

HWEI 2022 Client Survey

IMPORTANT SURVEY INFORMATION : PLEASE READ CAREFULLY

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 HWEI's main purpose 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 diverse sexuality and gender may be only one of many diversities that you or your loved one identify 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 EXIT 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. Rather than including a Prefer Not to Respond option for all questions, please simply ignore any questions you do not wish to answer.

PLEASE USE SURVEY NAVIGATION, NOT BROWSER BUTTONS

Please ensure that you use survey navigation buttons to navigate back and forth throughout the survey; not browser buttons. However, should you wish not to continue with the survey, simply close down the browser. This will exit the survey altogether. This is the only time you would use browser buttons. Your survey responses will be submitted once you hit the SUBMIT button on the final page.

QUESTIONS

If you have any questions in regard to the survey, please contact us at HWEI@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

PARTICIPATING IN THE SURVEY

If you wish to participate in the survey, please select the option below, alternatively, you may close your browser now to exit.

Q1 I understand the purpose of the survey and consent to participate (questions marked with an * indicate questions requiring a response to progress) *

Yes

No

IMPORTANT INFORMATION IN REGARD TO SURVEY TERMINOLOGY

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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 HWEI 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 other who utilise a service.

DEMOGRAPHIC DATA

Q2 I am a:*

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.

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

Q3 Which state or territory do you primarily live?*

- ACT NSW NT QLD SA TAS VIC WA

Q4 How would you best describe the location that you live?*

- City/Metropolitan Regional Rural Remote

Q5 Thinking about the organisation who sent you this survey – which is the MAIN service you or the client receives from them?*

- Aged Care Counselling/Mediation Primary Health Other
- Alcohol and Other Drugs Fertility/Reproduction Sexual Health
- Disability Support Homelessness Services Specialty Health
- Domestic, Family and Intimate Partner Violence Mental Health Other Support Services

Q6 What age bracket does the client fall within?*

- Under 18 18-24 25-34 35-44 45-54 55-64 65+ Prefer not to respond

Q7 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 apply to the client.*

- I am Aboriginal and/or Torres Strait Islander
- I am a person 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 (example: Autism, ADHD, Dyslexia)
- I am a person of faith / religion
- I receive government income (example: Newstart, Youth Allowance, Aged Pension)
- None of the above
- A diversity background not listed above

Q8 What was the client's sex recorded at birth?*

- Male
- Female
- A term not listed above
- Prefer not to respond

Q9 Which of the following would best describe the client's gender identity?*

- Man or Male
- Woman or Female
- Non-binary
- Gender Fluid
- A gender identity not listed above
- Prefer not to respond

Q10 Which of the following would best describe the client's sexual orientation?*

- Straight (Heterosexual)
- Gay, Lesbian (Homosexual)
- Bisexual
- Pansexual
- Queer
- Asexual
- An orientation not listed above
- Prefer not to respond (you will be asked no further questions on sexual orientation)

Q11 What are the client's personal pronoun/s?*(Please select all that apply.)

- He / Him
- She / Her
- They / Them
- A pronoun not listed above
- Prefer not to respond

CLIENT: SERVICE PREFERENCES

Q12 Please indicate the level of agreement with the following statements, from the client's perspective:

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| Before I approach a service I research to see it is being "LGBTQ-friendly" | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| When visiting a health service I anticipate that my diverse sexuality or gender will be accepted | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Before I use/visit a service I am anxious that my privacy may not be respected | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have experienced discrimination within the last 12 months to my diverse sexuality or gender | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have experienced discrimination in the past due to my diverse sexuality or gender | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have not disclosed my sexuality or gender in the last 12 months due to fear of discrimination | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have not disclosed my sexuality or gender in the past due to fear of discrimination | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have postponed or delayed medical care in the last 12 months because I thought I would not be accepted | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have postponed or delayed medical care in the past because I thought I would not be accepted | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

CLIENT: SERVICE EXPERIENCES

Q13 Focusing on the organisation who sent you this survey; please indicate the level of agreement with the following statements, from the client's perspective:

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| At my first visit my anxiety matched my experience | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I saw visible symbols of inclusion when I visited this service | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Staff were comfortable with me being gender or sexuality diverse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I was asked questions about my sexuality or gender that were unrelated to my care needs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I had to educate staff on the needs of the sexuality and gender diverse communities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I was not discriminated against at this service due to me being sexuality or gender diverse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The intake form made me feel comfortable | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The people at reception used my correct name and pronouns | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other staff used my correct name and pronouns | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I was asked in a culturally appropriate way about my sexual orientation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I was asked in a culturally appropriate way about my gender identity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I was asked questions about body, gender or sexuality that were appropriate to the reason for my visit | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt I needed to educate the staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Staff introduced themselves with pronouns | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

FINAL THOUGHTS

Q14 Please note one area of inclusion that you think this service is doing well at:

Q15 Please note one area of improvement this service could undertake for more inclusive service provision:

END OF SURVEY

Thank you for participating in the HWEI Client Survey.

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If you have any questions or would like to feed back any comments in relation to the survey, please email hwei@prideinhealth.com.au

Please click the 'SUBMIT' button to submit your responses.