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2020



HEALTH + WELLBEING EQUALITY INDEX

THE NATIONAL
BENCHMARK ON
LGBT INCLUSIVE
HEALTH + WELLBEING
SERVICE PROVISION

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WELCOME FROM THE NATIONAL PROGRAM MANAGER



CLAIRE ALLEN

National Program Manager

Pride in Health + Wellbeing

This 2020 Health + Wellbeing Equality Index (HWEI) publication marks the second round of HWEI benchmarking undertaken across Australia. Once again we have seen organisations take part from various parts of the health and human services sector from large private companies, to small not-for-profit organisations of less than 20 people. We have also seen quite a variety of service types represented as well with organisations covering Mental Health, Aged Care, Domestic and Family Violence and Disability Support services. This underscored the relevance and need for this index within this sector, to ensure person-centred, trauma informed, best practice inclusion.

This year we have seen an increase in the standard of the benchmark with the average scores jumping by over 40%. This shows not only a maturity within the sector but also the stellar effort many of these organisations have put into becoming truly inclusive of sexuality and gender diverse people. This is especially impressive given the natural disasters at the beginning of the year, bushfire, floods and the Corona virus, which directly impacted most of our members. The fact that we received submissions while they were responding to these community crisis shows their deep commitment to inclusion, and an ability to prioritise priority populations.

You may also notice a shift in terminology from LGBT people to sexuality and gender diverse people. This deliberate shift now includes those identities that the LGBT acronym doesn't specifically name. Thus as our language and communities evolve so does our behaviour to ensure we are as inclusive as possible. Throughout this document I have used both phrases, as we practice and become used to this change in terminology.

This publication acknowledges the work done by all of those organisations that submitted their benchmarking index. We have again ranked organisations by their tier as well as announcing the Service Provider of the Year. Everyone at every tier, from Participating through to Gold, should be immensely proud of their work, and that they are now on their LGBT-inclusion journey.

The 'Service Provider of the Year' award is given to the organisation with the highest score within the Health + Wellbeing Equality Index. For the first time this year we have also acknowledged the 'Most Improved' service. Change is a gradual process, and coordinating cultural change across a whole organisation while also maintaining your 'business as usual' shows real innovation and determination. To all our participants thank you for your commitment to inclusion, and for utilising the Health + Wellbeing Equality Index tool to benchmark your work, and to provide valuable sector specific, best practice information.

We encourage all health or human services related organisations to participate in the index each year, as a way to baseline your work, and to show year-on-year improvements in your inclusion of sexuality and gender diverse people. It is still the only free national benchmarking tool that is specific to the health and human services sector, and provides valuable information for LGBT advocacy. Like the Australian Workplace Equality Index (AWEI) run by Pride in Diversity, our sibling program, we hope to grow this index as they have. Congratulations also to the Pride in Diversity program for a successful 10 years of making workplaces more inclusive.

Once again, to all participants congratulations and thank you for your submissions.

MESSAGES FROM THE PATRONS OF PRIDE IN HEALTH + WELLBEING



PROF. KERRY PHELPS, AM

Pride in Health + Wellbeing Co Patron

General Practitioner and Sydney City Councillor

I am honoured to be a co-patron of ACON's Pride in Health + Wellbeing Program. As a practising doctor I am very much aware of the barriers to care faced by many LGBT people in accessing quality healthcare and other wellbeing services. By creating inclusive services LGBT people will be more likely to access all forms of healthcare, social and community services, removing many of the health disparities faced by these individuals.

By being a part of Pride in Health + Wellbeing and undertaking the Health + Wellbeing Equality Index process, services can demonstrate their commitment to inclusive care through their philosophy, staff education and practical service provision. It provides a valuable framework for best practice, and allows the whole industry to better support sexuality and gender diverse people in our community.



MICHAEL EBEID, AM

Pride in Health + Wellbeing Co Patron

Group Executive, Telstra

This second publication of the Health + Wellbeing Equality Index (HWEI) shows the momentum of the health and wellbeing sector in becoming more aware of (and responsive to) sexuality and gender diversity. To see the average score of the HWEI increase by more than 40% this year is really encouraging and shows the Pride in Health + Wellbeing Program is making an impact beyond member organisations to the sector as a whole.

Congratulations to Pride in Diversity for celebrating 10 years and for the impact they have had on improving workplace inclusion. I'm hopeful that in 10 years we will see a significantly different health sector as a direct result of the Pride in Health + Wellbeing Program members' commitment to sexuality and gender inclusion in all aspects of health and human services.

WELCOME FROM OUR SPONSOR



KATE SPURWAY
CEO
NurseWatch

As a foundation member of Pride in Health + Wellbeing, I am delighted to be able to sponsor this year's Health + Wellbeing Equality Index Publication.

I believe that it takes more than a rainbow sticker to make LGBTQ people feel safe. LGBTQ people need services that promise to "see you, hear you, and always seek to provide you with the best possible care."

We are delighted to be associated with ACON's Pride in Health + Wellbeing program, as its core objectives align with our services. At NurseWatch, we value LGBTQ clients and provide customised care that respects the individual and their right to determine their own continuum of care journey.

Inclusion is crucial to growing and sustaining NurseWatch, all businesses, and our workforce. It creates happier employees who will offer the best level of care possible. When everyone feels included, morale goes up, and output increases.

Diversity is nothing without an inclusive workplace culture and we celebrate and recognise the uniqueness of every one of our team, colleagues, and clients every day.

With Pride in Health + Wellbeing's help, we ensured our service delivery met the needs of our LGBTQ clients, that our staff were trained, and that the full lifecycle of client engagement was truly inclusive. In 2020, we also were successful in obtaining our Rainbow Tick. Together, this has ensured NurseWatch has the systems and processes in place to provide inclusive service delivery, and that we are responsive and understanding of the needs of everyone we come in contact with.



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How well would you rate your LGBT inclusive service provision?

Qualitatively measuring the impact of your LGBT inclusion work is important but it's very easy to lose momentum – especially with covid19 and associated increases in care needs and responses.

One FREE way to measure your inclusion work is to take part in the annual Health + Wellbeing Equality Index (HWEI). This benchmarking tool for health and wellbeing providers, measures your LGBT inclusive service delivery.

For more information please visit prideinhealth.com.au/hwei



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LGBT HEALTH DISPARITIES

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choose not to reach out to a crisis support service in a crisis ⁴

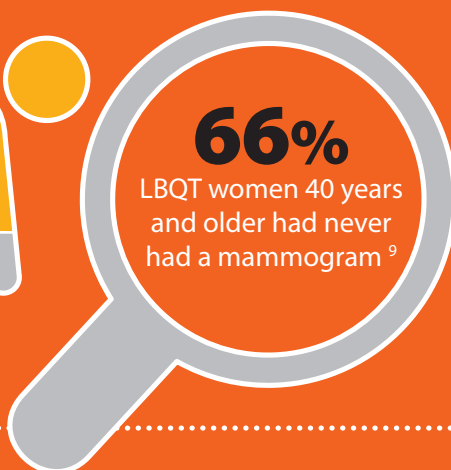
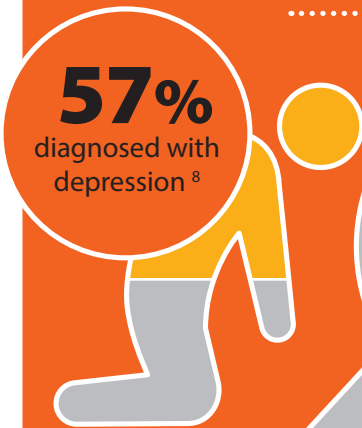
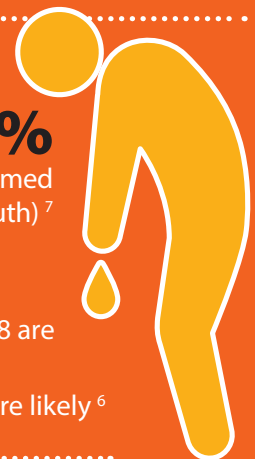


LGBT young people aged 16 to 27 are **5x** more likely to attempt suicide ⁵



33% had self-harmed (LGBT youth) ⁷

Transgender people aged 18 are **11x** more likely ⁶



More than **60%** of LGB people feel a health setting is more trustworthy if they see visible symbols of inclusion ¹⁰

Seeing Gender Neutral language on forms helped more **59%** of LGB patients view their healthcare provider as inclusive ¹¹



References: 1. Australian Human Rights Commission, (2014) Face the Facts 2. Leonard et al. (2012) Private Lives 2 3. Leonard et al. (2012) Private Lives 2 4. Waling et al (2019) Understanding LGBTQI Lives in Crisis 5. lgbtihealth.org.au/statistics/ 6. lgbtihealth.org.au/statistics/ 7. lgbtihealth.org.au/statistics/ 8. lgbtihealth.org.au/statistics/ 9. Mooney-Somers, et al (2018) Report of the SWASH Lesbian, Bisexual & Queer Women's Health Survey 2014, 2016, 2018 10. Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) Perceptions & Health Care Experiences, Quinn et al, 2015. DOI: 10.1080/10538720.2015.1022273 11. Lesbian, Gay, Bisexual, Transgender, Queer / Questioning (LGBTQ) Perceptions and Health Care Experiences, Quinn et al, 2015. DOI: 10.1080/10538720.2015.1022273 12. Is It Okay To Ask: Transgender Patient Perspectives on Sexual Orientation & Gender Identity Collection in Healthcare, Maragh-Bass et al, 2017, DOI: 10.1111/acem.13182





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 sexuality and gender diverse 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.

BARRIERS TO CARE

Many sexuality and gender diverse people face barriers to accessing care and human services. These barriers vary between individuals and groups within the communities, and also overlap heavily with the social determinants of health care¹. There are two types of structural stigma that cause barriers to care; Distal Minority Stressors and Proximal Minority Stressors².

Distal structural stigma includes the systems and processes, as well as staff, which people of diverse sexualities and genders need to navigate in order to receive services. Structural barriers “encompasses institutional and societal level conditions that disadvantage or constrain.”

Examples of distal structural barriers include intake forms, waiting rooms, staff education levels, and the cultural competency of the service, throughout the client lifecycle. These are all addressed through your membership within Pride in Health + Wellbeing, and we

assist you in taking that cultural shift to remove these structural barriers.

Proximal barriers are much harder to identify and measure, as they come from the internalised fears of the client or patient and are compounded by the effects of Minority Stress. Structural stigma has been linked to poorer health and in the longer term a greater need for healthcare as sexuality and gender diverse patients and clients may delay or avoid seeking healthcare.²

Evidence from Saxby’s research also shows that as regional support and inclusion for gender and sexuality diverse people falls, sexuality diverse people’s utilisation of General Practitioners (GPs) also drop, as does their preventative health screening (through a drop in pathology usage). This shows a direct correlation between societal inclusive attitudes and health seeking behaviours.

HEALTH DISPARITIES

Identifying as gender or sexuality diverse does not cause you to have health issues. It is often the impact of structural stigma that causes these health disparities. For example, there are significant mental and physical health disparities experienced by the gender and sexuality diverse populations (also see the Pride in Health + Wellbeing Infographic opposite);

- **91%** of trans youth have wanted to self-harm and almost **50%** have attempted suicide before they are 25 years old³
- **60%** of bisexual and pansexual people surveyed were experiencing high or very high psychological distress at the time of the survey⁴
- Lesbian and bisexual women are **3x** more likely to currently smoke than heterosexual women⁵
- Gay and bisexual men have increased use of illicit drugs for sexual pleasure⁶
- Increased rates of anal cancers in gay and bisexual men and trans women⁷

During the 2020 Covid19 pandemic we also saw disproportional impacts upon the LGBT communities compared to the rest of the population. A cumulation of existing barriers to care, specific health disparities experienced by gender and sexuality diverse people, and social determinants of health.

LGBTQ PEOPLE AND COVID19



74%

LGBTQ people have faced shortages of food and other essentials due to covid, compared to 68% of the rest of the population.



35%

of LGBTQ people have been drinking more alcohol than usual during COVID19 compared to 23% of the rest of the population.

68%

of LGBTQ people have felt more socially isolated due to COVID19 compared to 58% of the rest of the population.



54%

of LGBTQ people have experienced more mental health issues during COVID19 compared to 44% of the rest of the population.



28%

of LGBTQ people have experienced been laid off from their job during COVID19 compared to 20% of the rest of the population.

54%

of LGBTQ people have experienced a reduction in income during COVID19 compared to 41% of the rest of the population.



© Newgate Research (2020), April and May Banner Report for ACON. Sydney

INTERSECTIONALITY

Intersectionality refers to the overlapping of multiple identities or experiences, such as a cultural identity, sexual orientation and living with a disability. Each identity has its own experiences, and for those with multiple minority identities the result can be increased minority stress and stigma. Minority stress is caused by living in a world that is reflective of the majority not your minority. It is exacerbated by the unconscious biases held by those in positions of power that cause macroaggressions, such as people assuming you have a husband when you are a lesbian or being asked to select 'male' or 'female' when you are non-binary.⁸

People with intersecting minority identities face additional barriers to care and often poorer health outcomes. For example, newly arrived refugees need to navigate the health system in English, when it is not their first language, and they're often not eligible for Medicare, making care much more expensive (cost being a significant barrier to care). Data is also extremely scarce for intersecting identities and their health outcomes and barriers, however we will attempt to explore some of these intersectionalities here.

PEOPLE OF DIVERSE CULTURES AND LANGUAGE (CALD)

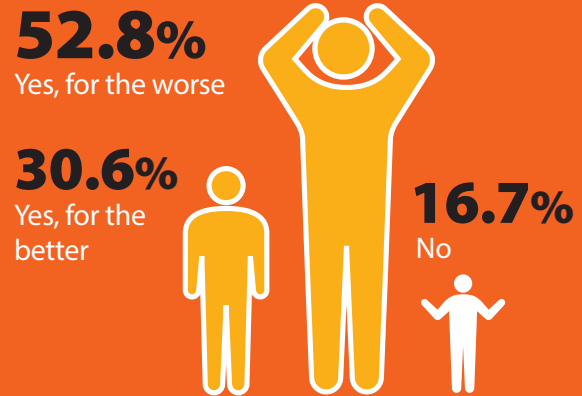
A recent report jointly produced by the City of Parramatta, the LGBTIQ Domestic Violence Interagency, the University of Western Sydney and ACON; "Home is where our story begins: Family Community and belonging for sexuality and gender diverse CALD people"⁹ reviewed the experiences of sexuality and gender diverse people who also are from a CALD background in Greater Western Sydney.

This ground-breaking research showed the spectrum of reactions and experiences of these people in "coming out", discussing the Same Sex Marriage Postal Survey and how that impacted their connection to family and community.

Key findings of this report were that there is limited LGBT-specific services in culturally diverse suburbs, and that "Some participants felt a disconnection between their cultural identity and their sexuality and gender. Participants felt they had to choose between living in the inner city and having access to sexuality and gender diverse (SGD) services and community, or to remain in Western Sydney and be connected to family

FAMILY AND COMMUNITY RELATIONSHIPS

Has your SGD identity affected your relationship with your family? n=36



Statistic taken from "Home is where our story begins" Report⁹ showing Culturally and Linguistically Diverse family reactions to their coming out as sexuality or gender diverse.

and culture. Some participants felt left behind and invisible to mainstream SGD services," clearly showing the complexities of designing services to cater for intersecting identities.

In 2020 Pride in Diversity (PID) and the Diversity Council of Australia (DCA) released a report; "Understanding the experiences of Culturally Diverse LGBTQ Talent"¹⁰ this also shines light on the complexities of dual identities. Both the DCA and PID research found that culturally diverse people are less likely to disclose their identity, however they did find that 90.5% of respondents personally supported LGBTQ inclusion. This goes against the long held negative stereotype that people from culturally diverse backgrounds would not support inclusion.

It is an important learning for service providers who may be hesitant in being openly LGBT-inclusive due to misguided fears that their diverse workforce or client base may not support that inclusive stance. The report goes on to suggest that organisations look to "develop responses that are appropriate and sensitive to the needs and experience of people from culturally diverse backgrounds" and "encourage more diverse people to get involved with leading diversity and inclusion initiatives".

“ Being from a non-Anglo-Saxon background and having English as a second language has had a huge negative impact on my career. I don’t believe being gay has ever been an issue. ”

Gay Male, Brazilian-Italian Cultural Identity, DCA/PID report¹⁰

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

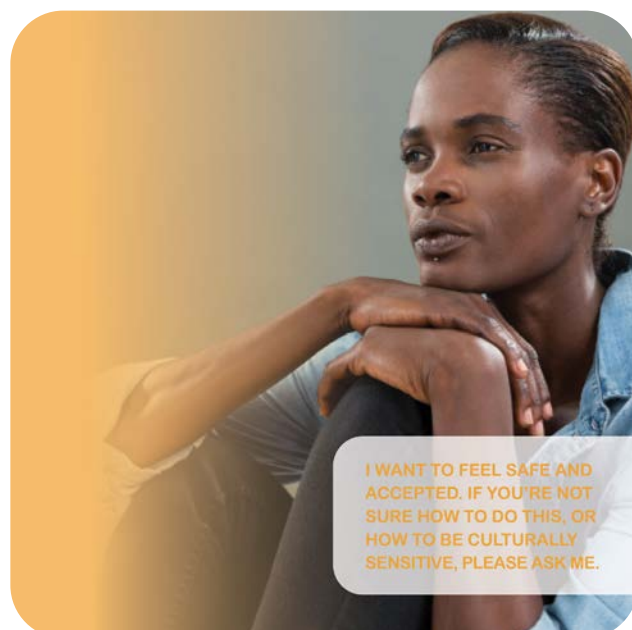
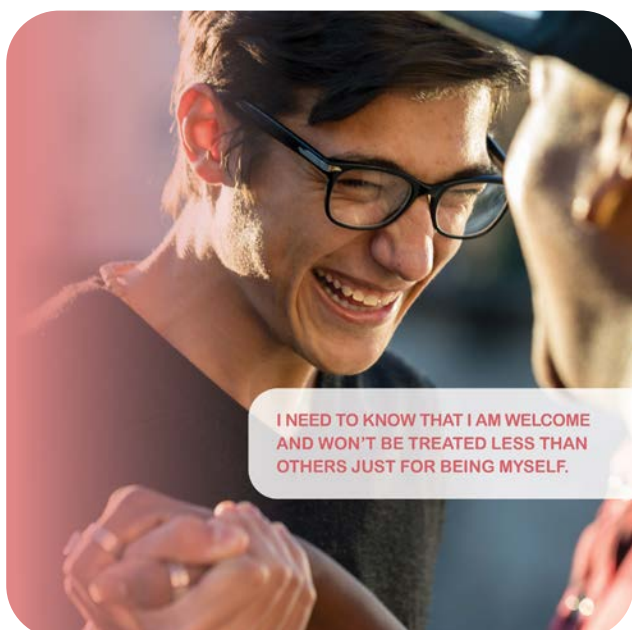
There is very little formal research or statistics available on the health and wellbeing of queer Aboriginal and Torres Strait Islander people (often referred to as Brotherboys and Sistergirls if they are gender diverse).

This is partly due to the lack of accurate data collection across all sexuality and gender diverse communities as a whole, but also the lack of focus on intersectional research over different populations. However, we do know that gender and sexuality diverse Indigenous people are more likely to be “excluded from mainstream health programmes, they are more likely to be at risk for violence, sexual abuse, HIV and AIDS and experience much higher rates of self-harm and suicide.”¹¹

“Being transgender in remote Aboriginal communities often means going against strictly observed cultural practices defined by, and for, male and female gender roles. In many cases it also means having to go against strictly held religious beliefs in the same communities.”¹¹

In the 2016 the report “Solutions that work: What the evidence and our people tell us Aboriginal and Torres Strait Islander suicide prevention evaluation project report”¹² people who identified as both Indigenous and LGBTQ are “particularly vulnerable” to suicide and self-harm. As the Human Rights Commission pointed out in their 2015 paper “In the last 15 years there has been no national strategy, plan or research to identify and meet the needs of the Aboriginal and Torres Strait Islander LGBTQI community. Previous LGBTQI reports have excluded Aboriginal and Torres Strait Islanders in national strategies and health plans specific to LGBTQI people ... the nuanced intersections of respondents needs ... are just the beginning of further work to be done in this area.”¹³

While further work is needed in better supporting people who have intersecting Indigenous and LGBT identities one clear recommendation has been articulated: Queer Aboriginal and Torres Strait Islander perspectives must be at the forefront of all solutions and their voices amplified to ensure appropriate representation and understanding of the complexities of this identity.



The "Solutions that Work" report¹² recommended that: People identifying as LGBTQI:

- Are overrepresented in suicides
- Should have representation on committees
- Should be included in the census or similar survey
- Need to be included in the Safer Schools Program
- Need to have specific policy gaps identified such as lack of services
- Should be included in all suicide prevention plans.

OTHER INTERSECTING IDENTITIES

There are many other intersecting identities that cause additional stigma and minority stress to gender and sexuality diverse communities such as people of faith, people living with a disability, homelessness and other identities that align with social determinants of health. Each of these identities brings with it unique characteristics, societal stereotypes and discrimination, as well as cultural traditions that overlap creating us all as individuals.

You may also see people from other cohorts within the gender and sexuality diverse communities such as queer youth, LGBTQ elders, LGBT people at risk of homelessness, those living with domestic and intimate partner abuse and other areas where they require care and social supports. These groups within the LGBT communities remind us that the group is not

homogenous and there is a great deal of variation within those who identify as having a gender or sexuality diversity.

REGIONAL AND RURAL COMMUNITIES

Gender and sexuality diverse people living in regional and rural communities also face significant barriers to affirming care, often having increased stigma and as a result may have poorer health. The 2019 Australian Workplace Equality Index¹⁴ has started to measure the experiences in these areas from a workplace perspective. Their findings show a clear mismatch of inclusion effort and services between metro and regional areas (see overleaf).

The Same Sex Marriage Postal Vote also demonstrated less inclusive attitudes within most regional and rural areas as demonstrated by the percentage of No votes. Saxby² also shows a direct correlation between inclusion and access to health care with reduced visits to GPs in areas with high no votes.

There is also significantly less choice of service providers in regional and rural communities, and the only choice within the nearest town may not be an affirming service, causing the person to choose to avoid care, not disclose or to travel further incurring additional cost and time constraints. There is also less LGBT-specific services offered outside metropolitan areas, once again requiring gender and sexuality diverse people to travel or use mainstream services that may not be inclusive or educated in their specific health needs.



Confidentiality is also considered an additional issue in smaller regional areas where healthcare staff may bump into clients in social situations, or be family friends. While being in a regional location doesn't cause lack of confidentiality but the perceived risk is definitely much higher.

REGIONAL AND RURAL EXPERIENCES



57%
of regional residents saw visible signs of inclusion compared to 71% of metropolitan residents.



42%
of regional residents were aware of active allies compared to 72% in cities.



REGIONAL LGBTIQ EMPLOYEES WHO HAVE BEEN ON THE RECEIVING END OF INAPPROPRIATE AND HARMFUL BEHAVIOURS AT WORK



22% have been the target of unwanted gay jokes, innuendo or negative commentary because of their sexuality.

36%
of the harassing and bullying behaviours were by customers.



3%
have been sexually harassed at work as a direct result of their orientation.



4%
have been the target of more serious bullying because of their sexuality.

Pride in Diversity (2019) *Regional Inclusion – A How to Guide.*

SUMMARY

The health disparities and barriers to care are often significant for those who are diverse in their gender identity or sexuality. For a service to be inclusive of all people it needs to be active and visible in its inclusion of LGBT people; to break down the barriers to accessing care and to open your doors to the communities. The Pride in Health + Wellbeing Program will assist you in achieving this, and hopefully getting the community through your door. We can assist you in minimising those barriers and structural stigma that the communities struggle with so they feel safe to access your service.

Once gender and sexuality diverse people have opened the door to your service then the cultural competency of your practice and staff will need to maintain their safety. By drawing on the advice and training provided by Pride in Health + Wellbeing, you will be able to tailor your services to meet the diverse needs of the LGBT communities.

Pride in Health + Wellbeing draws upon sector best practice examples and evidence-based lived experience to tailor its program to meet your specific program needs. By making your service person-centred and trauma informed you will move further along your inclusion journey, towards cultural competency.

The Health + Wellbeing Equality Index (HWEI) provides all organisations with free national benchmarking tool to qualitatively measure your inclusion. The HWEI provides you with a gap analysis and baseline tool as well as a way to actively demonstrate your inclusion year-on-year, showing the gender and sexuality diverse communities you aren't tokenistic and you have embedded competency in all you do, breaking down barriers to care.

- 1 Barmaky et al, 2017, LGBTIQ peoples' experiences of and barriers to healthcare. issuu.com/amsa-publications/docs/vector-volume-11-issue-2-2 accessed 21/5/20
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- 4 Taylor et al (2019) [doi: 10.31128/AJGP-06-18-4615](https://doi.org/10.31128/AJGP-06-18-4615)
- 5 Praeger et al (2019) The prevalence and factors associated with smoking among lesbian and bisexual women: Analysis of the Australian National Drug Strategy Household Survey [doi: 10.1016/j.drugpo.2019.03.028](https://doi.org/10.1016/j.drugpo.2019.03.028)
- 6 Prestage et al, (2018) Mental Health, Drug Use and Sexual Risk Behavior Among Gay and Bisexual Men [doi:10.1016/j.drugpo.2018.01.020](https://doi.org/10.1016/j.drugpo.2018.01.020)
- 7 Machalek, et al (2013) SPANC report
- 8 Foglia et al (2014) Health Disparities among LGBT Older Adults and the Role of Nonconscious Bias DOI: 10.1002/hast.369
- 9 Asquith et al (2020) Home is where our story begins; family community and belonging for sexuality and gender diverse CALD people.
- 10 DCA and PID (2020), Understanding the experiences of culturally diverse LGBTQ talent.
- 11 Kroff, (2020) LGBTI Aboriginal People – Diversity at the Margins, www.creativespirits.info/aboriginalculture/people/lgbti-aboriginal-people-diversity-at-the-margins accessed 22/5/2020
- 12 Dugeon et al (2016), Solutions that work: What the evidence and our people tell us Aboriginal and Torres Strait Islander suicide prevention evaluation project report.
- 13 Australian Human Rights Commission (2015), Resilient Individuals: Sexual Orientation, Gender Identity & Intersex Rights National Consultation Report.
- 14 Pride in Diversity (2019) Regional Inclusion – A How to Guide.

METHODOLOGY

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

Nicolas Parkhill, CEO, ACON

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 almost thirty 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 ten years and has been a successful, trusted and equitable measurement of LGBTQ inclusion in the workplace 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 and 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. It 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. It 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)

HOW ARE HWEI SUBMISSIONS ASSESSED?

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

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 the first time in 2020 we will also be awarding the HWEI Most Improved Service Provider. This is awarded to the organisation who shows the biggest improvement between successive index submission years.



ACON is Australia's largest not-for-profit health organisation for communities of diverse gender and sexuality, established in 1985 at the height of the HIV epidemic. Today we provide a wide range of training services to assist you with all aspects of LGBTQ inclusion. Our training offerings use a variety of activities, media, and resources to engage with learners. Specialising in co-design with community members we aim to address the unique needs of our communities with lived experiences.

• IN-PERSON AND WEBINAR •

- LGBTQ Introduction (1-2 hours)
- LGBTQ Awareness (4 hours)
- LGBTQ Inclusive Practice (6 hours)
- LGBTQ Aged Care Inclusive Practice (7 hours)
- LGBTQ AOD Support Inclusive Practice (7 hours)
- LGBTQ Mental Health Inclusive Practice (7 hours)
- LGBTQ DFV Service Inclusive Practice (7 hours)
- Understanding LGBTQ Relationships and Abuse (12 hours)

• eLEARNING •

- LGBTQ Awareness
- LGBTI Suicide Prevention for GPs
- LGBTQ Aged Care Inclusive Practice
- Asking Questions about Gender and Sexuality
- SCORM Package Available

• eLEARNING Coming soon •

- LGBTQ Sexual Assault Responses
- Trans and Gender Diverse Affirming Care

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2020 SERVICE PROVIDER TIER RECOGNITION

2020 TIER RECOGNITION

2020 Entry points to the tier recognition were as follows:

- **Gold 75+ points**
- **Silver 60 – 74 points**
- **Bronze 50+ points**

2020 HWEI SERVICE PROVIDER OF THE YEAR

Service Provider of the Year is an award that recognises an organisation who has achieved the highest score 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 Advance Diversity Services should be especially acknowledged given their LGBT-inclusion journey started part way through 2019. They have been championing inclusion for intersecting CALD communities, and advocating for change across their local geographic area and industry partners.

- **Advance Diversity Services**

Advance Diversity Services (ADS) is very proud to have been chosen the HWEI Gold Employer and HWEI Service Provider of the Year – a great tribute to the work we've been doing to improve our services and practices to support people of diverse sexualities and genders.

As a leading non-profit organisation specialising in services offered to culturally and linguistically diverse (CALD) communities, we're fully aware of the additional burdens and barriers that culture and religion can place on our LGBT individuals and communities. For a long time, CALD services have successfully swept supporting LGBT inclusion under the carpet, using culture and religion as the basis to keep it out of sight.

Not anymore, and not at ADS! As a committed member of ACON's Pride in Health + Wellbeing, we're

working hard to change in ways that ensure the migrants, refugees, elderly people, asylum-seekers, stateless, and internally displaced people who identify as LGBT feel included and safe to pursue the services they need from ADS as they establish their lives here. As we grow further as an inclusive organisation, we also hope we can be a lighthouse to other CALD providers.

2020 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 gender and sexuality diverse people. To obtain this recognition, services must achieve a score of 75 or higher out of 100, a much higher cut off than 2019. A substantial amount of hard work goes into achieving this score. Organisations who achieve Gold Tier recognition should be proud of their endeavours.

- **Advance Diversity Services**

- **Medibank**

Our Pride + Passion employee network group was instrumental in us achieving Gold Tier standing this year. In consultation with Pride in Health + Wellbeing, the group developed a strategy that focused on creating change in areas such as community and customer, employee engagement, systems and trainings, and health and wellbeing.

The result was an over 50 per cent increase in our score, catapulting Medibank from Silver into Gold. We're incredibly proud of our achievement, however the work's not done – a key focus for the next 12 months is gaining a better understanding of some of the risks that may present when delivering health services to LGBTQ customers so we can better support and guide our business around the provision of culturally safe services.

- **Uniting NSW.ACT**

Uniting strives to create work environments that are actively and authentically inclusive of all diverse groups. We know that LGBTI people continue to experience discrimination, violence, isolation or marginalisation in their personal lives and this can have a significant impact on their physical and emotional wellbeing and sense of belonging.

For Uniting, being assessed against the HWEI benchmarking tools helps us to co-create a culture of LGBTI inclusion, that we know will lead to higher performance, stronger engagement, and importantly a better understanding of our LGBTI clients and the communities we serve. Being a 9,000 workforce, 50,000 client strong organisation, we have a great reach to the wider community to make a real difference.

We are indeed proud of our achievements for being at the forefront of LGBTI Inclusion. But we will not rest, as we know we must continue our journey to truly build a sustainable, inclusive culture where all our LGBTI clients feel safe, valued and included and feel like they belong at Uniting.

2020 HWEI SILVER TIER RECOGNITION

Silver recognition is given to those organisations who have achieved a score between 60 and 74 out of 100. Again another jump in the Silver entry point in 2020. Silver is challenging to obtain as we see many organisations are still early in their inclusion journey. Achieving that Silver recognition demonstrates commitment to LGBT inclusive practice and the implementation of meaningful cultural change within their organisation.

- **Flourish Australia**
- **Network of Alcohol & other Drug Agencies (NADA)**
- **UnitingCare Qld.**

2020 HWEI BRONZE TIER RECOGNITION

Bronze recognition is given to those organisation who have achieved a score between 50 and 59 out of 100. 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 inclusion work over the 2019 calendar year.

- **ADSSI Limited**

2020 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 and year-on-year improvements. Congratulations to all participating organisations in the HWEI. This year we have two organisations within this tier.

- **NurseWatch**
- **Plus 1 submission not for publication**

2020 HWEI MOST IMPROVED PROVIDER OF THE YEAR

For the first time in 2020 we are awarding the Most Improved Provider of the Year. This is in recognition of the organisation who has achieved the greatest increase in their HWEI score compared to the prior year's submission .

- **ADSSI Limited**

A diverse workforce is one of ADSSI's key strengths. As a genuinely diverse and inclusive workplace, ADSSI climate surveys consistently report higher employee engagement, resilience, productivity and performance. Diversity has led to better outcomes for clients, volunteers and staff. People of diverse sexual orientation, gender identity or intersex variation make a significant contribution to our overall diversity. Our vision is an ADSSI that reflects the diversity of the community and leads social change, where people of all sexual orientations, gender identities and intersex variations feel safe, celebrated and valued.

ADSSI has committed to being actively and genuinely inclusive of all sexual orientations, gender identities and intersex variations. This commitment has had a significant positive impact on the physical, mental and emotional wellbeing of all our people, especially for those who continue to experience discrimination, violence, isolation or marginalisation in their personal lives.



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 prideinhealth.com.au

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2020



**HEALTH + WELLBEING
EQUALITY INDEX 2020
BENCHMARKING TABLES**



BENCHMARK ALL SUBMISSIONS (n9)

HWEI 2020 SUBMISSION

	Lowest	Average	Median	Highest	Available
SECTION 1 Strategy, Development, Service Planning & Provision	3	13	15	18	18
SECTION 2 LGBTIQ Cultural Safety	2	6	7	10	10
SECTION 3 Visibility of LGBTIQ Inclusion	3	8	9	10	10
SECTION 4 Initial Engagement & Assessment	0	5	6	12	12
SECTION 5 LGBTIQ Inclusivity & Disclosure Training/Resources	8	15	14	22	22
SECTION 6 Referrals & Stakeholder Management	2	5	6	8	8
SECTION 7 LGBTIQ Community Engagement	0	8	9	11	12
SECTION 8 Additional Work	0	2	3	4	8
HWEI TOTAL SUBMISSION SCORES	34	63	70	85	100

	Lowest	25th percentile	50th percentile	75th percentile	Highest
SECTION 1 Strategy, Development, Service Planning & Provision	3	14	15	16	18
SECTION 2 LGBTIQ Cultural Safety	2	4	7	8	10
SECTION 3 Visibility of LGBTIQ Inclusion	3	7	9	10	10
SECTION 4 Initial Engagement & Assessment	0	0	6	9	12
SECTION 5 LGBTIQ Inclusivity & Disclosure Training/Resources	8	11	14	20	22
SECTION 6 Referrals & Stakeholder Management	2	4	6	8	8
SECTION 7 LGBTIQ Community Engagement	0	7	9	10	11
SECTION 8 Additional Work	0	1	3	3	4
HWEI TOTAL SUBMISSION SCORES	34	54	70	78	85

BENCHMARK NFP/CHARITY (n7)

HWEI 2020 SUBMISSION

	Lowest	Average	Median	Highest	Available
SECTION 1 Strategy, Development, Service Planning & Provision	3	14	15	18	18
SECTION 2 LGBTIQ Cultural Safety	2	6	7	10	10
SECTION 3 Visibility of LGBTIQ Inclusion	7	9	10	10	10
SECTION 4 Initial Engagement & Assessment	0	6	6	12	12
SECTION 5 LGBTIQ Inclusivity & Disclosure Training/Resources	8	15	14	22	22
SECTION 6 Referrals & Stakeholder Management	2	6	6	8	8
SECTION 7 LGBTIQ Community Engagement	0	8	9	11	12
SECTION 8 Additional Work	0	2	3	4	8
HWEI TOTAL SUBMISSION SCORES	38	66	70	85	100

	Lowest	25th percentile	50th percentile	75th percentile	Highest
SECTION 1 Strategy, Development, Service Planning & Provision	3	15	15	16	18
SECTION 2 LGBTIQ Cultural Safety	2	4	7	8	10
SECTION 3 Visibility of LGBTIQ Inclusion	7	9	10	10	10
SECTION 4 Initial Engagement & Assessment	0	2	6	10	12
SECTION 5 LGBTIQ Inclusivity & Disclosure Training/Resources	8	11	14	20	22
SECTION 6 Referrals & Stakeholder Management	2	4	6	8	8
SECTION 7 LGBTIQ Community Engagement	0	8	9	11	11
SECTION 8 Additional Work	0	2	3	3	4
HWEI TOTAL SUBMISSION SCORES	38	58	70	75	85

BENCHMARK AGED CARE (n6)

HWEI 2020 SUBMISSION

	Lowest	Average	Median	Highest	Available
SECTION 1 Strategy, Development, Service Planning & Provision	6	14	16	17	18
SECTION 2 LGBTIQ Cultural Safety	2	6	7	10	10
SECTION 3 Visibility of LGBTIQ Inclusion	3	8	9	10	10
SECTION 4 Initial Engagement & Assessment	0	4	3	12	12
SECTION 5 LGBTIQ Inclusivity & Disclosure Training/Resources	8	16	17	22	22
SECTION 6 Referrals & Stakeholder Management	2	6	7	8	8
SECTION 7 LGBTIQ Community Engagement	4	9	9	11	12
SECTION 8 Additional Work	1	2	3	4	8
HWEI TOTAL SUBMISSION SCORES	34	65	70	85	100

	Lowest	25th percentile	50th percentile	75th percentile	Highest
SECTION 1 Strategy, Development, Service Planning & Provision	6	15	16	16	17
SECTION 2 LGBTIQ Cultural Safety	2	5	7	8	10
SECTION 3 Visibility of LGBTIQ Inclusion	3	7	9	10	10
SECTION 4 Initial Engagement & Assessment	0	0	3	8	12
SECTION 5 LGBTIQ Inclusivity & Disclosure Training/Resources	8	13	17	21	22
SECTION 6 Referrals & Stakeholder Management	2	3	7	8	8
SECTION 7 LGBTIQ Community Engagement	4	8	9	10	11
SECTION 8 Additional Work	1	1	3	3	4
HWEI TOTAL SUBMISSION SCORES	34	56	70	79	85

BENCHMARK MENTAL HEALTH (n5)

HWEI 2020 SUBMISSION

	Lowest	Average	Median	Highest	Available
SECTION 1 Strategy, Development, Service Planning & Provision	14	16	16	17	18
SECTION 2 LGBTIQ Cultural Safety	4	7	8	10	10
SECTION 3 Visibility of LGBTIQ Inclusion	7	9	10	10	10
SECTION 4 Initial Engagement & Assessment	0	6	6	12	12
SECTION 5 LGBTIQ Inclusivity & Disclosure Training/Resources	14	19	20	22	22
SECTION 6 Referrals & Stakeholder Management	2	6	6	8	8
SECTION 7 LGBTIQ Community Engagement	8	10	10	11	12
SECTION 8 Additional Work	1	3	3	4	8
HWEI TOTAL SUBMISSION SCORES	62	75	78	85	100

	Lowest	25th percentile	50th percentile	75th percentile	Highest
SECTION 1 Strategy, Development, Service Planning & Provision	14	15	16	16	17
SECTION 2 LGBTIQ Cultural Safety	4	7	8	8	10
SECTION 3 Visibility of LGBTIQ Inclusion	7	8	10	10	10
SECTION 4 Initial Engagement & Assessment	0	3	6	8	12
SECTION 5 LGBTIQ Inclusivity & Disclosure Training/Resources	14	18	20	21	22
SECTION 6 Referrals & Stakeholder Management	2	4	6	8	8
SECTION 7 LGBTIQ Community Engagement	8	9	10	11	11
SECTION 8 Additional Work	1	3	3	3	4
HWEI TOTAL SUBMISSION SCORES	62	71	78	79	85

BENCHMARK ADVOCACY (n6)

HWEI 2020 SUBMISSION

	Lowest	Average	Median	Highest	Available
SECTION 1 Strategy, Development, Service Planning & Provision	3	14	16	18	18
SECTION 2 LGBTIQ Cultural Safety	4	7	7	10	10
SECTION 3 Visibility of LGBTIQ Inclusion	7	9	9	10	10
SECTION 4 Initial Engagement & Assessment	0	8	9	12	12
SECTION 5 LGBTIQ Inclusivity & Disclosure Training/Resources	10	16	17	22	22
SECTION 6 Referrals & Stakeholder Management	2	6	6	8	8
SECTION 7 LGBTIQ Community Engagement	0	8	9	11	12
SECTION 8 Additional Work	0	2	3	4	8
HWEI TOTAL SUBMISSION SCORES	38	69	74	85	100

	Lowest	25th percentile	50th percentile	75th percentile	Highest
SECTION 1 Strategy, Development, Service Planning & Provision	3	15	16	17	18
SECTION 2 LGBTIQ Cultural Safety	4	5	7	8	10
SECTION 3 Visibility of LGBTIQ Inclusion	7	7	9	10	10
SECTION 4 Initial Engagement & Assessment	0	7	9	10	12
SECTION 5 LGBTIQ Inclusivity & Disclosure Training/Resources	10	12	17	21	22
SECTION 6 Referrals & Stakeholder Management	2	5	6	8	8
SECTION 7 LGBTIQ Community Engagement	0	7	9	10	11
SECTION 8 Additional Work	0	2	3	3	4
HWEI TOTAL SUBMISSION SCORES	38	64	74	79	85

BENCHMARK COMMUNITY HEALTH (n5)

HWEI 2020 SUBMISSION

	Lowest	Average	Median	Highest	Available
SECTION 1 Strategy, Development, Service Planning & Provision	6	14	16	17	18
SECTION 2 LGBTIQ Cultural Safety	4	7	7	10	10
SECTION 3 Visibility of LGBTIQ Inclusion	3	8	8	10	10
SECTION 4 Initial Engagement & Assessment	0	5	6	12	12
SECTION 5 LGBTIQ Inclusivity & Disclosure Training/Resources	12	18	20	22	22
SECTION 6 Referrals & Stakeholder Management	2	5	6	8	8
SECTION 7 LGBTIQ Community Engagement	4	8	9	11	12
SECTION 8 Additional Work	1	2	3	4	8
HWEI TOTAL SUBMISSION SCORES	34	68	78	85	100

	Lowest	25th percentile	50th percentile	75th percentile	Highest
SECTION 1 Strategy, Development, Service Planning & Provision	6	15	16	16	17
SECTION 2 LGBTIQ Cultural Safety	4	6	7	8	10
SECTION 3 Visibility of LGBTIQ Inclusion	3	7	8	10	10
SECTION 4 Initial Engagement & Assessment	0	0	6	8	12
SECTION 5 LGBTIQ Inclusivity & Disclosure Training/Resources	12	14	20	21	22
SECTION 6 Referrals & Stakeholder Management	2	2	6	8	8
SECTION 7 LGBTIQ Community Engagement	4	8	9	10	11
SECTION 8 Additional Work	1	1	3	3	4
HWEI TOTAL SUBMISSION SCORES	34	62	78	79	85

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T (02) 9206 2139
E info@prideinhealth.com.au
W www.prideinhealth.com.au

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For more information about ACON's Pride Inclusion Programs and LGBTQ Inclusion within Australian workplaces, health service provision or sport, visit: www.prideinclusionprograms.com.au

Key contributors: Claire Allen, Kosaku Makino, Finlay Long, Dawn Hough and Will Reilly.

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 Owners of the lands and waters. We honour and pay respect to Elders past, present and emerging, and extend our respect to all Aboriginal and Torres Strait Islander people.

