

**EVALUATION REPORT ADDENDUM:**

**LGBTI DIVERSITY IN AGED CARE  
COMMUNITY PILOT WORKSHOPS**

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## 1. INTRODUCTION

The aim of the Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Diversity in Aged Care Training was to increase awareness of LGBTI issues among aged care services providers. Upon completion and evaluation of the first twelve workshops targeted at residential aged care providers, three pilot workshops were implemented to see if the program could be successfully adapted for aged care providers working in a community setting. This report is an addendum to the evaluation report of the twelve pilot workshops completed in August 2010.

The program that was rolled-out for residential aged care provider was revised prior to the implementation of the pilot workshops with community providers. While generally overall content remained the same, more relevant examples for community aged care providers were highlighted within the program. Another significant new addition was the inclusion of The Val's Care Aged Care Audit Tool that can be used by services to review how inclusive they are of GLBT.

The evaluation of the three pilot workshops consisted of:

- evaluator workshop observation (Hurstville workshop);
- pre- and post-survey;
- end-of-workshop survey; and
- two focus group discussion with workshop participants (Hurstville and Rhodes workshops).

## 2. PILOT WORKSHOPS

The three pilot workshops were implemented in Hurstville and Rhodes in Sydney, and Adelaide. Where information was provided, approximately 34 per cent of participants came from a faith based organisation while the remaining 66 per cent were from secular organisations. Three quarter of workshop participants indicated they worked in a community setting, while the remaining quarters worked in a residential care setting.

Workshop participants, where information was provided, held a number of different positions: 32 per cent were in a coordinator position, 23 per cent case management or assessment, 12 per cent nurses or allied health positions, 10 per cent were carers, and another 10 per cent managers or team leaders. Twelve per cent were a mixture of other positions including administration, activities officer, staff development officers and project officers.

**Table 1 Number of returned evaluation surveys**

Workshop	Surveys returned
8 February 2012      Hurstville, Sydney	23
9 February 2012      Rhodes, Sydney	27
13 February 2012     Adelaide	35
<b>Total</b>	<b>85</b>

**3. OVERALL RESPONSE**

The three pilot workshops were extremely well received by workshop participants. Participants rated the workshops highly across all indicators. Participants reported that workshop was relevant, useful and interesting.

“I learnt a lot.”

“I really got a lot out of today. I came along thinking it’s going to be boring and I was not feeling like I am gonna fall asleep...It was fantastic”

“Entertaining. They kept us involved”

“Open and honest”

Importantly, when asked if they would recommend the session to colleagues, 94 per cent indicated they would, only one participant indicated they would not while another four participants were unsure if they would.

“Fabulous training. Can I recommend this training to metro and rural OPMHS (Older Persons Mental Health Service)?”

“Fantastic will be recommending this training to others”

“I came because one of the girls came to one of the sessions last year and she said it was good”

Key findings include:

- 100 per cent strong agree or agree the training was useful;
- 98 per cent strongly agree or agree the training was relevant;
- 99 per cent strongly agree or agree the training was interesting;
- 91 per cent of participants indicated that it met their expectations.

**Table 2 Workshop expectations**

Questions	Yes	No	Unsure	No.
Did the workshop meet your expectations?	91%	1%	8%	76
Would you recommend this session to other staff?	94%	1%	5%	78

Note: Approximately 10 per cent of respondents skip this question (possibly it is not well noticed when completing the evaluation sheet).

**Table 3 Response to workshop**

Statements	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	No.
I found the training relevant	60%	38%	2%	0%	0%	85
I found the training interesting	69%	29%	1%	0%	0%	85
I found the workbook was helpful	57%	36%	7%	0%	0%	84
I found the training useful	63%	37%	0%	0%	0%	84
The workshop was well organised	62%	35%	2%	0%	0%	85
The trainers were informative and helpful	67%	31%	2%	0%	0%	85
Overall, the workshop increased my	64%	35%	1%	0%	0%	83

#### 4. TRAINING PROGRAM

At the commencement of the workshop, the training is contextualised as being part of a person-centred approach. The trainers help set the focus of the training by explaining its not aiming to change personal values, but aims to help facilitate understanding of LGBTI diversity, and support the provision of professional and inclusive community and residential aged care service. The trainers also set the tone in how they approach the subject matter.

“Friendly - not confrontational”

“Facilitator maintained a calm atmosphere. Involved participants”

Participants responded favourably to the interactive nature of the workshop. They reported that they found it easy to ask questions or raise issues of concerns.

“It was interactive”

“The relaxed environment encouraged participation from everyone presents.”

**LGBTI history timeline:** As in the residential workshops, there was a very favourable response to the LGBTI history timeline session. Participants found that it helped them understand the issues LGBTI people had faced over the years.

“I liked hearing the history”

**Role play:** The role play that follows the presentation on the LGBTI history timeline was valued by participants. They found it helped them better empathise with the different experiences of LGBTI people born in different decades. However, participants requested more proscriptive instructions be provided to the small groups.

“I think it would have been easier if they come around and said you are a lesbian, you're a transgender...we all ended up being gay men”

“I think the role play I thought it wasn't explained well enough. When we were split into the three groups. We didn't really understand what we were supposed to be discussing. It wasn't structured enough. Maybe giving three specific questions that we had to answer would be better than the way it was run. I think it's a good idea, but it wasn't structured well enough”

In the Hurstville workshops some participants felt “put on the spot” during the reportback session and felt that the session went too long.

“Getting up in front of group of people that you don't know...Getting up there on your own and being put on the spot”

“And I think it went on for too long”

In the Rhodes workshops some participants believed that the small groups were too large which restricted participation. There were strong personalities in the Rhodes workshop may have impacted how the small groups ran.

“Few of us that were left out of the group”

**HIV information:** During the Hurstville workshop the HIV information session occurred in the afternoon as part of the LGBTI health information session. Participants found the session was inadequate in terms of where it was scheduled in the program, and the depth of information provided.

“I did think that perhaps timing of the information around HIV wasn't necessarily appropriate.”

“Needs a little more in depth”

“Lack of time to cover some material particularly the HIV/AIDS information”

Prior knowledge should not be assumed, for example, one participant reported at the end of the session not knowing the difference between HIV and AIDS.

“I didn't feel they differentiated very clearly between the two (HIV and AIDS)”

To address these issues, the program was revised so that the HIV/AIDS session was shifted to the morning, run separately from LGBTI health information and with more time. The feedback from the Rhodes workshop participants indicates this change was appropriate.

“I really liked the HIV side of it, that was very informative”

“It changed my perspective on some of my own thinking's here today.. You don't have to be so nervous about nursing them, what you can pick up and how you can pick it up. It clarified a lot”

Hurstville workshop participants also reported that they felt they received contradictory messages on HIV and gay men. There needs to be some better backgrounding on how HIV disproportionately impacts on gay men in Australia, and therefore why its covered in the training, while at the same time not reinforcing beliefs that only gay men have HIV or at risk. This contextualisation of HIV appears to have occurred in the Rhodes workshop.

“What's the training about like is it about HIV/AIDS or is it about GLBT. If at the beginning of the training you are saying not all gay, lesbian transgender people have AIDS. That's a stereotype....then they were saying no we can't skip that.”

**Video stories:** There was a very positive response to the video stories. These stories help personalise what is being taught.

“Worth having”

“Good putting a face to things”

As participants find these video stories quite engaging, the Richard and Barry story was moved to the afternoon session for the Rhodes and Adelaide workshop as it was thought the timing would work better to keep the group still engaged.

“We did the activities more or less at the end of the day so we are still awake”

**The Val's Café Aged Care Audit Tool:** During the Hurstville workshop participants were asked to complete the audit tool, whereas during the Rhodes and Adelaide workshop the trainers draw attention to the audit tool as possibly a good tool to use in their workplace. Participants responded

more favourably to the second approach. Asking Hurstville workshop participants to complete the tool on their own and without group discussion, and towards the end of the training session, was not seen as useful.

“Quite late in the day and the brains not functioning as well”

“We weren’t given a lot of time and we weren’t able to discuss like what the questions meant”

“It would have been good to have been broken into groups”

However, participants could see the value of the tool in the workplace.

“I think it's a good tool that you could take away outside of this environment”

Hurstville workshop participants who used the audit tool reported that they found the questions quite wordy and dense (although this may be a result of using the tool very quickly at the end of the day without much group discussion). It was also noted that question 7, 8 and 9 in the audit tool were missing.

**Participant’s Activity Book and Resource Book:** These resources were valued by participants. Ninety-three per cent of participants strongly agree or agree that the workbook was helpful. Participants also thought the Resource Book would be a useful resource in their workplace, however, one participant requested that a brief resource is produced that can be passed to management.

“I really like the workbooks”

**Course length:** Some participants suggested that the course should run over two days. Even though this may be desired by some participants, there are resource implications for ACON/ACS plus a two day course may hamper the willingness of services to sent staff to the course. Participants in the Rhodes workshop tended to believe it would be harder to attend a two day training course, while Hurstville participants thought it would be acceptable.

**Logistics:** Two issues that arose from participants in the Rhodes workshop was the lack of convenient parking (although participants acknowledged they were given prior warning about the limited parking available) and the trainers could not always be heard. These are issues that seem specific to the location.

“Trainers need to talk louder, project their voices”

“The location made parking difficult. Time limits on parking meant having to leave periodically throughout the day to move the car”

## 5. THE TRAINERS

The feedback on the trainers was extremely positive. Ninety-eight per cent of respondents strongly agree or agree that the trainers were informative and helpful.

“Trainers, both of them, they did present very well. They have vast knowledge. It was very informative”

“They were actually presenting themselves very professionally and well mannered”

“(Facilitator 1) is very entertaining and they both got a really good energy”

“I liked (Facilitator 1) as a presenter, he was animated funny and had great knowledge”

Having two trainers facilitate the program, one from an GLBT organisation and the other from aged care is appropriate. It ensures different perspective are brought to the training.

“And also coming from different disciplines, made it more interesting”

“They worked well together”

“I think their styles complemented each other”

Hurstville workshop participants indicated one issue was that the facilitators sometimes used acronyms they were not familiar with.

“But I will say they picked up when we use acronyms and they asked dot fix what the acronyms were, but they were sitting there using acronyms as well.”

It should not be underestimated the value of having experienced, knowledgeable and personable trainers. Participants frequently commented on the ability of trainers to place the group at ease, while at the same thoughtfully and gently challenging participant’s views.

## **6. LEARNING IMPACT**

Participants self-rated their knowledge and self-efficacy against ten indicators at the commencement and again at the end of training. Across all ten indicators there were improvements from the pre-survey to the post-survey.

The biggest shifts were on the following indicators:

- I am confident about my knowledge of LGBTI health and wellbeing issues including HIV
- I have a good understanding of LGBTI culture and diversity
- I have a good understanding of the issues facing LGBTI clients

There was a small shift in response to the statement ‘I think LGBTI clients are no different in needs or care than other clients’. However, this statement is ambiguous and can be interpreted in different ways by participants.

When participants were asked whether they agree that overall the training has increased their knowledge of how to work LGBTI clients, 99 per cent of participants (all except one) strongly agree or agree that it has.

During the focus group discussion participants were asked what impact the training has had on them. A variety of feedback was received.

“Don’t make assumptions”

“What little things I can do. And I’m creating a brochure right now. And so this made me think what can I put on the brochure that subtly says we are open”

“It makes it easier to understand how to approach someone”

“Awareness”

<b>Table 4 Pre- and post-survey comparisons</b>		
Statements	Pre Strongly agree/Agree	Post Strongly agree/Agree
I have a good understanding of LGBTI culture and diversity	35%	92%
I know how to make my workplace LGBTI friendly and welcoming	45%	95%
Overall, I think LGBTI clients are no different in needs or care than other clients	54%	69%
I have the skills to provide person centred care to an LGBTI person	43%	94%
I am confident about my knowledge of LGBTI health and wellbeing issues including HIV	25%	87%
I know the difference between HIV and AIDS	64%	94%
I have a good understanding of the issues facing LGBTI clients	38%	89%
I am confident in providing non-discriminatory care with LGBTI people	70%	98%
I am confident in working with LGBTI clients	66%	95%
Excluded from above is ‘I find it hard to work with LGBTI clients’ as it written as a negative statement whereas all the others statements are framed positively.		

<b>Table 5 Pre-survey results</b>						
Statements	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	No.
I have a good understanding of LGBTI culture and diversity	12.8%	22.1%	39.5%	19.8%	5.8%	86
I know how to make my workplace LGBTI friendly and welcoming	9.4%	35.3%	34.1%	16.5%	4.7%	85
Overall, I think LGBTI clients are no different in needs or care than other clients	18.1%	36.1%	16.9%	25.3%	3.6%	83
I have the skills to provide person centred care to an LGBTI person	10.5%	32.6%	41.9%	14.0%	1.2%	86
I am confident about my knowledge of LGBTI health and wellbeing issues including HIV	5.9%	18.8%	32.9%	36.5%	5.9%	85
I find it hard to work with LGBTI clients	0.0%	2.4%	22.6%	42.9%	32.1%	84
I know the difference between HIV and AIDS	10.7%	53.6%	17.9%	15.5%	2.4%	84
I have a good understanding of the issues facing LGBTI clients	6.0%	32.1%	27.4%	32.1%	2.4%	84
I am confident in providing non-discriminatory care with LGBTI people	26.2%	44.0%	16.7%	13.1%	0.0%	84
I am confident in working with LGBTI clients.	22.4%	43.5%	24.7%	8.2%	1.2%	85

<b>Table 6 Post-survey results</b>						
Statements	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	No.



I have a good understanding of LGBTI culture and diversity	36.5%	55.3%	5.9%	2.4%	0.0%	85
I know how to make my workplace LGBTI friendly and welcoming	29.8%	65.5%	4.8%	0.0%	0.0%	84
Overall, I think LGBTI clients are no different in needs or care than other clients	28.9%	39.8%	2.4%	22.9%	6.0%	83
I have the skills to provide person centred care to an LGBTI person	36.6%	57.3%	6.1%	0.0%	0.0%	82
I am confident about my knowledge of LGBTI health and wellbeing issues including HIV	34.1%	52.9%	11.8%	1.2%	0.0%	85
I find it hard to work with LGBTI clients	1.2%	4.8%	7.1%	40.5%	46.4%	84
7. I know the difference between HIV and AIDS	40.0%	54.1%	1.2%	4.7%	0.0%	85
I have a good understanding of the issues facing LGBTI clients	30.6%	58.8%	9.4%	1.2%	0.0%	85
I am confident in providing non-discriminatory care with LGBTI people	43.5%	54.1%	2.4%	0.0%	0.0%	85
I am confident in working with LGBTI clients	38.8%	56.5%	4.7%	0.0%	0.0%	85

## 7. CONCLUSION

The LGBTI Diversity in Aged Care Training was well adapted to meet the needs of aged care providers working in community settings. The training program was well received by workshop participants. Overall, participants found it a useful, relevant and informative program.

The trainers were praised for their skills and knowledge. Future workshops should continue to use co-trainers from LGBTI health and aged cared background.

While overall feedback was very positive, there are some steps that can be taken to further enhance the program:

- HIV/AIDS information session should be presented in the morning session, better contextualised and more time allowed (this change occurred for the Rhodes and Adelaide workshop).
- Provide specific and direct instructions during the role play small group exercise.
- Reference the audit tool but do not use it within the training (this change occurred in the Rhodes and Adelaide workshop).
- Revise the audit tool to ensure all questions are included (currently questions 7, 8 and 9 are missing or the numbering is incorrect).
- Ensure the PowerPoint presentation includes corresponding pages numbers to the Resource Book.
- Consider developing a brief resource that can provide some guidance to management on making their service LGBTI friendly.
- Evaluation pre- and post-survey and end-of-workshop sheet need to be revised and the layout redesigned:
  - Pre- and post-survey, remove 'Overall I think LGBTI clients are no different in needs or care than other clients'
  - Pre- and post-survey, remove 'I find it hard to work with LGBTI clients'
  - Pre-survey, remove "There are LGBTI clients in my aged care facility"

- End-of-workshop survey, add “What is the one thing you will take back to your workplace”
- End-of-workshop survey, remove, “Is there anything more you would like to know about the LGBT community?”