

# HWEI PRACTICE POINTS

DATA ANALYSIS FROM THE HWEI NATIONAL SURVEY

BEST PRACTICE FOR THE INCLUSION OF PEOPLE OF DIVERSE GENDERS & SEXUALITIES IN THE HEALTH & WELLBEING SECTORS

## KEY INSIGHTS OF THE HWEI 2023 EMPLOYEE SURVEY

Pride in Health + Wellbeing (PIHW) was developed to focus on the needs of organisations in this sector, specifically in relation to improving service provision and inclusivity to clients and service users.

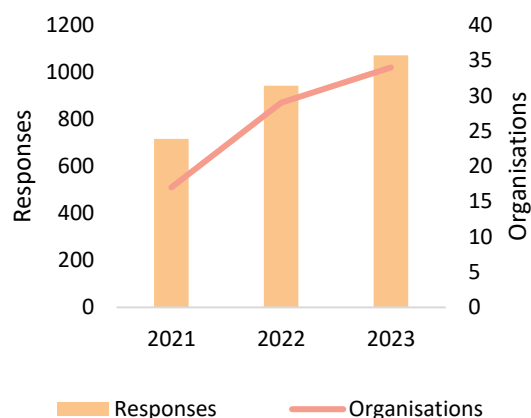
The annual Health + Wellbeing Workplace Equality Index (HWEI) Employee Survey is in its third year and with solid growth year on year, has developed from 17 participating organisation's and 717 responses in its first year to 34 organisations and 1071 responses in 2023.

The HWEI employee survey, provides insights into organisational culture, employee beliefs and opinions, and the interaction between employees and service users, particularly in relation to service provision to people of diverse sexuality, diverse gender and/or a trans experience.

Organisations participating in the survey are active in LGBTQ inclusion. These organisations are working on practices to ensure consumers, clients and service users feel comfortable approaching and using the services provided by the organisation.

In this practice point we will be focusing on the 2023 results, and where applicable, comparing it to the past two years to show trends.

We understand organisations use varying terms to describe the people that are supported or provided services. These can include client, consumer, customer, service user, patient, etc. Throughout the report, the term client is used as an all-encompassing term.

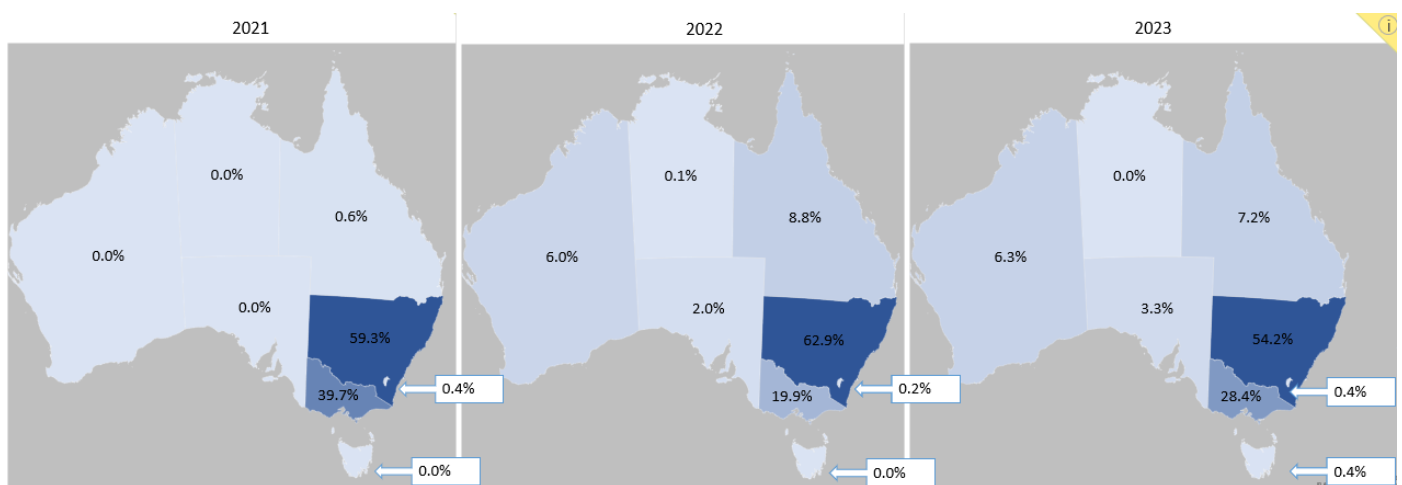


## Respondent Demographics

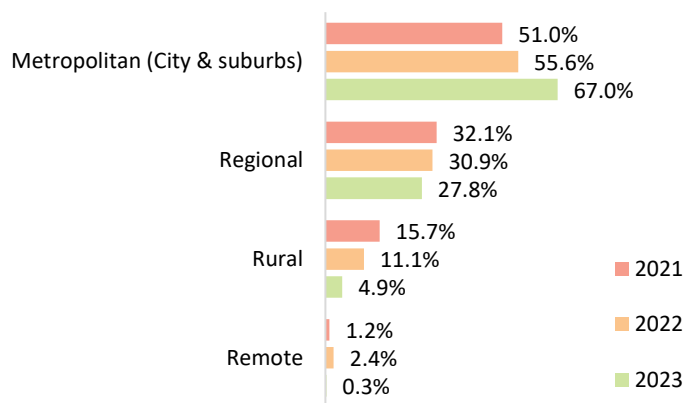
Each year, more organisations across Australia are participating in the survey. The demographics of respondents are important to consider when looking at the breadth of responses, particularly when considering differences between organisations and employees working in metropolitan vs regional locations, as well as different states which have differing health policies regarding people of diverse gender and sexuality. As survey participation grows, greater comparisons will be able to be achieved.

### Location

In 2023, most respondents continue to be from New South Wales and Victoria. As the program grows, we have seen participation from organisations in Queensland, Western Australia and South Australia. Less than 5 responses were received from each of the ACT, TAS and NT (less than 1% of responses).



Over 50% of responses were received from individuals working in city/metropolitan areas each year. In 2023 we introduced the ability to determine if a respondent was in a metropolitan city area, or in outlying suburbs. 67.0% of responses came from city areas, with 20.4% identifying working in city centres and 46.6% in city suburban areas.



Whilst all responses came from organisations working within the health and wellbeing sector, we ask organisations to identify their service type offerings from a list of 12 options (with the additional option to provide their own description of their service). Over 50% of responses were received from organisations who identified working in four areas.

Most organisations identified only one service area (n19/35), with 5 identifying 2 service types. 4 organisations identified working across 6 or more service areas.

Rank		Organisations in Service type		survey responses	
1	Alcohol and Other Drugs	15	20.3%	584	16.3%
2	Community Health General	10	13.5%	508	14.2%
3	Mental Health Support/Mediation	14	18.9%	494	13.8%
4	Aged Care & Home Nursing	6	8.1%	440	12.3%
5	Homelessness Services	5	6.8%	354	9.9%
6	Disability Support	5	6.8%	326	9.1%
7	Domestic & Family Violence/ Intimate Partner Violence	4	5.4%	284	8.0%
8	Lived Experience & Policy Reform	2	2.7%	199	5.6%
9	GP/General Medicine	6	8.1%	167	4.7%
10	Specialist Health (e.g., oncology, audiology, etc)	5	6.8%	133	3.7%
11	Sexual Health	2	2.7%	83	2.3%
12	Another service type not listed above	10	13.5%	201	5.6%

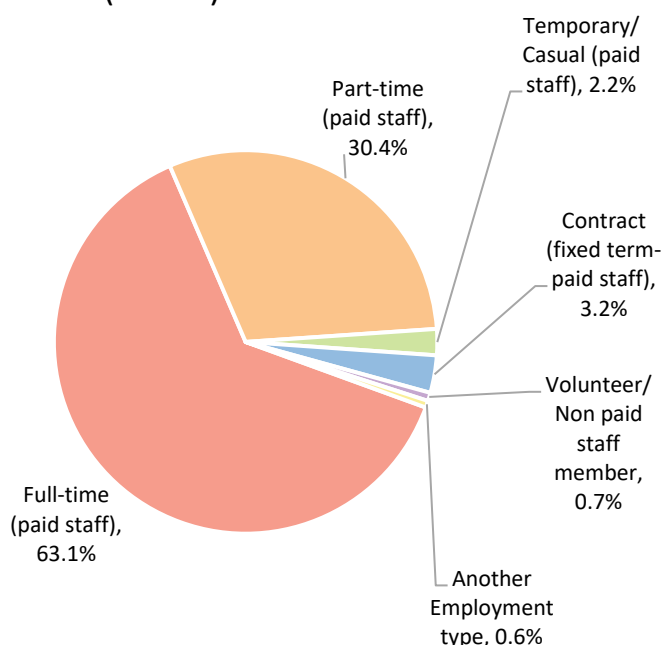
Other service types identified were private health practice, hospitals, youth mental health, women’s health and other community services including emergency relief, employment and carer services.

*In the workplace*

In 2023, 63.1% advised being employed full time, and 30.3% part time. 5.4% are employed on temporary/casual or contract basis with less than 1% being volunteers.

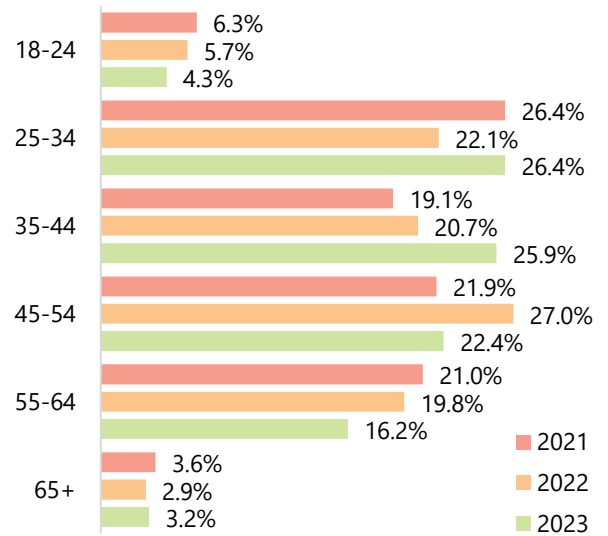
While we are looking at a small population set, we have seen a 77.2% decrease in those advising they are temporary/casual staff members, and a 11.6% increase in those in full time employment between 2021 and 2023.

2023 (n1042)



## Age

Age demographics of respondents have changed year on year. A small proportion of employees are under 24 or over 65. Year on year, an increasing number of respondents are within the 35–44-year age group, with a 24.8% increase in respondents, (2023: 26.4% v 2022: 20.7%) while the 55–64-year group has decreased 18.5% from 19.8% in 2022 to 16.2% in 2023.



## Gender Identity

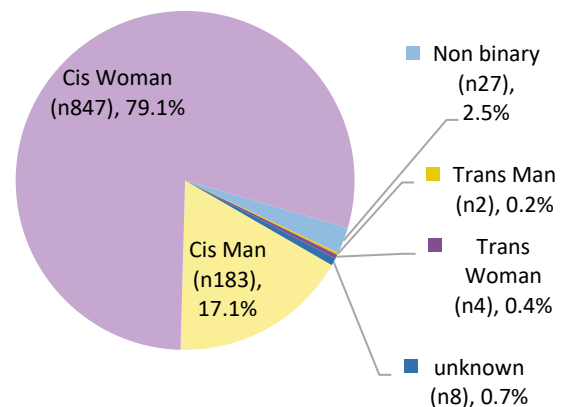
In 2023, 96.5% of respondents identifying with binary identities (Man/Male or Woman/Female), and the remaining 2.5% with non-binary identities (non-binary or a gender identity not listed) (0.8% did not respond to this question)

There has been little change in the percentage of respondents identify with binary identities (man/male or woman/female) though we are seeing a small trend downward with 0.7% fewer respondents identifying this way between 2021 and 2023.

For those identifying as non-binary or with a different term, a 12.6% increase has occurred between 2021 and 2023. A 37.6% increase.

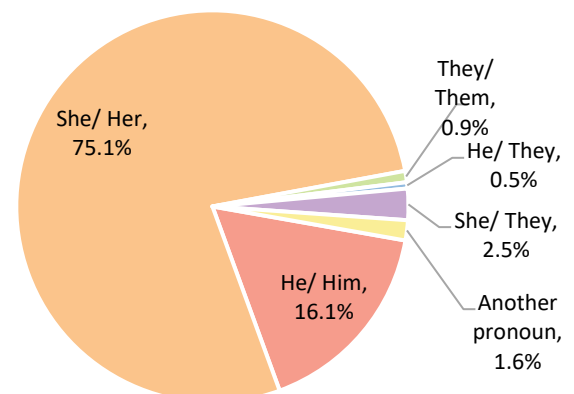
Cisgender people represent 96.2% of all respondents while 3.1% have identified as being of diverse gender (non-binary or having a trans experience). Respondents to the Health + Wellbeing survey are overwhelmingly more likely to be cisgender women (79.1%).

Respondents by Gender identity



## Pronouns

To help understand the importance of personal pronouns, respondents are asked to advise the pronouns they are most comfortable using. 1% of respondents have advised using gender-neutral (they/them) pronouns, and a further 3.1% use rolling pronouns (i.e. she/they or he/they). Additionally, 1.6% have stated they use a different pronoun to she/he/they.

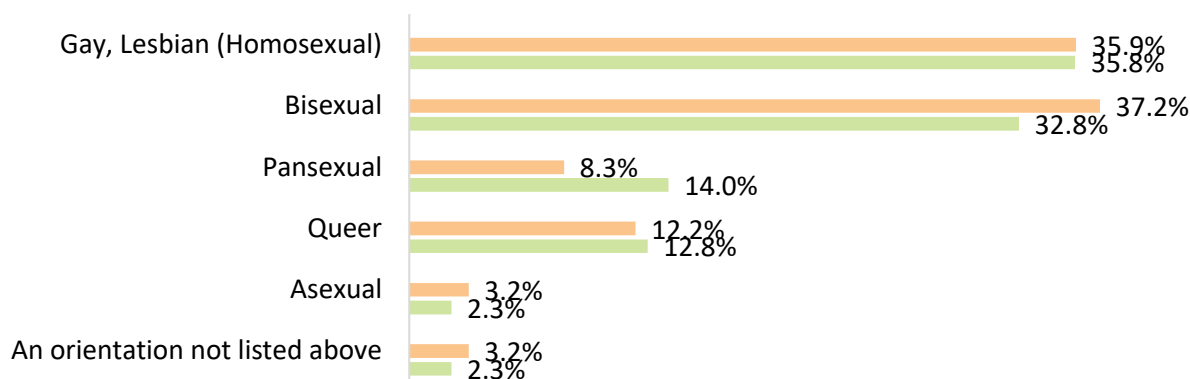


Overall, 5.4% of respondents use personal pronouns other than she or he. Whilst this may seem a small number, this is reflective of the general population seen within the AWEI<sup>1</sup>, and is becoming more common.

### Sexual orientation

People of diverse sexuality make up 25.4% (n265) of all respondents, a 39.6% increase from 2022 (2022: 18.3%).

There has been a significant increase in respondents who identify as pansexual (up 67.5%) or queer (up 5.3%) from 2022 to 2023 and a decrease in those identifying as bisexual (down 11.7%).



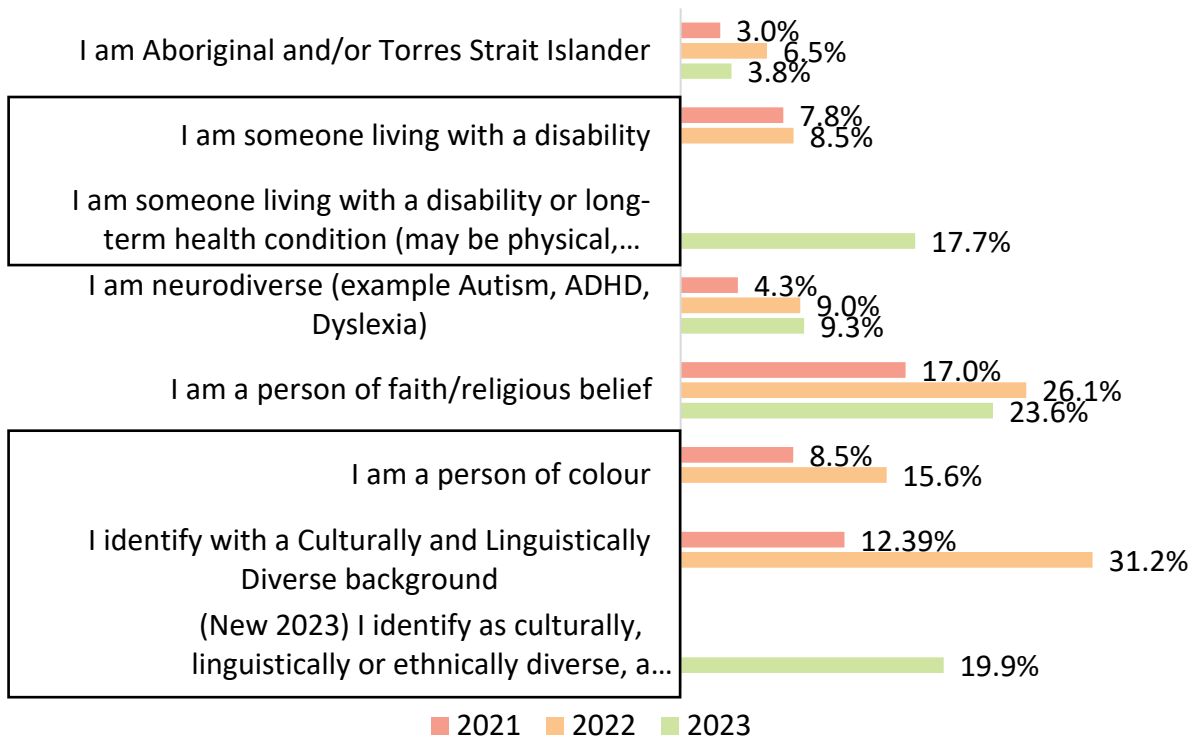
### Additional personal attributes

Whilst the Health + Wellbeing survey does not specifically focus on other areas of diversity; we do ask about other aspects of respondents' backgrounds or identities to understand how these factors may impact on experiences or attitudes towards inclusion initiatives supporting people of diverse sexuality and/or gender and how they with may intersect with being LGBTQ.

Of all respondents, 52.3% have identified with one or more other areas which may impact on their workplace experiences or attitudes We have seen an increase of people who are identifying as neurodivergent (up 3.3%) and those with living with a disability, (up 107.7% from 2022 which may be related to a change in the question wording to include people living with long term health conditions). In 2023 we have seen a reduction in respondents identifying as Aboriginal and/or Torres Strait Islander going from 6.5% of respondents in 2022 to 3.8% this year.

In 2023 we combined the identities of being a person of colour and identifying as culturally and linguistically diverse and so these percentages are not directly comparable due to respondents potentially identifying as both in previous years.

<sup>1</sup> Australian Workplace Equality Index Employee survey <https://www.pid-awe.com.au/data-analysis/>



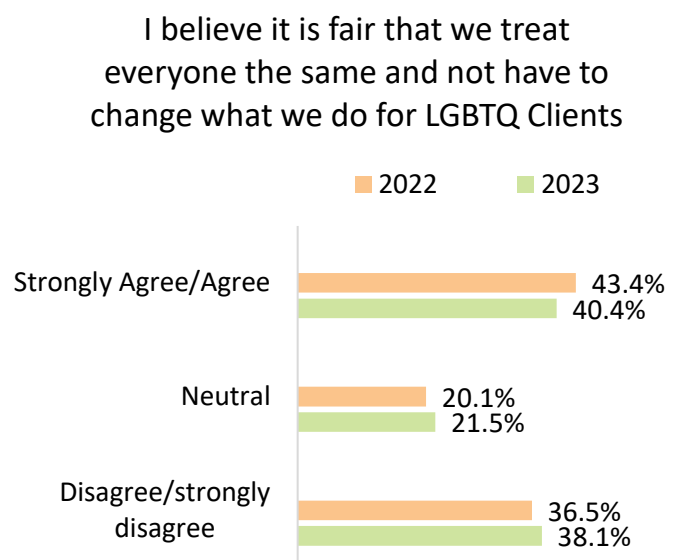
## General Views

### Organisation support for LGBTQ Service users

For the past 2 years, over 90% of respondents have agreed that they believe it is important that “services in the care and health sectors be active in LGBTQ inclusion” (2023: 94.4%, 2021: 92.8%). Unfortunately, there has also been an increase in the number of respondents who disagree or strongly disagree with the statement (2023: 1.7%, 2021: 1.1%).

We are seeing small shifts in responses to the question “I believe it is fair that we treat everyone the same and not have to change what we do for LGBTQ Clients.” In 2023 38.1% of respondents disagreed with the statement up slightly from 36.5% in 2022. Those who have selected a neutral response have also increased from 20.1% to 21.5%, which suggests that employees in the health care sector are identifying that LGBTQ service users may have differing needs to service provision than other service users.

When training employees, organisations need to consider not only their policy and processes around inclusion, but also the belief systems of



employees which may impact on support, service delivery and treatment outcomes for their clients. Understanding individual or collective beliefs can assist to ensure the most appropriate employee to client match.

In 2023 75.2% of respondents agreed that there are more than two genders (male/female), with just under 10% disagreeing (all others were neutral). Agreement of more than two genders has increased 7.2% since 2021 (from 70.1%) which is encouraging.

To the question "My personal beliefs mean I cannot look after clients of diverse sexuality and/or gender" we note a steady decline in respondents who agree with this - from 3.9% in 2021 to 2.7% in 2023.

LGBTQ employees are more likely to disagree that their beliefs preclude them from looking after LGBTQ clients than non-LGBTQ respondents.

No respondent of diverse gender felt that they are unable to support service users who are of diverse sexuality and/or gender.

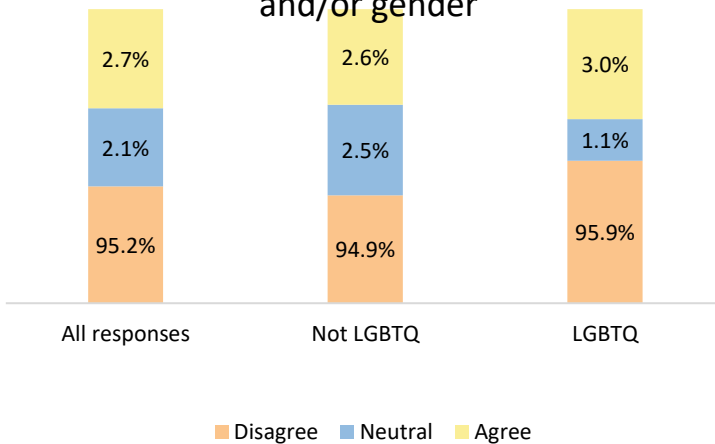
*Understanding health disparities of LGBTQ clients*

Just over 77.3% of respondents agreed that they are aware of some of the specific health disparities faced by people of diverse sexuality (2023: 77.3%, 2022: 78.0%, 2021: 74.8%) or diverse gender (2023: 77.5%, 2022: 76.1%, 2021: 72.6%).

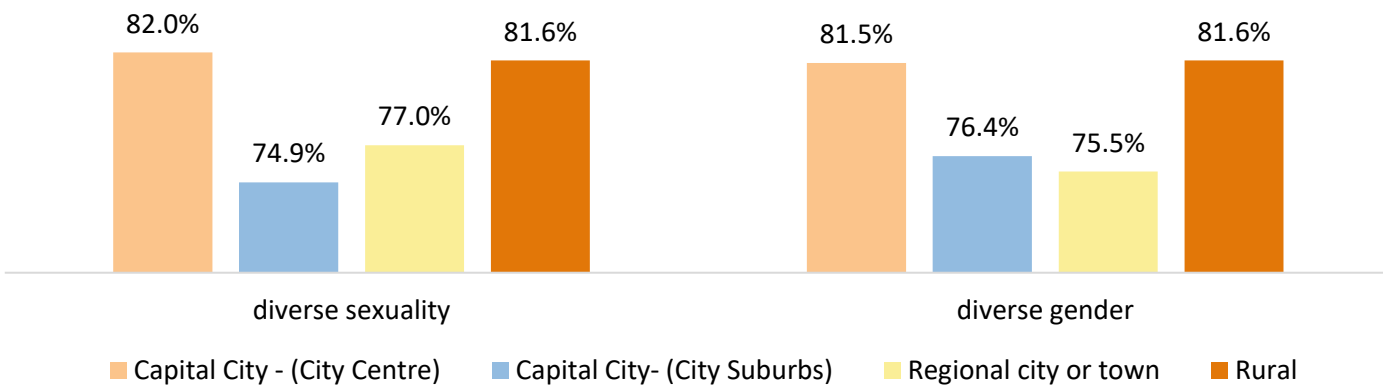
There was no significant difference in awareness between respondents working in capital cities vs region/rural/remote locations in 2023.

Those working in capital city centre locations advised being aware, 8.6% higher regarding diverse sexuality, and 6.2% higher regarding diverse gender health disparities than respondents in capital

My personal beliefs mean I cannot look after clients of diverse sexuality and/or gender



I am aware of some of the specific health disparities faced by clients of:



city suburban locations. Interestingly respondents from rural and regional areas are advising knowledge of these potential health disparities at a higher rate than those in city suburb locations.

The more employees are aware of health disparities and the need for different service and support offerings, the easier it will be for LGBTQ clients to find services to support them in their local communities.

### *Creating LGBTQ inclusive environments*

Another area of survey focus is the comfort level of employees when working with LGBTQ clients.

Alongside the HWEI employee survey, in 2023 we also provided a client survey to participating organisations. The client survey has shown; LGBTQ clients have delayed treatment due to being concerned they would not be accepted; have not disclosed their diverse sexuality and/or gender for fear they would be discriminated against; and many, prior to using a service, are concerned that their privacy will not be respected.

In 2023, 124 clients from participating HWEI employee survey organisations answered the survey.

- 44.5% agreed that they concerned that my privacy may not be respected before using/visiting a service
- 21.2% agreed that they research to see if an organisation is 'LGBTQ-friendly' before approaching it
- 32% agreed they had chosen not to disclose their sexuality &/or gender due to fear of discrimination
- 12% agreed they had postponed or delayed medical care because they thought they would not be accepted

Ensuring that an employee is comfortable discussing LGBTQ related matters with clients will support client outcomes by making it easier for clients to seek health care in welcoming environments.

From the employee survey, for clients who wish to be called a different name than is listed on official documentation, only 12.6% of respondents are not aware of the appropriate process to follow.

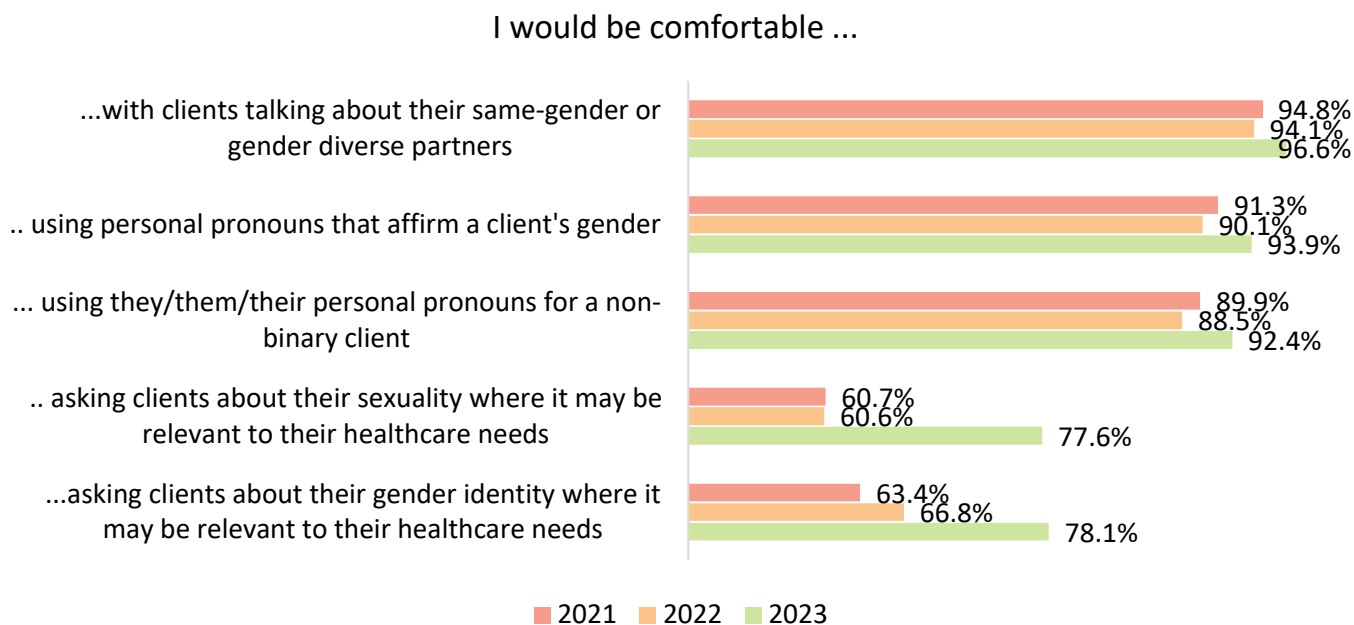
Respondents have advised being comfortable with a client talking about their same-gender or gender diverse partner at a higher rate, 96.6% in 2023 compared with 94.1% in 2022 and 94.8% in 2021.

94.0% of respondents agree they are comfortable using personal pronouns which affirm their client's gender, and 92.4% agree they are comfortable using they/them/their pronouns for a non-binary client.

When it comes to discussing and asking about sexuality and gender within relevant healthcare contexts, comfort levels have increased from previous years. 77.6% of respondents are comfortable



asking clients about their sexuality, and 78.1% are comfortable asking about gender compared to 60.6% and 66.8% respectively in 2022. These questions were changed slightly in 2023 to put more focus on discussing sexuality/gender when relevant to healthcare needs<sup>2</sup>.



### Addressing bullying and harassment behaviours

In 2023, a focus on bullying and harassment behaviours was integrated into the HWEI Employee survey. We acknowledge that all bullying and harassment is problematic. Within the survey questions have been asked to provide more insight into the type and intensity of negative experiences which may have been witnessed, while not intending to minimise any experiences which may have been had.

Respondents were asked to consider mild bullying behaviours such as negative commentary, jokes and/or innuendo, compared to more serious behaviours within their workplace.

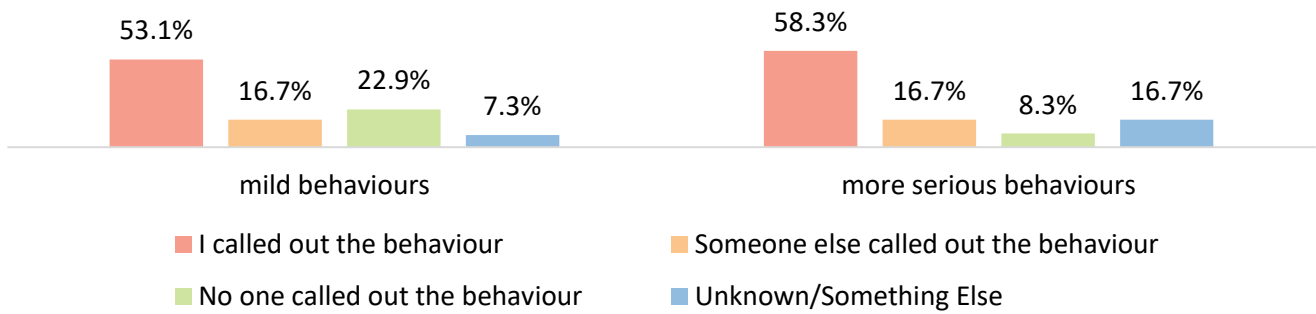
9.2% of respondents agreed that they had witnessed mild behaviours (e.g., negative commentary, jokes and/or innuendo) by employees targeting a client of diverse sexuality and/or gender within their service.

<sup>2</sup> i.e., from "I am comfortable to ask clients about their sexuality", to "I am comfortable asking clients about their sexuality where it may be relevant to their healthcare needs"

1.2% of respondents agreed that they had witnessed more serious behaviours, with similar rates of action being undertaken.

For mild behaviours, 69.8% advised that mild behaviour had been called out, and 75.0% of more serious behaviour had been addressed.

When witnessed, what action took place?



95.1% of respondents agreed that the “I would be confident in responding (or calling out behaviours) if I were to witness discriminatory remarks” from an employee toward a client, and 87.1% agreed being confident to respond to remarks between two clients.

For employees that witnessed mild behaviours from an employee towards a client, and advised “something else” took place, actions such as correcting language to reset the conversation, attempting to educate the staff member, softly saying something and discussing with their manager were all noted.

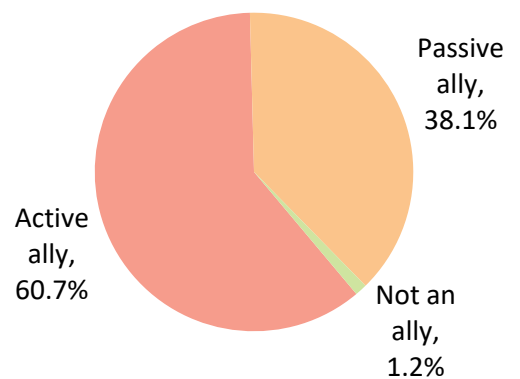
Within the client survey, 32% of respondents advised that within health services they have, at some point in the past, experienced discrimination due to their diverse sexuality and/or gender, and 12% agreed that they had experienced discrimination within their current service provider. Having employees willing to address these behaviours as they arise will continue to increase feelings of safety for LGBTQ clients.

*Allyship*

Questioning allyship in the Health + Wellbeing employee survey was instigated in 2023.

LGBTQ allyship provides another opportunity for organisations and employees to promote themselves as inclusive and safe spaces for LGBTQ clients. An ally can be someone who is not LGBTQ, or someone who is, and is willing to support people who may identify with the same or a different LGBTQ diversity as themselves.

Being an active ally can be as simple as wearing a rainbow lanyard or pronoun pins, having pronouns



within email signatures or name tags, right through to being active on committees or organising events.

In 2023, respondents were asked how they would identify themselves regarding their allyship to LGBTQ people, regardless of if they themselves identified as being of diverse sexuality and/or gender.

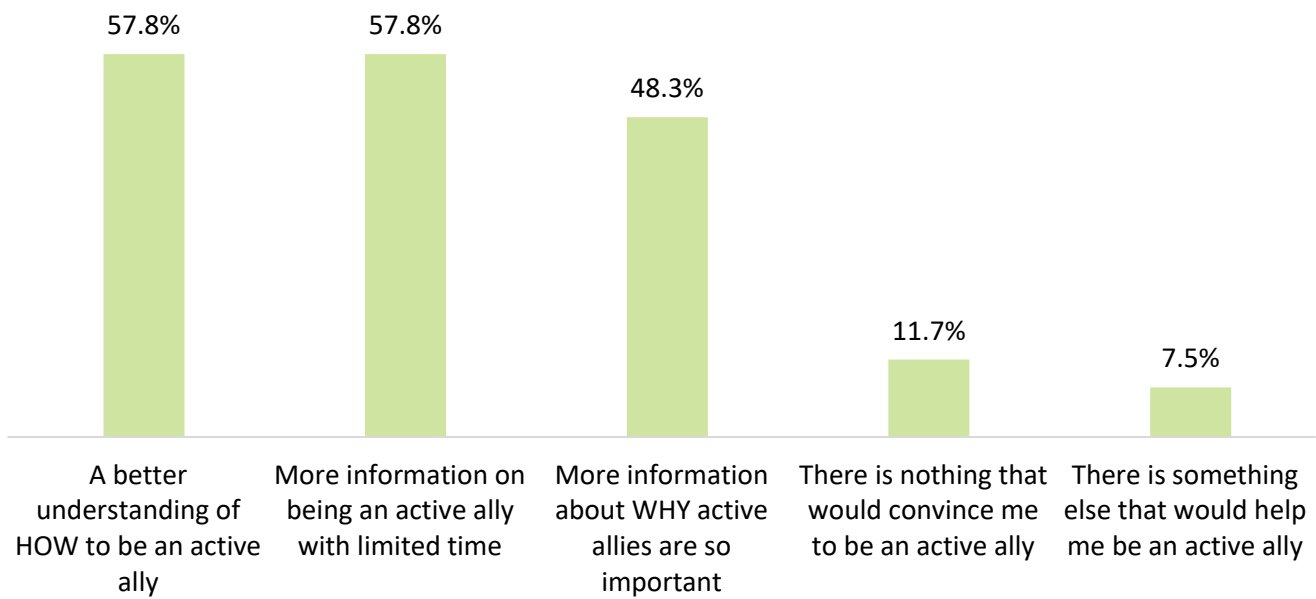
60.7% of respondents advised they feel active in their allyship. This is a significantly higher rate than responses we receive in the AWEI (2023: 43.6%), which may be due to many factors including;

- lower response numbers,
- a reflection of the personalities who chose to work in the health and wellbeing sector,
- significantly higher proportion of cisgender women respondents, or
- any combination of these.



Of the 39.3%, who are passive or not allies, 37.1% agreed it is because they are too busy to be an active ally, 18.5% do not have any personal interest in LGBTQ inclusion, and 9.2% advise it would conflict with their personal beliefs. Other reasons include; people thinking they are LGBTQ (3.9%), concern of being ridiculed or being the target of jokes (2.9%) and it being frowned upon by someone with influence over their career (1.6%)

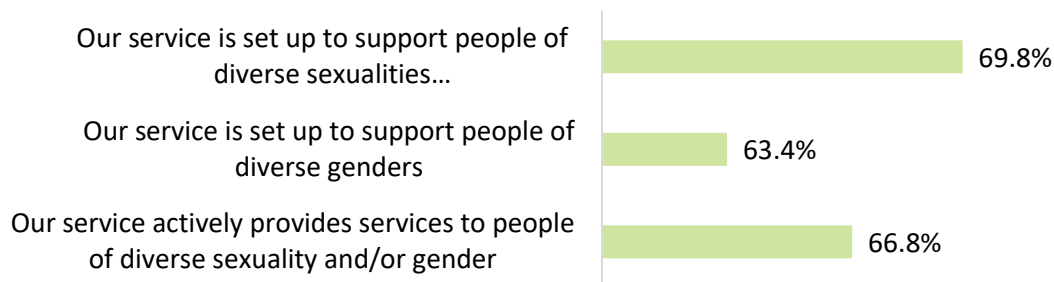
Respondents have agreed that having a better understanding of how to be an active ally, and how to be active with limited time are the biggest influencers to moving towards being an active ally. 11.7% advised that there was nothing that would convince them to become active in the LGBTQ inclusion space.



### Service provision and Resources

Consideration of their organisation’s approach for service users of diverse gender or sexuality is also discussed. A comparison with previous years is not applicable as these questions were adjusted for best practice in 2023<sup>3</sup>.

In the most part respondents agree their organisation is set up to support and provide services to people who are within the LGBTQ community, however there are still over 30% of respondents who don’t agree that their service is set up to support clients of diverse sexuality, and almost 40% for clients of diverse gender.



When looking at documentation which supports employees to work with LGBTQ clients, we asked respondents if they can find resources<sup>4</sup>.

<sup>3</sup> 2021-2022 - "our service is set up to accommodate..." 2023 "our service is set up to support..."

<sup>4</sup> Wording changed from 2022-"Are you aware of and can you find when asked:" to 2023-"Thinking about your organisation's resources please indicate if you can FIND the following:"

### I can find resources:



Reflecting on the result from previous years, we have seen a decline in respondents agreeing. It seems that people had previously known that documents existed but may not have been able to find them when needed. This highlights the need for organisation to not only have these resources, but to store them in an easily accessible location, and to ensure that employees are aware of how to access them regardless of them being printed or digital.

## IN CONCLUSION

While the HWEI Employee survey is still in its infancy, the yearly results are encouraging, and show that inclusion activities within participating organisations are increasing. Participating employees are increasingly acknowledging that LGBTQ clients may have differing needs when it come to health and wellbeing service delivery.

We know that LGBTQ individuals often have more barriers to seeking healthcare, including concerns about discrimination, and inadequate access to LGBTQ-specific health, wellbeing, and human services. They often hit access roadblocks, refrain from using critical services, practice care avoidance behaviours, and as a result, experience poorer health and wellbeing outcomes than their non-LGBTQ peers.

Increasing the visibility of an organisation's overall allyship, or an individual employee's allyship, will support clients to feel comfortable in approaching and gaining support. This can be achieved in a myriad of ways including ensuring that application forms contain inclusive language and options for clients to identify in the most appropriate way, using pronouns in email signatures and pins/name badges, displaying rainbow lanyards, flags or posters, and including statements on websites etc.

LGBTQ employees show greater comfort levels working with LGBTQ clients. Having inclusive employment practices can increase overall inclusion across the organisation.

### ACTION POINTS – WHAT CAN YOU DO?

1. Ensure LGBTQ inclusion is part of your Diversity & Inclusion strategy and have conversations on a regular basis. Assess what is working, what is not and be prepared to change tactics as best practice methods also change.
2. Talk to LGBTQ leaders in your community to create an understanding of the local needs.
3. Review your service processes to check they are inclusive of LGBTQ people.
4. Develop resources to support employees understand the barriers for LGBTQ clients, and how to support them, and ensure they are well communicated and easy to locate. Pay particular attention to addressing health disparities, and identifying and dealing with negative behaviours that are often experienced by LGBTQ clients.
5. Link up with other organisations in your area to pool resources and share knowledge about working in your community.
6. Encourage your employees to participate in days of significance, or optional training when it is available.
7. Organisations who participated in the survey, compare your organisation's results to all results summaries, to see how your organisation is measuring up
8. If your organisation is not yet participating, sign up to the HWEI Employee survey. There are over 1 million employees working in the Health Care and Social Assistance sector in Australia; the more organisations and employees who participate, the more beneficial it is for everyone.
9. HWEI members - please speak to your Relationship Manager regarding how to use this information to influence your activities and promote a more inclusive workplace and environment for your staff and clients.

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*Pride in Health + Wellbeing (2023). Health + Wellbeing Equality Index (HWEI) Employee and Client Surveys. ACON's Pride Inclusion Programs*

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