best Practice* |
|--------------|---------|--------|---------|----------------|
| 0 | 2.2 | 3 | 4 | (4)2 |

SECTION 5: LGBTI INCLUSIVITY & DISCLOSURE TRAINING/RESOURCES

| | |
|----|---|
| 10 | <p>LGBT INCLUSIVITY & DISCLOSURE TRAINING/RESOURCES: This question analyses what development opportunities for staff over the assessed year have been provided to increase staff members understanding of LGBT people or LGBT inclusive service provision.</p> |
|----|---|

| Lowest Score | Average | Median | Highest | Best Practice* |
|--------------|---------|--------|---------|----------------|
| 0 | 5.1 | 6 | 10 | (10)2 |

| | |
|----|--|
| 11 | <p>LGBT INCLUSIVITY & DISCLOSURE TRAINING/RESOURCES: This question looks at the understanding organisations have around sensitivity around disclosure for information for LGBT people, does the organisation provide staff/clinicians/practitioners with guidelines/factsheets on the management of LGBT sensitive information.</p> |
|----|--|

| Lowest Score | Average | Median | Highest | Best Practice* |
|--------------|---------|--------|---------|----------------|
| 0 | 2.1 | 2.5 | 4 | (4)3 |

QUESTIONS STATS & BEST PRACTICE

12

LGBT INCLUSIVITY & DISCLOSURE TRAINING/RESOURCES:

This section looks at what education/resource materials and/or comprehensive training to frontline staff/clinicians/practitioners is provided. This education must related to the provision of respectful and inclusive services for trans/gender diverse people (beyond general awareness training covered in Q10).

| Lowest Score | Average | Median | Highest | Best Practice* |
|--------------|---------|--------|---------|----------------|
| 0 | 2.3 | 2 | 4 | (4)3 |

13

LGBT INCLUSIVITY & DISCLOSURE TRAINING/RESOURCES:

This section looks at what education/resource materials and/or comprehensive training to frontline staff/clinicians/practitioners is provided. This education must related to the provision of respectful and inclusive services for intersex people (beyond general awareness training covered in Q10)

| Lowest Score | Average | Median | Highest | Best Practice* |
|--------------|---------|--------|---------|----------------|
| 0 | 1.1 | 0 | 4 | (4)2 |

SECTION 6: REFERRALS & STAKEHOLDER ENGAGEMENT

14

REFERRALS & STAKEHOLDER ENGAGEMENT:

This section look at how services refer those accessing services to other LGBT inclusive service providers or practitioners.

| Lowest Score | Average | Median | Highest | Best Practice* |
|--------------|---------|--------|---------|----------------|
| 0 | 1.4 | 0 | 4 | (4)2 |

15

REFERRALS & STAKEHOLDER ENGAGEMENT:

This question looks at how organisations engage with other health services, wellbeing providers, professional associations or communities of practice on the topic of LGBT inclusive service provision.

| Lowest Score | Average | Median | Highest | Best Practice* |
|--------------|---------|--------|---------|----------------|
| 0 | 1.3 | 0 | 4 | (4)2 |

QUESTIONS STATS & BEST PRACTICE

SECTION 7: LGBT COMMUNITY ENGAGEMENT

16

LGBT COMMUNITY ENGAGEMENT:

This questions looks at a organisations promotion and communication of services directly to the LGBT community.

| Lowest Score | Average | Median | Highest | Best Practice* |
|--------------|---------|--------|---------|----------------|
| 0 | 4.2 | 2 | 6 | (6)3 |

17

LGBT COMMUNITY ENGAGEMENT:

Question looks at the existence of feedback mechanism within organisations whereby LGBT people can comment on the LGBT inclusivity of an organisations service.

| Lowest Score | Average | Median | Highest | Best Practice* |
|--------------|---------|--------|---------|----------------|
| 0 | 2.1 | 3 | 6 | (6)1 |

18

ADDITIONAL WORK:

This section allows for organisations to submit further information in regard to activities or work not covered elsewhere within this index.

| Lowest Score | Average | Median | Highest | Best Practice* |
|--------------|---------|--------|---------|----------------|
| 0 | 1.3 | 1 | 4 | (4)2 |

THE HEALTH + WELLBEING EQUALITY INDEX

WE ENCOURAGE ALL EMPLOYERS TO PARTICIPATE IN THE 2020 HWEI

There is no cost. You do not need to be a Pride in Health + Wellbeing member. Results are confidential.

Participation will provide you with:

- Transcript of results
- Traffic light report clearly identifying where you scored full points, partial, none at all
- Employer Recognition (Platinum, Gold, Silver, Bronze or Participating)
- The ability to benchmark your LGBT inclusion work
- Year on year results by which to gauge improvements made as well as the ability to identify opportunities for future improvement
- Baseline PowerPoint presentation making it quick and easy to feed back your results to your executive
- Certificate of participation
- Hard copy benchmarking and survey publications

You may also choose to participate anonymously.

FOR MORE INFORMATION ABOUT THE 2020 HWEI PLEASE CONTACT:

Claire Allen on **0419 583 034** or email callen@acon.org.au

CASE STUDY: SERVICE PROVIDER OF THE YEAR

COMMUNITY ENGAGEMENT IS THE KEY TO SUCCESS – UNITING NSW/ACT

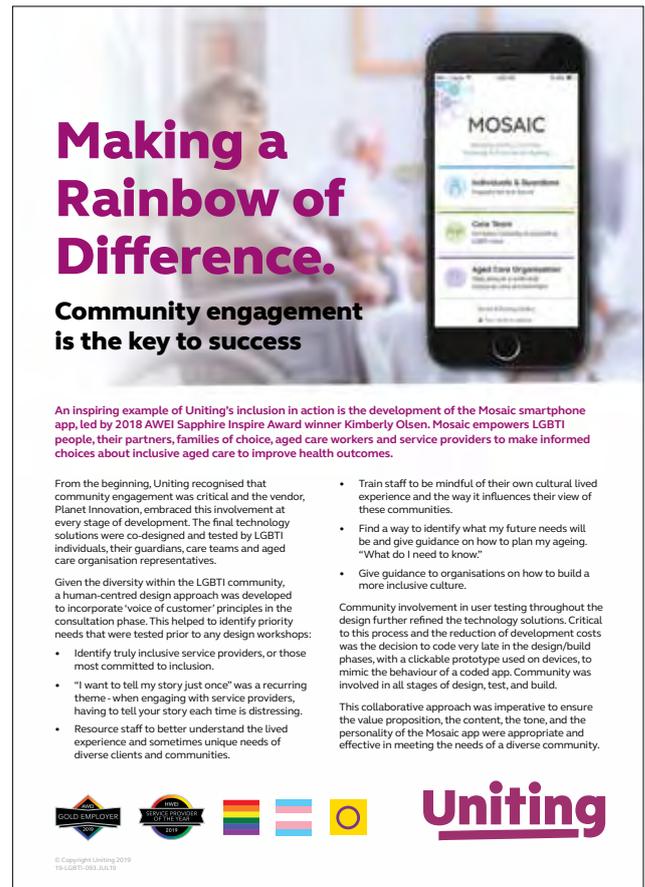
An inspiring example of Uniting’s inclusion in action is the development of the Mosaic smartphone app, led by 2018 AWEI Sapphire Inspire Award winner Kimberly Olsen. Mosaic empowers LGBTI people, their partners, and families of choice, aged care workers and service providers to make informed choices about inclusive aged care to improve health outcomes.

From the beginning, Uniting recognised that community engagement was critical and the vendor, Planet Innovation, embraced this involvement at every stage of development. The final technology solutions were co-designed and tested by LGBTI individuals, their guardians, care teams and aged care organisation representatives.

Given the diversity within the LGBTI community, a human-centred design approach was developed to incorporate ‘voice of customer’ principles in the consultation phase. This helped to identify priority needs that were tested prior to any design workshops:

- Identify truly inclusive service providers, or those most committed to inclusion.
- “I want to tell my story just once” was a recurring theme - when engaging with service providers, having to tell your story each time is distressing.
- Resource staff to better understand the lived experience and sometimes unique needs of diverse clients and communities.
- Train staff to be mindful of their own cultural lived experience and the way it influences their view of these communities.
- Find a way to identify what future needs will be and give guidance on how to plan ageing. “What do I need to know?”
- Give guidance to organisations on how to build a more inclusive culture.

Community involvement in user testing throughout the



Making a Rainbow of Difference.
Community engagement is the key to success

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- Train staff to be mindful of their own cultural lived experience and the way it influences their view of these communities.
- Find a way to identify what my future needs will be and give guidance on how to plan my ageing. “What do I need to know?”
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Community involvement in user testing throughout the design further refined the technology solutions. Critical to this process and the reduction of development costs was the decision to code very late in the design/build phases, with a clickable prototype used on devices, to mimic the behaviour of a coded app. Community was involved in all stages of design, test, and build.

This collaborative approach was imperative to ensure the value proposition, the content, the tone, and the personality of the Mosaic app were appropriate and effective in meeting the needs of a diverse community.

 **Uniting**

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CASE STUDY: FLOURISH AUSTRALIA

TAKING PRIDE IN HEALTH + WELLBEING AT FLOURISH AUSTRALIA

Flourish Australia proudly accepts the title of Gold Service Provider in the 2019 Health and Wellbeing Equality Index for our commitment to the health and wellbeing of LGBTIQ people, their family and carers.

Flourish Australia is a community managed mental health organisation, providing recovery-oriented supports to over 6000 people per annum across Eastern Australia. An important aspect of recovery-oriented support is autonomy and self-determination. There is a strong focus on non-discrimination.

Diversity is a key influencer in our business. Equality and inclusion drive Flourish Australia's Diversity Policy, identifying priority populations including the LGBTIQ community. We facilitate a range of best practice initiatives to support the health and wellbeing of LGBTIQ people who access Flourish Australia services.

Our participation in Pride in Health + Wellbeing and presence within diverse communities enables a grass-roots approach to inclusion. Lived-experience is fundamental in our success in Pride in Health + Wellbeing. Diversity of our staff is our flagship, for without that diversity, our success in community would be compromised.

In 2019, Flourish Australia was the official community partner for Rainbow on the Plains festival; an important regional LGBTIQ event in Western NSW. Flourish Australia publicly pledged its support via our social media feeds and invited participation to people accessing our services, attracting interest from Griffith, Leeton, Narrandera and Deniliquin. Our message was clear: LGBTIQ people are a valued part of the community.

Our commitment as official community partner was coordinated by Flourish Australia's Rainbow Network, a group of dedicated LGBTIQ staff and their allies who volunteer their membership in the network. Visibility of diverse identities enables cultural safety for others to proudly (and if they so choose, publicly) embrace their sense of self. LGBTIQ people who access the service report strong connections with LGBTIQ staff through shared identity. Connections occur naturally; conversations flow freely and issues feel easier to manage

because staff in the Rainbow Network have similar experiences to the people they are employed to support.

During Rainbow on the Plains, we gathered with our family, friends and allies to celebrate our place within the community. Our entry in the street parade, bold, loud and colourful, making sure everyone knew we were present! The mood was electric! We proudly showed ourselves as resilient, happy people with strong community ties; and the town's folk responded with cheers of love and respect.

An important aspect of this involvement is about establishing safety. From Flourish Australia's perspective, it is imperative our support extends far beyond the noise of a single celebration. Our presence remains in place (and visible) within the community long after the party. Flourish Australia's Rainbow Network offers year-round support to people, reinforcing our philosophy of diversity through lived-experience. "To see Flourish Australia standing with the community gives me strength," shares Devina*, who accesses support. "I'm here today because I want my family to see I am proud of who I am," she smiles.

As the visibility of LGBTIQ people in their local town's increases, acceptance evolves to inclusion. It becomes part of the "norm" and people become active members of their community; their identity, along with their mental health status, merely a part of who they are. Their value and contribution is recognised and embraced and they become loved members of their community.

The flow-on effects continue beyond LGBTIQ people, too. Many times over, people share their gratitude because their loved-one or their best friend identifies as a member of the Rainbow community. "I'm so proud to support my son" says Dave*, a burly, salt-of-the-Earth farmer, whose son accesses support from Flourish Australia.

Flourish Australia's Gold Service Provider Award is testament to our continuing commitment to diversity, equality and inclusion of LGBTIQ people, their family and carers. It reminds us of the importance of our work in this field and endorses our obligation to people's health and wellbeing.



For greater inclusion we need partners. None of us can do this work alone.



ACON's Pride Inclusion Programs offer a range of membership benefits to assist employers, sporting organisations and service providers with all aspects of LGBTQ inclusion.

Pride in Diversity is the national not-for-profit employer support program for LGBTQ workplace inclusion specialising in HR, organisational change and workplace diversity. Pride in Diversity publishes the Australian Workplace Equality Index (AWEI), Australia's national benchmarking instrument for LGBTI workplace inclusion from which Top Employers for LGBTQ people is determined.

Pride in Sport is the only sporting inclusion program specifically designed to assist National and State sporting organisations and clubs with the inclusion of LGBTQ employees, players, coaches, volunteers and spectators. The world-first Pride in Sport Index (PSI) benchmarks and assesses the inclusion of LGBTQ people across all sporting contexts.

Pride in Health + Wellbeing is our exciting new initiative providing support to Health and Human Service providers in the development of LGBT inclusive service delivery.

For more information contact us at: pride@acon.org.au
02 9206 2139 or www.prideinclusionprograms.com.au

pridein
diversity

pridein
sport

prideinhealth
+wellbeing



We're here for you.

Uniting is passionate about creating safe and welcoming environments for the LGBTI clients and communities we serve.

Our services include:

- Homelessness support
- Disability support
- Family and community support
- Aboriginal support
- Early learning
- Foster care
- Aged care
- Social and affordable housing.

Learn more

1800 864 846
ask@uniting.org
uniting.org/lgbti



Uniting

prideinhealth +wellbeing

PRIDE IN HEALTH + WELLBEING

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National Benchmarking Publication (2019)
ACON's Pride Inclusion Programs

ACON encourages the dissemination and exchange of information presented in this publication providing the correct citation has been made in regard to its source.

Reference:
Health + Wellbeing Equality Index (HWEI)
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Author:
Dawn Hough, Director, ACON's Pride Inclusion Programs

For further information about ACON's Pride Inclusion Programs or benchmarking publications for LGBTQ inclusion within Australian Workplaces or Sport, visit: www.prideinclusionprograms.com.au

ACKNOWLEDGEMENT OF COUNTRY

We recognise the diversity of Aboriginal and Torres Strait Islander people, their cultures, languages, experiences and practices, and the richness of their contributions to the places where we work, live and play.

We acknowledge the Traditional Custodians of the lands on which we work and we pay respect to Elders past, present and emerging, and extend our respect to all Aboriginal and Torres Strait Islander people.

Sovereignty was never ceded.

