



ST VINCENT'S
HEALTH NETWORK
SYDNEY

Sexuality and
gender diversity:
**Strategy for
Continuous
Improvement**

Sexuality and Gender Diversity: Strategy For Continuous Improvement

We would like to acknowledge the land of the Gadigal & Burramattigal peoples of the Eora Nation; as well as the Dharug Nation on which our services are built. We pay respects to Elders past and present and we walk and work together in the journey of improving Aboriginal and Torres Strait Islander health outcomes.

“We want to be absolutely clear: all our LGBTQI employees have the full support of St Vincent’s Health Australia. We value you. We recognise you and are grateful for your contribution and care”

Dr Tessa Ho,
Past Chair, Trustees of Mary Aikenhead Ministries

Paul Robertson AM,
Past Chair, St Vincent’s Health Australia

Toby Hall,
Former Group CEO, St Vincent’s Health Australia

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A Note on **Language**

This strategy uses the terminology of *sexuality and gender diverse (SGD) communities and individuals* to describe people who come from a diverse number of sexualities, genders and identities. This language has been chosen to reflect the fact that sexuality and gender identity are unique experiences. While common experiences, concerns and celebrations exist across these communities, each person's experience is ultimately an individual one, and will lead to unique expressions of sexuality, gender and identity.

The Australian Charter of Healthcare Rights¹ engenders patients with the right to safety, respect and partnership. We believe that each individual patient determining the language they use to speak about themselves, their health and their lives is a reflection of these rights.

This terminology could be used to describe people who are gay, lesbian, bisexual, pansexual, transgender, gender fluid, non-binary or any combination of these. This list is not exhaustive and it is likely our services will provide care to people who use other terms such as “queer” and who identify as sexuality and gender diverse. The strategy recognises that individuals may change their identities or the words they use to describe those identities as they move through life. It also recognises that some people may choose to use different terms, or disclose different information about themselves depending on where they are (especially in relation to healthcare services).

When speaking about members of those diverse communities in a specific way (for example programs that are only for lesbian women, or research that includes data from gay and lesbian people, but not people with trans experience) the document will be specific in the language used. This is important as it recognises that within sexuality and gender diverse communities, experiences (both positive and negative) are not uniform.

At some places in the document, other terms may be used. This is usually because the Strategy is quoting from other documents or sources. Mostly, these documents use a variation on the common LGBTQI acronym, which stands for Lesbian, Gay, Bisexual, Transgender, Queer and Intersex.



People with **Intersex Variations**

This strategy does not specifically consider people with intersex variations. In line with the guidelines outlined in the Darlington Statement² we note that work to improve services, access and equity for people with intersex variations is often “based on the needs of other populations”, that “Intersex is distinct from other issues” and the call for organisations to “support our human rights claims and respect the intersex

human rights movement, without tokenism, or instrumentalising, or co-opting intersex issues as a means for other ends”. As such, consideration of people with intersex variations will be championed in other areas of our work. It is our hope that as we grow and develop as an organisation, we will be able to bring in the expertise needed to better serve the needs of people with intersex variations.

¹ <https://www.safetyandquality.gov.au/sites/default/files/2019-06/Charter%20of%20Healthcare%20Rights%20A4%20poster%20ACCESSIBLE%20pdf.pdf>

² <https://darlington.org.au/statement/>

The Case for Continuous Improvement

The Strategy is a both a recognition of the current work of the St Vincent's Health Network Sydney, and a response to contemporary policy, health and cultural factors that impact the health of sexuality and gender diverse populations. These factors broadly rest under one of the following categories:



The Mission of St Vincent's Health Australia

Following the vision of the founder of the Sisters of Charity who established St Vincent's, Mary Aikenhead, St Vincent's Health Australia (SVHA) has a particular commitment to "people who are poor or vulnerable." This Strategy is an expression of the founding Mission of SVHA and the way in which it is expressed in response to emerging needs in the community. In Sydney, the Mission became action when the Sisters of Charity demonstrated their concern for the wellbeing of overlapping inner city populations that experience stigmatisation and marginalisation. Staff at St Vincent's Hospital Sydney diagnosed the first HIV infection in Australia. Following this diagnosis a key decision was made to create a safe place for people living with HIV, which resulted in a safe place being created for members of sexuality and gender diverse communities. In 2017, questions were raised about the employment of sexuality and gender diverse staff in Catholic hospitals, during the same sex marriage debate in Australia. In response to these questions the Trustees of Mary Aikenhead Ministries and the Board of SVHA affirmed the place of SGD staff in the organisation and stated: "Our Mission is special because of your contribution". Pope Francis has also made gestures of hospitality with members of SGD communities and called upon parents not to condemn sexuality diverse children.

In delivering our care in accordance with the *Code of Ethical Standards for Catholic Health and Aged Care Services in Australia*, SVHA is committed to ensuring that our care is available to all who need it, and is respectful of the dignity of all people, including SGD patients and staff. In alignment with the Code, we do not offer some specific services (such as gender affirmation surgery), but this does not change our commitment to care for people who have sought or are seeking such services elsewhere.



Socio Political History

The relationship between sexuality and gender diverse communities and government and community provided health and wellbeing services continues to change and develop. Sexuality and gender diverse people may lack trust in healthcare systems and may have complex relationships with faith based care³. The long standing impact of the pathologisation of sexuality (and the related treatments), stigma and discrimination in healthcare settings and an association between health and government may all impact the decisions that sexuality and gender diverse people make about accessing healthcare. This Strategy takes the position that it is the responsibility of healthcare services to actively make changes that foster a sense of inclusion, safety and respect, and then to promote those changes to sexuality and gender diverse communities.



Health Inequities

Most people of diverse sexualities and genders will live healthy, fulfilled and happy lives. It is vital that we do not assume that diverse sexuality and/or gender is a health concern in and of itself. While evidence suggests that some health conditions are over-represented in SGD communities, we also know that sexuality and gender diverse people may not feel safe or comfortable accessing healthcare for general health issues (such as cancer screening, alcohol or other drug services or mental health services) due to experience or fear of stigma or discrimination. This strategy seeks to increase our understanding of health issues that impact sexuality and gender diverse communities, and increase access to all healthcare services for people in these communities.



Policy Framework

The release of the NSW LGBTIQ+ Health Strategy 2022-2027 sets a high-level policy framework for healthcare services to improve access and equity, and meaningful data collection and use for sexuality and gender diverse communities, with a focus on trans, gender diverse and intersex populations. This Strategy complements several of the current and in development policy documents within SVHA, including our Strategic Plan, Inclusive Health Strategy and draft Human Resources policies on diversity and inclusion.

3 Gibbs JJ, Goldbach J. Religious Conflict, Sexual Identity, and Suicidal Behaviors among LGBT Young Adults. Arch Suicide Res. 2015;19(4):472-88. doi: 10.1080/13811118.2015.1004476. Epub 2015 Mar 12. PMID: 25763926; PMCID: PMC4706071.; Sue Westwood (2022) "People with faith-based objections might display homophobic behaviour or transphobic behaviour": older LGBTQ people's fears about religious organisations and staff providing long-term care, Journal of Religion, Spirituality & Aging, DOI: 10.1080/15528030.2022.2070820; <https://about.unimelb.edu.au/news-resources/pride-in-action-ally-network/lgbtqi-and-faith-communities>

Our Strategy for Continuous Improvement

Our Strategy Vision

A healthcare service that is driven by equity and understanding, providing excellence in healthcare for those we care for, and belonging for all sexuality and gender diverse people we work with and for.

Strategy Outcomes

At the review of this Continuous Improvement Strategy SVHNS will:

- seek feedback on what is needed to improve inclusion, access and equity for sexuality and gender diverse people and use this information to challenge assumptions
- establish a culture of visibility, inclusion and accountability
- be recognised as a safe, trusted and value driven place that demonstrates care for sexuality and gender diverse people
- demonstrate leadership in the ongoing development and delivery of the NSW LGBTQI+ Health Strategy

Our Strategy Pillars

The Pillars of the Strategy are drawn from work with the Pride@SVHNS group and other key stakeholders.

VISIBILITY

We work to increase visibility of sexuality and gender diverse people across our services.

We are an active role model and identify ways to improve visibility.

ADVOCACY

We identify issues of importance for staff and patients and advance these where possible.

We work to increase health equity for sexuality and gender diverse patients.

EDUCATION

We continue to learn, and share what we know.

We identify gaps in knowledge, source experts to grow our understanding and actively seek opportunities to upskill.

SAFETY

We are committed to a space where staff and patients feel safe, empowered and supported to be their authentic selves.

How We Work

We balance our legacy with our future

SVHNS has a legacy of supporting communities. We honor and remember that work while responding to the emerging needs of our people.

We learn as we lead

We seek the meaningful input of those we care for to continually improve our work in a culturally humble way⁵, and share what we know to improve healthcare for sexuality and gender diverse people inside and outside our Network.

We are evidence based and share what we know

We are committed to learning more about our communities, keeping open minds and seeking new information. We collect and share best practice and model good behaviour.



⁵ For a description of culturally humble care, see 'A Cultural Humility Approach' later in this document

Introduction

SVHNS is a unique healthcare provider with a history of delivering value based, excellent healthcare to a broad population. Our location and our history has meant that we care for many people of diverse sexualities and genders. Our mission and values call on us to ensure that we work within a framework of health equity to provide support and care to those who need it.

As we continue to take part in a broader healthcare environment, in a changing social and political space, it is important that we continue our commitments to the care of all, including by articulating our commitments in the context of the specific needs of those we care for, acknowledging the work we are already committed to, and continuing in our efforts to be a leader in care for all who need it.

This Strategy is not so much a call to action, but rather the chance to take a strategic view of our current commitment and our aspirations to continually improve. It is consistent with the central commitments of Catholic healthcare, which seeks “to serve and be advocates for those at the margins of society who are especially vulnerable to discrimination”⁶.

Our organisation has demonstrated strong leadership in diversity, equity and inclusion for a number of communities who experience

marginalisation, including sexuality and gender diverse people, and we rely on continuing this tradition to support delivery of this Strategy. We rely on our leaders to continue to be exemplary in modelling their commitment and compassion for our staff, actively supporting them to bring their true and authentic selves to work each day. We rely on every staff member to live within a culture of inclusion, visibility and equity and embrace curiosity, passion and empathy in how we work with each other and those we care for. We rely finally on the communities in which we exist – our patients, our partner organisations, the local community of which we have been a part for decades to form strong, reciprocal partnerships that allow us to continue to learn and to share.

Why a Focus on Sexuality and Gender Diversity

Data collection on the prevalence of sexuality diverse people within the community has long been a point of difficulty for policy and practice influencers. Some population estimates indicate that as many as 10% of people identify as non-heterosexual (Australian Human Rights Commission, 2014), while more conservative estimates place prevalence of sexuality diverse people closer to three and a half percent (Wilson, Temple, Lyons, & Shalley, 2020). This prevalence is slightly higher than people who identified as Aboriginal in the 2016 Census (Australian Bureau of Statistics, 2017). Trans and gender diverse people represent about 3.9 people per thousand in the United States (Meerwijk & Sevelius, 2017), with a similar number likely in Australian populations. Both of these figures are likely to be higher given the area in which we operate our services, but sexuality and gender diverse people live everywhere in every walk of life.

While most people of diverse sexualities and genders will live healthy, fulfilling lives, research has shown that these communities face disproportionately poorer health outcomes. Recent Australian evidence (Hill, Bourne, McNair, Carman, & Lyons, 2020) shows us that:



One fifth of sexuality and gender diverse people report experiencing **homelessness**.



Nearly 40% of sexuality and gender diverse people experience **social exclusion**, nearly a quarter report being victims of **harassment** and nearly 4% have experienced **physical violence** as a result of their sexuality or gender.



Less than one third of sexuality and gender diverse people rated their health as **good** or **excellent**, compared with more than half of the broader Australian population.



More than half of the sexuality and gender diverse participants reported high or very high levels of **distress** in the last month. Sixty percent had been diagnosed with **depression** and nearly half with an **anxiety disorder**.



More than one third of the population sampled reported a disability or **long term health condition**.

⁶ Catholic Health Australia, *Code of Ethical Standards for Catholic Health and Aged Care Services in Australia* (Deakin West: Catholic Health Australia, 2001), Part 1, no. 4.

Sexuality and gender diverse people are part of our patient cohort and face health inequity that we as a network can address. That is the reason behind our focus on this population.

When we at St Vincent's are called to care for specific groups and individuals we strive to understand them better, and seek to respond to their needs in a safe and culturally appropriate way. This strategy seeks to advance this same approach to care for sexuality and gender diverse people and communities⁷.

“As someone who was brought up in a Lebanese Catholic family, the fact I was going to a Catholic institution for my PrEP⁸ trial made me feel accepted. It was liberating to know that the very part of my upbringing that I felt judged by, that I had to hide my identity from, was now inviting me in for (gay) sexual health support. I felt pride rather than shame”

SVHS patient



8 PrEP is a medical intervention to prevent the transmission of HIV, commonly used by gay and bisexual men

Links to Our Strategic Work and Values

SVHA Strategies

In all we do we are led by the Mission, Vision and Values of the organisation⁹. *The Go Beyond* Strategy outlines that our mission is to “express God’s love through the healing ministry of Jesus. We are especially committed to people who are poor or vulnerable.” We do this recognizing that those who are of diverse sexualities and genders have countless beliefs, experiences and histories. We acknowledge that sexuality and gender diverse people come from all walks of life, and may experience vulnerability, discrimination and marginalization.

Our vision is to lead through research driven, excellent and compassionate health and aged care, and this Strategy enables us continue our history of being a health service that responds to the needs of our communities through increased understanding, evidence and action when caring for those who are gender of sexually diverse. We know that such people and communities have endured long and often negative relationships with healthcare as an industry and at a person level require extra care, assurance and a commitment to health equity.

The Catholic Tradition of Care

In its inclusiveness of SGD communities and people and other marginalised communities, St Vincent's has modelled the Catholic tradition of care, which holds that the care we offer is for all people, and should be made available to all who need it.

This has also been reflected in Pope Francis' approach to SGD people and communities, through which he has sought to assure them that they are welcome in the church, and in a specific case has directed the provision of immediate care, medical and financial support to a community of largely transgender women in Torvaianica, Italy.

We prioritise our commitments to care for people who are seeking out such services, of whom the Code says: *“Those whom we are unable to assist in the way they would wish will, of course, be treated with courtesy, respect and compassion as they seek alternatives”*

<https://www.americamagazine.org/faith/2020/05/01/pope-francis-helps-small-trans-community-financially-struggling-due-coronavirus>
<https://www.americamagazine.org/faith/2021/07/02/pope-francis-transgender-vaccination-vatican-240974>

9 <https://www.svhs.org.au/about-us/mission-vision-values>

SVHA rests on the four core values, of compassion, justice, integrity and excellence. Founded on these values, this Strategy calls upon staff to understand and respond to the needs of communities with unique social, healthcare and wellbeing needs in a way which enshrines the dignity of the person in all situations. The Strategy and associated documents recognise that social justice and health equity are intrinsically linked, and the provision of our services to all often requires an extra commitment to a culturally humble approach to patient care¹⁰. Overall, this Strategy positions us well to develop on our existing work providing care to those who need it most, developing our models and practice to ensure the best outcomes for sexuality and gender diverse people and communities. Through consideration, planning and development of solutions, SVHNS will learn, grow and develop into a leader in working with and for sexuality and gender diverse individuals and communities in a values based way true to our mission.

The Go Beyond Strategy outlines a commitment to working with priority populations, including those named in the SVHA Inclusive Health Strategic Plan 2020-2025¹¹ - people who are mentally unwell, people with substance use issues and people experiencing homelessness. All three of these key populations have strong intersections with sexuality and gender diverse people and populations¹². Further, research suggests that many in these populations delay or avoid primary healthcare due to experience of or perceived discrimination or mistreatment

by healthcare professionals and services¹³. Establishing a culture of visibility, inclusion, equity and learning in these areas assist us in the provision of care to those we serve.

SVHNS Inclusive Health Strategic Plan

This Strategy sits under the Inclusive Health Strategy for SVHNS, supporting the vision to meet the presenting health needs of the vulnerable to enable them to flourish. Utilising the priorities in the strategy, this document serves those we care for, their families and carers, vulnerable communities and our staff.

“For trans and gender diverse people in our acute mental healthcare spaces, often they have very few positive things going on for them. Their gender identity and sense of self, and the care they are receiving may be the only things holding them and grounding them. Thoughtfulness, discrimination and stigma can be the difference between recovery and re-presenting.”

SVHS Peer Worker

10. A culturally humble approach, initially defined by Tervalon and Murray-Garcia in 1998 which shifts focus from cross cultural competency to a focus on lifelong learning, identifying and acknowledging power differentials and increasing curiosity, rather than mastery.

11. <https://www.svhs.org.au/ArticleDocuments/3646/Inclusive%20Health%20Plan.pdf.aspx?embed=y>

12. Vaccher, S. J., Hammoud, M. A., Bourne, A., Lea, T., Haire, B. G., Holt, M., ... & Prestage, G. (2020). Prevalence, frequency, and motivations for alkyl nitrite use among gay, bisexual and other men who have sex with men in Australia. *International Journal of Drug Policy*, 76, 102659.; Lea, T., Hammoud, M., Bourne, A., Maher, L., Jin, F., Haire, B., ... & Prestage, G. (2019). Attitudes and perceived social norms toward drug use among gay and bisexual men in Australia. *Substance Use & Misuse*, 54(6), 944-954.; Waling, A., Lim, G., Dhalla, S., Lyons, A., & Bourne, A. (2020). Understanding LGBTI+ Lives in Crisis.; https://assets.nationbuilder.com/lgbtihealth/pages/549/attachments/original/1648014801/24.10.21_Snapshot_of_MHSP_Statistics_for_LGBTIQ_People_-_Revised.pdf?1648014801; McNair, R., Andrews, C., Parkinson, S., & Dempsey, D. (2017). Stage 1 Report—LGBTI Homelessness: Preliminary findings on risks, service needs and use. Melbourne: GALFA LGBTI Homelessness Research Project.

13. Pennay, A., McNair, R., Hughes, T. L., Leonard, W., Brown, R., & Lubman, D. I. (2018). Improving alcohol and mental health treatment for lesbian, bisexual and queer women: Identity matters. *Australian and New Zealand journal of public health*, 42(1), 35-42.; Rosenberg, S., Carman, M., Power, J., & Taylor, J. Research Matters: Bisexuality, health and wellbeing.

The NSW LGBTIQ+ Health Strategy

The release of the NSW LGBTIQ+ Health Strategy 2022-2027 has a significant impact on the work we will undertake in this space. The Strategy calls on healthcare services to deliver high quality, safe and inclusive healthcare with a particular focus on trans and gender diverse communities and people. Through implementing training and education, increasing service access and the development of a connected and responsive health system, the Strategy works towards better understanding and meeting the needs of sexuality and gender diverse people.

SVHNS commits through this Continuous Improvement Strategy to align ourselves with the outcomes of the NSW Health Strategy, and become exemplary in this work, providing an opportunity for us to share our learning, commitment and passion, and learn from the broader health sector.

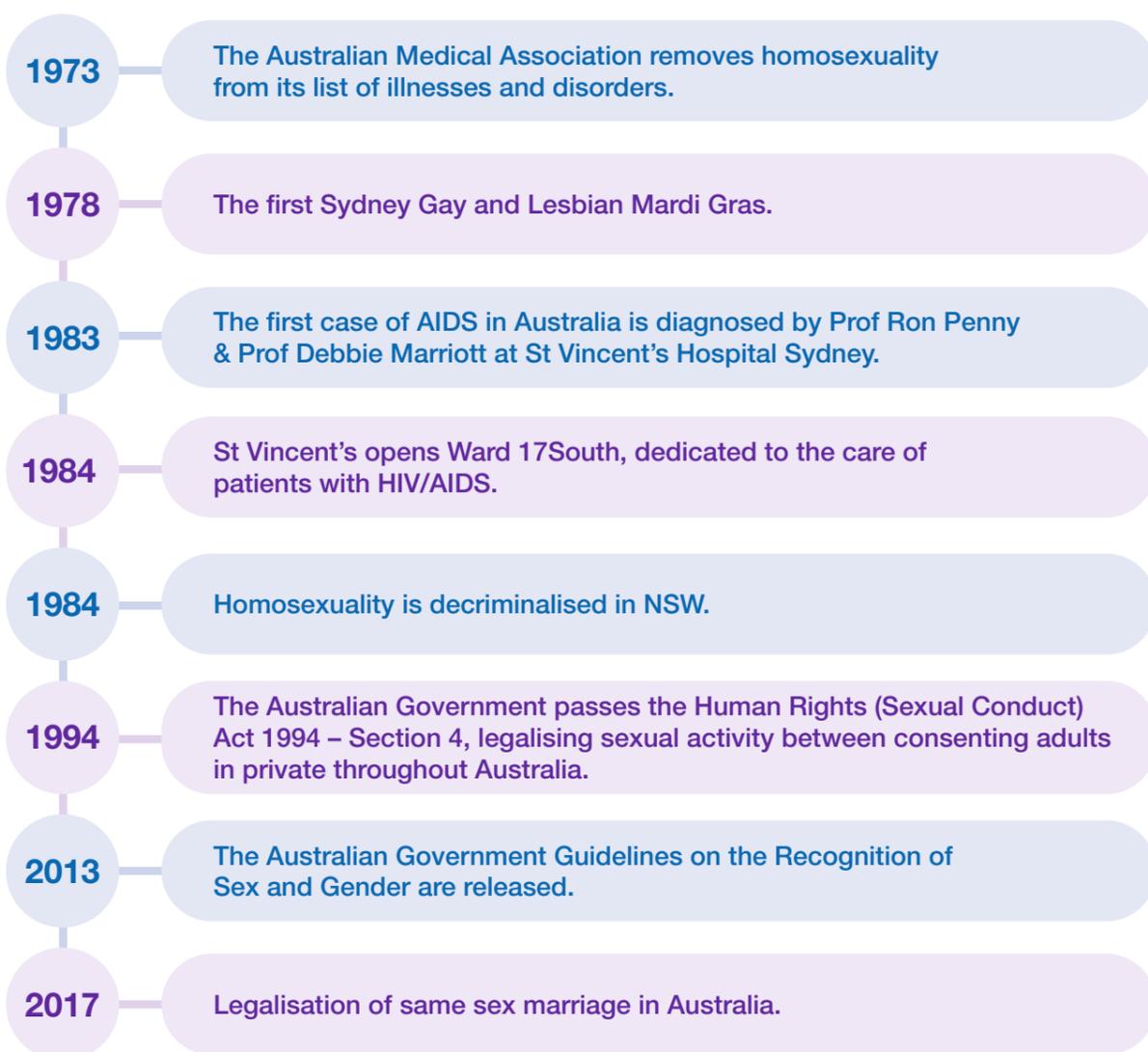


The Case for Continuous Improvement

Working with people from diverse sexualities and genders is not a new concept for SVHNS. We have a long history of service to these communities, when other organisations were unable or unwilling to provide in this space.

The NSW Health LGBTQI+ Strategy¹⁴ provides an excellent overview and timeline of the contemporary social and health spaces for sexuality and gender diverse communities.

Highlights from the NSW Health LGBTQI Strategy Historical Timeline



Society, legislation and the provision of healthcare have continued to improve for sexuality and gender diverse people. However, there is much work still to be done and these changes often happen only after advocacy from affected communities and healthcare services. Where progress may be made by some in these communities, it does not often improve for everyone at the same time. Trans and gender diverse people and bisexual people continue to be left behind, or ignored in these changes.

The improvement of these outcomes is also supported by the responsibility of organisations who support and stand for the rights and social justice outcomes for communities they can support. For this reason, many organisations have committed to a Strategy or Plan like this one to ensure that their commitment is visible, their work is accountable and progress can be measured. Organisations such as cohealth, Flourish Australia, Illawarra Shoalhaven Local Health District's Alcohol and Other Drug Services and Uniting have demonstrated commitment through the development of similar bodies of work.

Our work in this space is not new, but it is important that we enshrine our dedication to the health and wellbeing of these communities, whether they are patients, peers or anyone else we work with. Below, we outline some of the projects we are undertaking at time of publication to ensure we work towards a more inclusive and equitable health network.

Partnerships with Community

SVHNS is proud to reflect on a heritage of working with community and government partners in order to deliver the best outcomes for sexuality and gender diverse communities.

These partnerships are vital to developing and understanding of the health needs and community attitudes of those who may not be represented in our work. Partnerships with key organisations like ACON, the Kirby Institute and Blaq Aboriginal Health have enabled us to undertake projects with a broader reach and create a deeper connection with those who we seek to serve.

Pride@SVHNS

Pride@SVHNS is a collective of sexuality and gender diverse staff and allies who support the values and purpose of the network to increase visibility, inclusion and create a safe space for all staff and patients. Developed informally in 2019 with an inaugural entry to Sydney Gay and Lesbian Mardi Gras, the network now has communication channels, social events and regular meetings.

Members were invited to develop a Purpose, Vision and Principles Statement which has been supported by the hospital leadership and the group has worked hard to begin to foster a sense of inclusivity and equity for staff and patients.

The Pride@SVHNS Network currently has two smaller Working Groups, the Strategic Planning Working Group who oversee project planning and development, and the Events Working Group, who in recent years have undertaken the planning and delivery of our involvement in the Sydney Gay and Lesbian Mardi Gras. This visual display of our allyship and commitment to visibility and safety began in 2020. The importance of our presence in parade for staff, community, and those we care for cannot be understated.

14. <https://www.health.nsw.gov.au/lgbtiq-health/Publications/lgbtiq-health-strategy.pdf>

"I was nervous about coming to work at a faith based organisation – my friends joked about it, but I love the work I do and I thought I could make a difference at St Vincent's. Finding the Pride network early on in my career here made a real difference. I found people like me – and also people who had been queer and working here for a long time who made me feel safe and at home.

For some queer people, chosen family is so important, so to have a piece of that at work is very special. Marching with the team from Pride@SVHNS at Mardi Gras was phenomenal. The audience was cheering for us as healthcare workers, and as proud community members.

Visibility and connection are so important – and I am glad I found them both."

SVHNS Employee and Pride Network Member

Days of Significance Project

An early initiative of the Pride@SVHNS group was the development of a Days of Significance Calendar, which identified key dates through the year that we will work to commemorate across the hospital network.

These days include Wear It Purple Day, World AIDS Day, Trans Awareness Week and International Day Against Homophobia, Biphobia and Transphobia (IDAHOBIT). Activities for these days will change each year.

Cultural Humility Training

A training program with a focus on a cultural humility framework is being developed and delivered to any network staff or divisions who are interested in improving their service delivery for sexuality and gender diverse people. The focus on cultural humility practises a shift from competence to curiosity and is based on an internal review of evidence of the impact of such training in health and faith based settings.

The training will be formally evaluated with support from the Research division of SVHNS, with the results sought to be published. This research is novel in Australia and will identify SVHNS as a leader within innovative training solutions for better health outcomes.

Principles for Trans and Gender Diverse Healthcare

Following some concerns raised in 2021 regarding the patient experience of trans and gender diverse people in the Public Hospital Emergency Department, a co-design process was established with trans health advocates who had been patients in the ED to develop a Principles for Working with Trans and Gender Diverse Populations, supported by a training package for ED staff which will be rolled out across the hospital.



Case Study – Trans and Gender Diverse Inclusion

In 2021, a transgender woman presented to the Emergency Department of St Vincent's Public Hospital, Sydney. The patient was asked questions about their gender and presentation that were not related to their care, and based on the assumptions of the attending physicians.

The patient made a complaint about their experience, which was escalated to the Inclusive Health Team. Staff from the Emergency Department, Patient Experience and Inclusive Health teams invited the patient to chair a working group to develop a response to the issue, which resulted in the creation of a training package on effective relationship building with trans and gender diverse patients.

The training was rolled out in the Emergency Department, and is now being moved to an online format to be shared across all hospital staff.

The patient felt empowered, respected and included in the development of the project, and has encouraged other trans and gender diverse people that SVHNS is a provider of preference, and committed to change.

A Cultural Humility Approach

Our work to increase inclusion, equity and visibility for sexuality and gender diverse patients and staff is grounded in the theory of cultural humility.

Cultural humility incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient-physician dynamic, and to developing mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations. (Tervalon & Murray-Garcia, 1998)

Cultural humility understands that individuals are unique, complex and multifaceted in their identities and cultural links. To become 'competent' working cross-culturally is a flawed concept, rather we must seek to learn from and improve from our interactions with people across cultures.

In this Strategy, and the work that stems from the Strategy, we seek to uphold the following principles of cultural humility:

We value curiosity over mastery

It is less important to achieve competence or completion than it is to identify opportunities to learn and reflect. We take these opportunities through a genuine desire to know more about the people we work with and serve, and by committing time to think about what we don't know. We ask curious questions of others and of ourselves.

We are committed to lifelong learning

There is always room for improvement. We should strive to identify the things that we can do better in our cross-cultural work at an individual and systemic level and when we have made those changes, we should ask "what is next?". We also learn through teaching, so as we improve, we bring others on the journey with us.

We develop relationships with individuals and cultures

A relationship requires reciprocity, empathy and understanding. At an individual level we should strive for these elements in our practice, but as staff and as a health network we should aim to bring these elements into relationships with communities, especially those who experience vulnerability or health inequities. These relationships allow us a deeper understanding of the issues people experience, and the context in which they are experienced.

We reflect on and address the inherent imbalance of power

The patient provider relationship, and the relationship between patients and the healthcare system inherently presents power imbalances. More often than not, we hold the power in those relationships and it is incumbent on us to work out how to redress these imbalances. At an individual and systemic level, we should work to make change that empowers patients to feel safe and included, with the hope of increasing health outcomes.



The Evidence

Sexuality and gender diverse people are represented in all walks of life, and experience health needs broadly similar to those of the broader population. SVHNS is uniquely placed both geographically and historically to work with a higher number of sexuality and gender diverse people than other health services may be.

For this reason, it is important to understand some of the key differences, explore how policies and practice may support better healthcare outcomes for these communities and individuals.

This document will provide a review of some of the contemporary Australian literature on this community. Following this, a highlight of key data along with main areas of concern relating to sub-populations within the spectrum of sexuality and gender diversity will be given.

Broadly the evidence points to key themes that can influence and improve our work. These themes, (highlighted below) are further explored in the accompanying document which outlines the importance of the research and how this can be used to seek continual improvement.

Theme 1 – Stigma and Discrimination



Much of the health inequity experienced or expected by sexuality and gender diverse populations relates to experiences or perception of stigma and discrimination. Recent and ongoing historical context sees people of diverse sexualities and genders having their lives criminalised and pathologised. These communities continue to report refusal of treatment or different treatment when engaging with health and wellbeing services.

Further, research suggests that while some people in these communities report being in good health, most research is presented in a way that focuses on the health disparities. Often sexuality and gender diverse health is considered in a way that models cisgender heterosexual health as the ideal, without considering the context of sexuality and gender diverse people. Such an approach is in opposition to what we know about understanding the needs of, and providing care for those in our broader communities who face health disparities.

Theme 2 – Mental Health



Overwhelmingly, research indicates that the mental health and wellbeing of sexuality and gender diverse communities is poor. Mental health is affected by intersectional experiences of discrimination and tends to be worse for communities within the sexuality and gender diverse spectrums that face greatest exclusion, invisibility and discrimination.

Specialist interventions are a priority for these populations, and where these are not possible, an increase in cultural safety and humility, the development of welcoming spaces and inclusive practice must be prioritised.

Theme 3 – Inclusion and Safety



Accessing healthcare is seen as traumatic for many sexuality and gender diverse people. Of special note in this cohort are people who are transgender and non-binary, who may find the system incredibly difficult to navigate and feel erased and upset when undertaking medical care without thought from providers.

For all in these communities, seeing a place for themselves in the services they choose and then attend is vital for building relationships and the provision of ongoing, excellent care.

Theme 4 – Risk



Occurring within broader socio-economic and historical factors, the research indicates that sexuality and gender diverse people, as a broad population, often engage in activities that increase their risk of requiring health intervention. Associations between increased rates of smoking, alcohol use and illicit drug use makes it more likely that these communities will require both acute care and later, chronic illness care.



Research Highlights

Private Lives

The Private Lives (PL) study has run three iterations, which seek to understand the health, wellbeing and life experiences of sexuality and gender diverse populations. The 2020 report¹⁵ provided the following high level findings:

- One fifth (22.0%; n = 1,501) reported having ever experienced homelessness.
- Trans and gender diverse participants reported higher rates of ever experiencing homelessness than cisgender participants. Over one third (34.3%; n = 103) of trans men, 33.8% (n = 311) of non-binary participants, 31.9% (n = 91) of trans women, 19.8% (n = 584) of cisgender women and 16.8% (n = 391) of cisgender men reported ever experiencing homelessness.
- Over three quarters (77.5%; n = 1,278) of trans and gender diverse participants reported that they had been treated unfairly because of their gender identity in the past 12 months.
- Two fifths (39.5%; n = 2,405) of participants reported experiencing social exclusion, 34.6% (n = 2,100) verbal abuse, 23.6% (n = 1,415) harassment such as being spat at or offensive gestures, 11.8% (n = 698) sexual assault and 3.9% (n = 231) physically attacked or assaulted with a weapon due to their sexual orientation or gender identity in the past 12 months.
- PL3 participants reported lower self-rated health than the general Australian population. Less than one third (31.2%; n = 2,117) of participants rated their health as very good or excellent compared to more than half (56.4%) of the general Australian population aged over 15 years.
- Two fifths (40.0%; n = 926) of cisgender men rated their health as very good or excellent compared to less than one third of cisgender women (29.3%; n = 858), one quarter of trans women (26.3%; n = 75) and one fifth of trans men (19.8%; n = 59) and non-binary participants (20.1%; n = 184).
- More than half (57.2%; n = 3,818) of participants reported high or very high levels of psychological distress during the past four weeks.
- Three fifths (60.5%; n = 3,965) reported having ever been diagnosed with depression and almost half (47.2%; n = 3,093) with generalised anxiety disorder.
- Mainstream health services were more frequently accessed by participants than health services that were known to be LGBTIQ inclusive or that catered only to lesbian, gay, bisexual, trans and/or intersex people.
- More than a third (38.5%; n = 2,629) of participants reported a disability or long-term health condition. Approximately one 10th (11.8%; n = 802) reported a profound or severe disability, one fifth (20.4%; n = 1,394) a moderate disability and 6.4% (n = 433) a mild disability or long-term health condition.

15. Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). Private Lives 3: The health and wellbeing of LGBTIQ people in Australia. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University.

Lesbian Women

The Report of the SWASH Lesbian, Bisexual and Queer Women's Health Survey 2016, 2018, 2020 found:

- 77% of respondents self-reported good or very good health.
- Respondents are actively engaged in healthcare seeking behaviours although many were overdue for routine screens relevant to their bodies and ages such as mammograms, bowel screens and cervical screens.
- More than 90% of respondents believe that their sexuality or gender identity was a relevant factor in their last health care interaction.
- 63% of LBQ women who smoked were seeking to quit.
- Alcohol continue to be used at concerning rates among LBQ women.
- 54% of respondents had used an illicit drug in the last 6 months (versus 13% of women in the broader population). 11% of drug users from the sample were concerned about their drug use, but only 4% had sought support.
- 45% of respondents reported high or very acute psychological distress in the past four weeks using the K6 scale measuring psychological distress (compared to 19% of all NSW women).
- Nearly one third of respondents reported that they had felt life was not worth living in the last 12 months and 12% had engaged in self-harm.

Praeger et. al.¹⁷ found that lesbian and bisexual women are nearly three times more likely to be current smokers compared to heterosexual women, with current smoking more likely among those women on lower incomes

Pennay et. al.¹⁶ found that lesbian women in alcohol and mental health treatment services are seeking more inclusive language, especially in relation to disclosure; the importance of understanding the importance of sexuality in identity without pathologising sexual identity and the need for improved training and more specialist services

16. Praeger, R., Roxburgh, A., Passey, M., & Mooney-Somers, J. (2019). The prevalence and factors associated with smoking among lesbian and bisexual women: Analysis of the Australian National Drug Strategy Household Survey. *International Journal of Drug Policy*, 70, 54-60.

17. Pennay, A., McNair, R., Hughes, T. L., Leonard, W., Brown, R., & Lubman, D. I. (2018). Improving alcohol and mental health treatment for lesbian, bisexual and queer women: Identity matters. *Australian and New Zealand journal of public health*, 42(1), 35-42.

Gay Men

- **Data derived from the FLUX Study¹⁸ found:**
 - No association between drug use, mental health and sexual risk behaviours
 - An association between very problematic drug use and mental health issues
 - Evidence of the certain populations of gay and bisexual men reducing their harm when using illicit drugs
- Data indicates¹⁹ that prevention methodology for safe sex is changing among Australian gay and bisexual men with an increase in pre exposure prophylaxis and treatment as prevention being used to prevent HIV transmission leading to an overall increasing 'net prevention coverage'.
- **The findings of the 2020 Sydney Gay Community Periodic Survey²⁰ indicate:**
 - More gay and bisexual men are being tested for HIV (90% of participants in 2020)
 - One in five respondents reported only casual sexual partners in the last 12 months, with around a quarter reporting a monogamous relationship
 - Recreational drug use remains common in the sample, with significant increases over a five year period in the use of amyl nitrate, cannabis, cocaine, ecstasy, Viagra, ketamine and GHB

Bisexual People

- **Taylor et. al.²¹ found that:**
 - 40.1% of bisexual respondents had a very high level of psychological distress
 - 70% had received a clinical diagnosis of depression
 - 12.7% had attempted suicide in the last 2 years and 48.8% had ever attempted suicide
- **Rainbow Health Victoria's literature review²² highlights:**
 - Bisexual people experience poorer health and wellbeing outcomes than the general population and in some studies also poorer than their lesbian and gay counterparts
 - Research indicates higher levels of drug and alcohol use among bisexual people than their heterosexual, gay or lesbian peers
 - Consistently evidence suggests higher rates of mental health issues for bisexual people
 - Access to health and wellbeing service is made difficult by stigma and discrimination, lack of information and erasure of bisexuality

18. Prestage, G., Hammoud, M., Jin, F., Degenhardt, L., Bourne, A., & Maher, L. (2018). Mental health, drug use and sexual risk behavior among gay and bisexual men. *International Journal of Drug Policy*, 55, 169-179.

19. Holt, M., Broady, T. R., Mao, L., Chan, C., Rule, J., Ellard, J., ... & Bavinton, B. R. (2021). Increasing preexposure prophylaxis use and 'net prevention coverage' in behavioural surveillance of Australian gay and bisexual men. *AIDS*, 35(5), 835-840. ; Holt, M., Lea, T., Bear, B. et al. Trends in Attitudes to and the Use of HIV Pre-exposure Prophylaxis by Australian Gay and Bisexual Men, 2011–2017: Implications for Further Implementation from a Diffusion of Innovations Perspective. *AIDS Behav* 23, 1939–1950 (2019). <https://doi.org/10.1007/s10461-018-2368-y> ; Holt, Martin PhDa; Lee, Evelyn PhDa,b; Lea, Toby PhDa,c; Bavinton, Benjamin PhDd; Broady, Tim PhDa; Mao, Limin PhDa; MacGibbon, James MAppLinga; Keen, Phillip BAd; Murphy, Dean PhDd,e; Bear, Brandonf; Crawford, David MIPHg; Ellard, Jeanne PhDh; Kolstee, Johann MPHd; Power, Cherie MPHh; Prestage, Garrett PhDd; Grulich, Andrew PhDd; Guy, Rebecca PhDd; de Wit, John PhDa,j HIV Preexposure Prophylaxis Cascades to Assess Implementation in Australia: Results From Repeated, National Behavioral Surveillance of

20. Chan, C., Broady, T., Bavinton, B., Mao, L., Bear, B., Mackie, B., Power, C., Fraser, N., Prestage, G., & Holt, M. (2020). *Gay Community Periodic Survey: Sydney 2020*. Sydney: Centre for Social Research in Health, UNSW Sydney. <http://doi.org/10.26190/5eec119ec82fc>

21. Taylor, J., Power, J., & Smith, E. (2020). Experiences of bisexual identity, attraction, and behavior and their relationship with mental health findings from the who i am study. *Journal of psychosocial nursing and mental health services*, 58(3), 28-37.

22 Available at <https://www.rainbowhealthvic.org.au/media/pages/research-resources/research-matters-bisexual-health-wellbeing/2357976875-1631079965/bisexuality-health-wellbeing.pdf>

Trans and Gender Diverse People

- **Strauss et. al.²³ found:**
 - Trans and gender diverse people have exceptionally high levels of mental ill health and attempted suicide (48,1%) and self harm (79.9%)
 - Nearly one quarter of respondents experiences extra-familiar physical abuse, more than 30% have experiences intimate partner abuse and 57.9% experienced emotional or verbal abuse or neglect from family
 - Rates of attempted suicide were 6 times higher in those who experienced extra-familiar abuse
- **The 2018 Australian Trans and Gender Diverse Sexual Health Survey²⁴ found:**
 - 53.2% of respondents has experienced sexual violence or coercion
 - 65% of respondents reported receiving sex education they rated as poor or awful
 - Less than one in five was satisfied with their sex lives
- **Kerr, Fisher and Jones²⁵ found that:**
 - 81.3% of trans respondents felt very uncomfortable discussing their healthcare needs with a provider they did not know
 - 41.3% of respondents did not attend an emergency department because they were trans or gender diverse
 - One in five had been refused healthcare
 - Half of the respondents eligible for cervical screening has never had this recommended by a healthcare provider
- **The LGBTIQ+ Health Alliance 2021 Snapshot Of Mental Health And Suicide Prevention Statistics For LGBTIQ+ People²⁶ reports:**
 - Trans people aged 14-25 are fifteen times more likely than the general population to attempt suicide
 - Trans people aged over 18 are six and a half times more likely to have self-harmed than the general population

Older LGBTI People

- Lyons et. al.²⁷ found that:
 - Only 51% of lesbian women and 64% of gay men felt comfortable in disclosing their sexual orientation to health care or aged care providers
 - Those with less lifetime experience of discrimination were more likely to disclose
 - Steps to demonstrate inclusivity are necessary to increase disclosure
- Waling et. al.²⁸ interviewed older trans women and found several themes including fear of stigmatisation, fear of isolation and lack of support and advocates in residential aged care facilities.

23. Strauss, P., Cook, A., Winter, S., Watson, V., Wright Toussaint, D., & Lin, A. (2020). Mental health issues and complex experiences of abuse among trans and gender diverse young people: Findings from Trans Pathways. *LGBT health*, 7(3), 128-136.

24. Callander, D., Wiggins, J., Rosenberg, S., Cornelisse, V. J., Duck-Chong, E., Holt, M., & Cook, T. (2019). *The 2018 Australian trans and gender diverse sexual health survey: Report of findings*. Sydney, NSW: The Kirby Institute, UNSW Sydney.

25. Kerr, L., Fisher, C., & Jones, T. (2019). *TRANScending discrimination in health & cancer care: A study of trans & gender diverse Australians*.

26. Available at https://d3n8a8pro7vrmx.cloudfront.net/lgbtihealth/pages/549/attachments/original/1620871703/2021_Snapshot_of_Mental_Health2.pdf?1620871703

27. Alba, B., Lyons, A., Waling, A., et al. Older lesbian and gay adults' perceptions of barriers and facilitators to accessing health and aged care services in Australia. *Health Soc Care Community*. 2021; 29: 918–927. <https://doi.org/10.1111/hsc.13125>

28. Waling, A., Lyons, A., Alba, B., Minichiello, V., Barrett, C., Hughes, M., ... & Edmonds, S. (2020). Trans Women's Perceptions of Residential Aged Care in Australia. *The British Journal of Social Work*, 50(5), 1304-1323.

- Waling et.²⁹ al. found that older gay and lesbian people have a number of concerns about residential aged care including “perceptions of a lack of inclusivity and concerns of potential for discrimination and hostility, loss of access to community and partners, decreased autonomy and concerns relating to quality of care and the potential for elder abuse”.
- Lyons et. al.³⁰ found that recent discrimination experienced by older lesbian and gay people predicted lower positive mental health, whereas previous discrimination produced different effects on physical and mental health in men vs women, suggesting policy and practice should carefully consider these differences.

Sexuality and Gender Diverse Young People

- **Writing Themselves In 4, a report on the health and wellbeing of young sexuality and gender diverse people produced a NSW Summary Report³¹ which found:**
 - 81.5% of participants experienced high or very high levels of psychological distress in the last 4 weeks.
 - Nearly half of participants reported a diagnosis of generalised anxiety disorder and a similar rate reported a diagnosis of depression.
 - More than 20% of participants had experienced homelessness in their lifetime.
 - When asked “what makes you feel good about yourselves” themes in the responses included social connectivity, affirmation from within and effecting change in community.
- **Demant and Saliba³² found:**
 - High levels of high-risk alcohol use and dependency symptoms were found, largely consistent with existing literature.
 - Significant correlations between minority stress and dependency symptoms/high-risk that use suggest a potential route for future interventions in these populations.

Aboriginal and Torres Strait Islander Sexuality and Gender Diverse People

- A report on HIV in the NSW Aboriginal and Torres Strait Islander Population³³ found that rates of HIV are higher in gay and bisexual Aboriginal and Torres Strait Islander men, and targeted and culturally safe interventions must be implemented to address this gap.
- A report on the lived experience of Aboriginal and Torres Strait Islander people³⁴ found they often face difficulty accessing services due to intersectional experiences of double discrimination 50.4% reported high risk alcohol use (more common amongst gay and lesbian participants) 16.4% reported social legal or financial problems due to alcohol consumption.

29. Waling, A., Lyons, A., Alba, B., Minichiello, V., Barrett, C., Hughes, M., ... & Edmonds, S. (2019). Experiences and perceptions of residential and home care services among older lesbian women and gay men in Australia. *Health & social care in the community*, 27(5), 1251-1259.

30. Lyons, A., Alba, B., Waling, A., Minichiello, V., Hughes, M., Barrett, C., ... & Blanchard, M. (2021). Recent versus lifetime experiences of discrimination and the mental and physical health of older lesbian women and gay men. *Ageing & Society*, 41(5), 1072-1093.

31. Hill, A., Lyons, A., Jones, J., McGowan, I., Carman, M., Parsons, M., ... & Bourne, A. (2021). *Writing Themselves In 4: The health and wellbeing of LGBTQA+ young people in Australia*. New South Wales summary report.

32. Demant, D., & Saliba, B. (2020). Queer binge: harmful alcohol use among sexual minority young people in Australia. *Public health*, 179, 18-26.

33. Baiocchi, M., Bear, B., Bradfield, L., Brown, K., Delhomme, F., Draper, A., ... & Wimbis, J. (2017). HIV in the NSW Aboriginal and Torres Strait Islander population.

34. Hill, B., Uink, B., Dodd, J., Bonson, D., Eades, A. M., & Bennett, S. (2021). *Breaking the silence: Insights into the lived experiences of WA Aboriginal/LGBTIQ+ people: Community summary report 2021*.

People Living with HIV

- **HIV Futures 9³⁵, a repeated study of people living with HIV in Australia found:**
 - 63.1% of respondents recorded a good quality of life (using the validated PozQoL scale). Just over half reported their overall wellbeing to be good or excellent
 - Significant financial stresses impact the quality of life of many people living with HIV
 - Most respondents received a diagnosis within two years of acquiring the virus, however women were more likely to have had a longer period between acquisition and diagnosis
 - Australia is on target to meet international goals for HIV Treatment with 98.4% of people living with HIV taking an antiretroviral therapy. Of those, 89.3% reported an undetectable viral load (with this figure lower for women)
 - Rates of poor mental health were higher for people living with HIV who responded to the survey than found in the broader population. Trans people living with HIV had elevated rates of mental health concerns.
 - 38% of respondents reported being treated differently by a healthcare worker as a result of their HIV status in the last 12 months.
 - Among respondents over 50, nearly 80% are living with at least one chronic comorbidity, a figure that raises to 88% for those over 65

Alcohol and other Drugs and Sexuality and Gender Diverse People

- Vaccher et. al.³⁶ found that 45.9% of gay, bisexual and other men had used “poppers” (amyl or alkyl nitrate) in the previous 6 months. A quarter of these people used the drug at least weekly and most used it to facilitate sex. Less than one fifth would cease use if the product was criminalised.
- **Lea et. al.³⁷ found:**
 - Among 2,112 gay and bisexual male participants, 61% reported illicit drug use in the preceding six months.
 - Stronger endorsement of drug use for social and sexual engagement and lower perceptions of drug risk were found among men who were more socially engaged with other gay men and reported regular drug use and drug use for sex.
 - Drug use and sex are difficult to disentangle for some GBM, and health services and policies could benefit from a better understanding of attitudinal and normative factors associated with drug use in gay social networks, while recognizing the role of pleasure in substance use.

35. Power, J., Amir, S., Brown, G., Rule, J., Johnson, J., Lyons, A., Bourne, A. and Carman, M. (2019) HIV Futures 9: Quality of Life Among People Living with HIV in Australia, monograph series number 116, The Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia

36. Vaccher, S. J., Hammoud, M. A., Bourne, A., Lea, T., Haire, B. G., Holt, M., ... & Prestage, G. (2020). Prevalence, frequency, and motivations for alkyl nitrite use among gay, bisexual and other men who have sex with men in Australia. *International Journal of Drug Policy*, 76, 102659.

37. Lea, T., Hammoud, M., Bourne, A., Maher, L., Jin, F., Haire, B., ... & Prestage, G. (2019). Attitudes and perceived social norms toward drug use among gay and bisexual men in Australia. *Substance use & misuse*, 54(6), 944-954.

Mental Health and Sexuality and Gender Diverse People

- **Waling et. al.³⁸ found that:**
 - 71% of LGBTI participants did not reach out to a crisis support service in a time of need, with the biggest barriers being anticipation of stigma or discrimination
 - 43% of those who did engage a service in a time of needs felt the service was not sufficiently familiar with issues affecting sexuality and gender diverse people
 - 72% of trans and gender diverse people felt the services could not offer sufficient advice to meet their needs
- **The LGBTIQ+ Health Alliance 2021 Snapshot Of Mental Health And Suicide Prevention Statistics For LGBTIQ+ People³⁹ reports:**
 - 5.2% of LGBTI people aged 18 and over had attempted suicide in the last 12 months. 30.3% have attempted suicide at some time in their lives

Cancer Care for Sexuality and Gender Diverse People

- **Drysdale et.al.⁴⁰ found that:**
 - Interventions related to cancer screening and treatment would benefit from tailoring with an understanding of what influences information acceptability
 - Some cancers may be more prevalent in sexuality and gender diverse communities
 - These increased prevalence rates may be linked to increased risk enhancing activities engaged in by these communities

Homelessness and Sexuality and Gender Diverse People

- **McNair et. al.⁴¹ found that homelessness in LGBTI people is of concern, yet systemic evidence on the issue is lacking, much of this is due to lack of collection of demographic data on sexuality and gender status. However, research indicates that these populations are over represented in experiences of homelessness.**

38. Waling, A., Lim, G., Dhalla, S., Lyons, A., & Bourne, A. (2020). Understanding LGBTIQ+ Lives in Crisis.

39. Available at https://d3n8a8pro7vhm.cloudfront.net/lgbtihealth/pages/549/attachments/original/1620871703/2021_Snapshot_of_Mental_Health2.pdf?1620871703

40. Drysdale, K., Cama, E., Botfield, J., Bear, B., Cerio, R., & Newman, C. E. (2020). Targeting cancer prevention and screening interventions to LGBTIQ communities: A scoping review. Health & Social Care in the Community.

41. <https://www.lmcf.org.au/getmedia/edadb1a8-dff0-43e3-9410-24dcaa41ea89/LGBTI-Homelessness-Stage-1-Report.pdf.aspx>

Accountability for our Success

The development of this Strategy is a fruit of our commitment to improving visibility, inclusion and health equity for the people who we work with and for. To understand our success in line with these commitments, we are undertaking a number of projects that ensure accountability and allow us to identify our wins and further develop areas for improvement from time to time.

Sexuality and Gender Diversity Action Plan

The Action Plan document allows us to provide person-centred accountability for the delivery of the initiatives listed in the Continuous Improvement Plan outlined above. The Action Plan will be owned by the Strategic Working Group of the Pride@SVHNS Network, and administered by the Manager, Sexuality and Gender Diversity Programs or similar position.

Health and Wellbeing Equality Index

SVHNS has committed to undertaking the Health and Wellbeing Equality Index, a benchmarking tool that gives a rating on our equality and inclusion practices compared to other organisations nationally in the health and wellbeing space. After receiving an initial score for the Index in 2022, we will endeavour to provide year on year improvement.

HWEI Staff and Client Surveys

As part of the Index process, SVHNS will undertake the Staff and Client surveys between November and January each year to ascertain our baseline and future state of the perception of our organisation in relation to quality care, inclusive practice and safety.

National Standards Contributions

Working closely with the Partnering with Consumers Standard Committee, the work of inclusion and equality has significant impacts on both the Comprehensive Care Standard and the Communicating for Safety Standard. The work of those implementing projects against the Strategy will contribute as required to the Committees responsible.

For More Information

Information on the content in this Strategy, or the related implementation documents can be obtained through contacting the Pride@SVHNS Strategic Working group (pridesydney@svha.org.au)

A Plan for **Continuous Improvement**

Creating Belonging

Success in this focus area is defined by the experience of our both our staff, and those we care for at SVHNS. Through a range of activities we will ensure the patient and staff journey is one where people's sexualities and gender identities are respected, considered and reflected upon. Through visual, systematic and public approaches, all should know that they are safe to express and celebrate their true selves with the support of the health network.

What we want...	Key Staff	Outcomes	Completion	Links to NSW LGBTQI+ Health Strategy
A recruitment pathway that affirms people of diverse sexualities and genders	Executive Director, People and Culture	Recruitment advertising, methods and processes are tailored to promote the inclusive nature of SVHNS	Ongoing	
		The on boarding process affirms our commitment to SGD staff and promotes our ongoing work in diversity and belonging	Ongoing	
		Our workplace systems are inclusive of all genders and sexualities	Ongoing	
A clear policy framework for diversity and belonging	Executive Director, People and Culture Executive Director, Mission and Inclusive Health	A policy or policies that are clearly LGTBQ inclusive	July 2023	
		Clear guidelines are in place for staff who choose to display their pronouns	Ongoing	
		Policy training or induction rolled out to all relevant staff	December 2023	
		Accountability to relevant policies is managed and recorded	Ongoing	
A structured opportunity for sexuality and gender diverse people to feel a sense of belonging and contribution to the Network	Chair, Pride@SVHNS	Ongoing development and support of the Pride@SVHNS Network	Ongoing	
		6 annual events produced by or with Pride@SVHNS	Ongoing	
A network that is visibly inclusive and affirming	Manager, SGD Programs	Run an Inaugural Pride Prize project for services and divisions to improve visibility in patient facing spaces	June 2023	
	Chair, Pride@SVHNS	Develop a public space campaign to increase Pride@SVHNS Membership	September 2023	
	Art Curator	Identification and removal of unnecessary gendered options for staff and patients, such as uniforms, bathrooms and records	December 2025	
	Media and Communications Team	Ongoing consideration given to the curation of art and exhibitions within the hospital to give voice to sexuality and gender diverse artists and issues	Ongoing	
	Director, Media and Communications	The development and application of a Brand Treatment representing sexuality and gender diversity	December 2023	
A network of people who uphold the culture and support sexuality and gender diverse staff and patients	Chair, Pride@SVHNS	A Pride Champions project that identifies mentors and points of contact to support sexuality and gender diverse staff	June 2026	

What we want...	Key Staff	Outcomes	Completion	Links to NSW LGBTIQ+ Health Strategy
A network that commemorates days of significance for sexuality and gender diverse communities	Manager, SGD Programs	Events and communications commemorating five Days of Significance each year including IDAHOBIT, Wear It Purple Day, Trans Awareness Week and World AIDS Day.	Ongoing	
	Chair, Pride@SVHNS Media and Communications Team	External communication of Network support for Days of Significance as determined by the Media and Communications Team	Ongoing	
A workforce with access to up to date information to support better care for sexuality and gender diverse patients.	Manager, SGD Programs	An up to date intranet page with information on referral services and local contacts for care	Ongoing	1.2.1 NSW Health organisations identify and communicate to their workforce about available resources and local expertise.
		An up to date evidence guide and information on applying evidence to practice	Ongoing	
Mental health consumers have increased access, safety and belonging at SVHNS services	Nurse Unit Manager Acute Inpatient Services Manager, Inner City Health Service	A plan for inclusion is developed for reduction of stigma, distress and increase of access for sexuality and gender diverse mental health consumers	December 2023	1.3.2 Targeted plan developed to: - improve wellbeing, address stigma and reduce psychological distress in the community - increase access by LGBTIQ+ people, their families, carers and social networks to mental health services, especially suicide prevention initiatives.
An Alcohol and Drug Service that leads the way in planning and implementation for belonging, equity and safety	Manager, AOD Services	Develop and implement an Inclusion Plan specific to Alcohol and Other Drug Services	August 2024	

Better Data, Better Care

Increasingly, we understand that better capturing, disaggregation and use of data leads to better outcomes for people of diverse sexualities and genders. In line with recommendations from the NSW LGBTIQ+ Health Strategy we will develop a health service with a desire for knowledge and translation in relation to what we know about these communities.

What we want...	Key Staff	Outcomes	Completion	Links to NSW LGBTIQ+ Health Strategy
A better understanding of the patient experience for those we care for of diverse sexualities and genders	Executive Director, Patient Experience and Safety	Participation in the HWEI Patient and Consumer Survey	Annually	4.3.1 Guidance developed on how LGBTIQ+ data can be used to improve care experiences, services, monitor health outcomes and better shared between health service providers
		Regular updates from Riskman and NPS data on experiences of those we care for	Ongoing	
		Implementation of a Walkthrough project reflecting the experience of sexuality and gender diverse patients	December 2023	

SEXUALITY AND GENDER DIVERSITY: STRATEGY FOR CONTINUOUS IMPROVEMENT

What we want...	Key Staff	Outcomes	Completion	Links to NSW LGBTIQ+ Health Strategy
An opportunity to share and learn from innovative research into the health of sexuality and gender diverse people	Deputy Director of Research	Deliver a research forum for SVHNS staff and partners to share information on new research relating to community health	September 2024	
		Promote opportunities for staff to participate in research on sexuality and gender diversity related health issue	Ongoing	
Patient documents that reflect sexuality and gender diversity from intake to referral	Executive Director, Patient Experience and Safety	An audit of current patient documents	January 2025	
		Improvements to intake, monitoring and referral documents to affirm gender and sexuality where relevant	Ongoing	
An understanding of what our current data can tell us about patient experience	Executive Director, Patient Experience and Safety Deputy Director, Research	Develop a new research project based on a systemic review of NPS and Riskman data on patient experience and risk for sexuality and gender diverse patients	Dependent	
A clear understanding on risks unique to working with sexuality and gender diverse people and communities with appropriate mitigation strategies	Executive Director, Legal and Risk	Development of a risk tolerance statement	July 2023	
		Development of a risk matrix	July 2023	
		Development of a risk mitigation plan	July 2023	
		Insertion of a risk related to sexuality and gender diversity in the organisational risk matrix	July 2023	
An understanding of the needs of sexuality and gender diverse staff	Manager, Sexuality and Gender Diversity Programs	Develop, release and analyse the results of a staff survey through the Pride@SVHNS Network	September 2023	
An understanding of the health needs of sexuality and gender diverse people and communities	Manager, Sexuality and Gender Diversity Programs	Regular updates on the Evidence Brief	Ongoing	
		Development of a Library suite of resources on sexuality and gender diversity health issues	March 2023	
		Undertake community conversations with sexuality and gender diverse people with findings presented to key staff	February 2023	
Electronic records which affirm sexuality and gender	Executive Director, Innovation and Improvement	Ongoing contributions to EMR Project to ensure suitability for sexuality and gender diverse patients	December 2023	4.1.1 Project completed to understand the enablers, barriers, and resources and supports needed for updating NSW Health data systems.

Lifelong Learning

A commitment to improvement of our services and our people is paramount to building on our legacy of care and compassion. Through the development and delivery of training that is tailored to the needs of our network, and effective partnerships with experts in the health and community sectors, we will turn information into skills, and skills into positive experiences.

What we want...	Key Staff	Outcomes	Completion	Links to NSW LGBTQI+ Health Strategy
Ongoing opportunities for staff to increase knowledge and skills for working effectively with sexuality and gender diverse persons and communities	Learning and Development Manager Manager, SGD Programs	Development of an organisational Learning Pathway for Sexuality and Gender Diversity	August 2023	1.1.1 Development of a workforce education and training strategy that covers, but is not limited to:
		Delivery of training packages to staff on culturally humble care for Sexuality and Gender Diverse Patients	Ongoing	LGBTIQ+ health, intersectionality, prevention of stigma and discrimination, LGBTIQ+ co-design and peer involvement, patient, family, carer, volunteer and caregiver experiences, health literacy principles and avenues for LGBTIQ+ inclusion accreditation
	Nurse Unit Manager Acute Inpatient Services Manager, Inner City Health Service	Delivery of specific training on LGBTIQ+ awareness and capability (including the Darlington Statement), co-design and working with the peer workforce.	December 2023	1.3.1 NSW Health and funded non-government organisation mental health services receive training in LGBTIQ+ awareness and capability, co-design and working with the peer workforce. 3.1.2 Greater awareness of the Darlington Statement across the NSW Health system.
An understanding on the uptake and impact learning and development opportunities related to sexuality and gender diversity	Learning and Development Manager Manager, SGD Programs	Development of an evaluation plan on trainings run culminating in an Annual Education report	December 2023	1.1.2 Annual reporting on uptake and impact of education and training, and how this is elevating patient and staff care experiences.
		Year on year improvement on reported usefulness and NPS for trainings run	December 2024	
Improved utilisation of current tools and strategies to integrate education on sexuality and gender diversity issues	Manager, SGD Programs	Manager, SGD to receive upskilling on hospital education and development tools including Huddles, handovers and clinical training	Ongoing	
A person centred understanding of the patient journey for sexuality and gender diverse patients	Manager, SGD Programs	Deliver three guided Walkthrough projects across Emergency, Inpatient and Outpatient spaces	July 2023	
Easy to access and use information on sexuality and gender diverse people and communities	Manager, SGD Programs	Develop and maintain a clinician guide to support staff in working with sexuality and gender diverse patients	Ongoing	

Trans and Gender Diverse Communities

We recognise that we, like many health services have much to learn about providing equitable and excellent healthcare for trans and gender diverse people. We are committed to working with peers, patients and community partners to understand our gaps in knowledge, and deliver co-designed solutions to increase our capacity to work with and for these populations.

What we want...	Key Staff	Outcomes	Completion	Links to NSW LGBTQI+ Health Strategy
A peer led understanding of the issues that face trans and gender diverse patients in accessing care at SVHNS	Chair, Pride@SVHNS Manager, SGD Programs Consumer and Community Participation Coordinator Executive Director, Strategy and Planning	A peer led situational analysis project highlighting recommendations for ongoing change within the network	August 2025	1.5.2 Service gaps are identified, especially for priority populations, and planning and funding options are developed.
		A research focus on the health needs of trans and gender diverse patients	Ongoing	2.1.3 Best practice approaches for delivering healthcare to transgender and gender diverse people are disseminated.
Peer led support for trans and gender diverse patients navigating healthcare at SVHNS	Consumer and Community Participation Coordinator Executive Director, Strategy and Planning	Trans and gender diverse peer navigation program	August 2025	2.1.2 Effective co-design of care with transgender and gender diverse people and organisations is promoted to health services.
To be recognised as a provider of choice for trans and gender diverse people	Executive Director, Allied Health Executive Director, Acute Care Services	Increased activity in community facing events	Ongoing	2.1.1 Key messages and stories are shared across the NSW Health system about transgender and gender diverse people's health needs and rights.
		Increased partnerships with Trans and Gender Diverse organisations	Ongoing	
		Potential development of post gender affirmation care complication service	Ongoing	2.3.1 Plan developed with transgender and gender diverse organisations, and primary, community, acute and specialist health services, to research and establish a pathway of care in NSW for people affirming their gender.
A strong sense of allyship, fostering a culture of accountability and respect	Manager, SGD Programs	Increased opportunities for visual displays of allyship	Ongoing	
		Guidance on the importance of and correct use of pronouns	Completed at Publication	
Increased co-design and involvement of trans and gender diverse people in hospital activities	Consumer and Community Participation Coordinator	Increased representation by trans and gender diverse people in consumer participation roles	Ongoing	2.1.2 Effective co-design of care with transgender and gender diverse people and organisations is promoted to health services.

Our Place In Community

Our work as a healthcare service is not delivered in isolation from our communities. Our history, our location and our commitment to change place us in a unique position to build on our partnerships with our allies in this work, experts in the field and the sexuality and gender diverse communities we serve.

What we want...	Key Staff	Outcomes	Completion	Links to NSW LGBTIQ+ Health Strategy
To be recognised as a provider of choice for sexuality diverse people and communities	Director, Media and Communications	Active promotion of our services to sexuality and gender diverse communities	Ongoing	
		Identification and promotion of endorsements from members of sexuality and gender diverse communities	Ongoing	
To have a visible presence in sexuality and gender diverse communities	Chair, Pride@SVHNS	Participate in Mardi Gras year on year	February Annually	
		Active participation in Sydney World Pride in 2023	March 2023	
To participate actively in a network of health services and activities which improve health outcomes for patients and consumers across NSW	Manager, SGD Programs	Participation in the Health and Wellbeing Equality Index	Ongoing	1.1.1 Development of a workforce education and training strategy that covers, but is not limited to avenues for LGBTIQ+ inclusion accreditation 1.5.2 Service gaps are identified, especially for priority populations, and planning and funding options are developed.
		Ongoing membership of Pride in Health and Wellbeing	Ongoing	
		Contributions to meetings, networks and fora that allow us to learn and share our experiences in equity, visibility, inclusion and belonging	Ongoing	
		Participation in the Pride in Health and Wellbeing LHD Community of Practice	Ongoing	
	Executive Sponsor	Participation in a NSW Health led Community of Practice for LGBTIQ Allies and Staff	Ongoing	1.2.2 A network / community of practice of LGBTIQ+ staff and allies is formed to: - provide expertise and guidance within NSW Health on diversity, inclusion and workplace culture - increase LGBTIQ+ co-design and peer involvement across the organisation.
	CEO	Support the development of the LGBTIQ+ Health Centre	Ongoing	1.4.2 Funding agreement prepared with ACON for establishment of its LGBTIQ+ Health Centre

SEXUALITY AND GENDER DIVERSITY: STRATEGY FOR CONTINUOUS IMPROVEMENT

What we want...	Key Staff	Outcomes	Completion	Links to NSW LGBTIQ+ Health Strategy
To identify and contribute to areas of improvement for sexuality and gender diversity inclusion in Network and community spaces	Executive Sponsor	A community based review of the This Way UP program is undertaken in partnership with ACON	June 2023	
A stronger understanding of the health and psychosocial needs of intersex people and communities	Manager, SGD Programs	Development of an Intersex Awareness Day initiative in partnership with key community organisations	26 October 2023	3.1.3 Key messages and stories are shared across the NSW Health system about the health needs and rights of intersex people.



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