

2015

LGBTI Aged Care Training Evaluation Report 2015

REPORT TO NATIONAL LGBTI HEALTH ALLIANCE, SEPTEMBER 2015

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1. INTRODUCTION

The National LGBTI Health Alliance is implementing a national workforce training program to build the skills of the aged care workforce to provide inclusive, accessible and appropriate care to older lesbian, gay, bisexual, transgender and intersex (LGBTI) people. The project is being implemented over a three year period until June 2016 with funding from the Australian Government Department of Social Services.

This program is being implemented in partnership with nine state and territory agencies:

- ACON, New South Wales and the ACT
- Transgender Victoria (TGV), Victoria
- Gay and Lesbian Health Victoria (GLHV), Victoria
- Working it Out (WIO) in partnership with the Tasmanian Council on AIDS Hepatitis and Related Diseases (TasCAHRD), Tasmania
- Uniting Communities, South Australia
- GLBTI Rights in Ageing Incorporated (GRAI), Western Australia
- Northern Territory AIDS and Hepatitis Council (NTAHC), Northern Territory
- Queensland AIDS Council (QuAC), Queensland.

Partner agencies were chosen through a competitive expression of interest process. The workshop program and associated resources were developed by ACON, with the collaboration of GLHV, QuAC, A Gender Agenda and the Alliance. The Alliance also commissioned ACON to develop and implement a Train-the-Trainer program. ACON has run the Train-The-Trainer sessions throughout the nation to train the trainers for each partner agency.

Partner agencies have responsibility for implementing the training workshops within their state and territory, using the program and resources that were developed. The training is a one day workshop.

The workshop covers:

- sexual identity and gender expression;
- social stigma and discrimination;
- health and ageing issues for LGBTI people;
- legislation and government policy; and

- inclusive practice in the organisation.

In addition to the workshop, an e-learning module has been developed. ACON led the development and management of the e-learning module. It has been available online since 1 July 2014. The learning module is an introductory session that complements the face to face training. However it also benefits more remote and regional staff who may not be available to travel to face-to-face sessions and those who may be unavailable to attend a one day training session.

2. THE EVALUATION

2.1 Evaluation scope and key questions

This evaluation aims to assess the quality of the training based on feedback from workshop participants across all states and territories. This includes whether it has met their expectations and is relevant to their work. This evaluation also aims to assess the immediate impact of the training on knowledge, skills and self-efficacy based on pre- and post-self-assessment surveys completed by participants. Beyond the scope for this evaluation is assessing what impact participation in the training may have had on workplace practice (the final evaluation report due at project completion will aim to assess this).

Key evaluation questions include:

- Who is the training and e-learning module reaching?
- Are project participants satisfied with the training?
- What suggestions do participants have to improve the training?
- What has been the impact of the training on awareness and knowledge?
- What has been the impact of the training on skills and self-efficacy?

2.2 Evaluation reporting period

This evaluation report covers the workshops that ran from February 2014 until June 2015. However, the data is not inclusive of all the workshops that have been held in May and June 2015 due to delays in processing this data. The report includes e-learning module data for a twelve month period from 1 July 2015 to 30 June 2015. This report summarises key findings from:

- 2,304 pre-test surveys
- 2,278 post-surveys
- 3,008 end of workshop surveys.

2.3 Evaluation methods

The evaluation methods have included:

- **Workshop registration and attendance data.** Information is collection on the number of registrations and attendees. This information has been used to report on the reach of the program (see section 3).
- **End-of-workshop evaluation survey.** At the end of each workshop participants rate their satisfaction with various aspects of the workshop, including the content, trainers, workshop format, as well as the overall usefulness of the workshop (see section 4).
- **Pre- and post-self-assessment survey.** At the commencement of each workshop participants self-rate their awareness, knowledge, skills and self-efficacy in addressing LGBTI diversity issues in their workplace. At the end of each workshop, they are asked the same questions again so that we can assess the impact of the workshop (see section 5).
- **E-learning module user data.** The online e-learning module collects statistics on enrolments and completions of the module. This data has been analysed to provide an indication of the reach of the module.

The end-of-workshop survey and pre- and post-self-assessment surveys are collected by the trainers at the end of each workshop. These are forwarded to the Alliance who have then coordinated their entry into the survey software.

2.4 Evaluation limitations

There are few limitations to the evaluation. Firstly, all evaluation forms were hard copy. One of the limitation of hard copy surveys is that respondents do not always adhere to question requirements. For example, all respondents are asked to chose the most useful topic from the training, yet many respondents chose to list more than one most useful topic. Additionally, respondents often chose to skip some questions. Secondly, the evaluation surveys were all developed and printed at the time that the workshop program was finalised. This was prior to the evaluator commencing. Given the timeline for the implementation of the project, testing and refinement of the evaluation surveys prior to their adoption was unable to occur.

3. TRAINING IMPLEMENTATION

3.1 Summary of workshop activity

At the time of the evaluation, there had been:

- 208 workshops
- 3,057 participants
- 3,027 evaluations returned
- 15 participants on average per workshop.

As noted earlier not all the returned evaluations are included within this report (as the data had not been entered at the time of the evaluation). Victoria and New South Wales account for 71 per cent of all workshop participants. This is followed by Queensland and South Australia which each account for 8 per cent of workshop participants.

On average, each workshop had 15 participants with variations between the states. Victoria had 17 participants on average per workshop and NSW 16 participants on average per workshop. While Queensland had an average of 11 participants per workshop and Western Australia and Northern Territory had an average of 13 participants per workshop. Some of these differences in attendance can in part be explained by the percentage of registrees who actually attend the workshop (see table below). Registration is free which assists aged care services to send employees to the workshop. However, it is likely that this results in a greater degree of no-shows than if participants had to provide a payment when they register for the training. Currently 11 per cent of registrees do not attend the training.

Table 1. Number of workshops delivered by state and territory

State	No. workshops	No. registrations	No. attendance	% registration/attendance	Avg. attendance/workshop	No. evaluations
ACT	4	50	42	84%	11	45
NSW	82	1422	1309	92%	16	1,289
NT	1	13	13	100%	13	13
Qld	25	388	276	71%	11	254

Sa	19	304	266	88%	14	249
Tas	10	146	117	80%	12	111
Vic	52	897	840	94%	17	870
WA	15	204	194	95%	13	196
Total	208	3,424	3,057	89%	15	3,027

3.2 Summary of e-learning activity

Over a twelve month period (July 2014 to June 2015), **1,293 individuals had enrolled** in the e-learning module. Registrations almost tripled in the second six months as promotion of the e-module improved. NSW and Victoria account for 76 per cent of all enrolments.

Table 2. Number of e-learning module enrolments and completions by state and territory

State	No. Enrolments July-Dec 14	No. Enrolments Jan-Jun 15	Total
ACT	4	7	11
NSW	197	398	595
NT	0	12	12
QLD	59	80	139
SA	11	62	73
TAS	7	5	12
VIC	47	347	394
WA	4	26	30
Not stated	4	23	27
Total	333	960	1,293

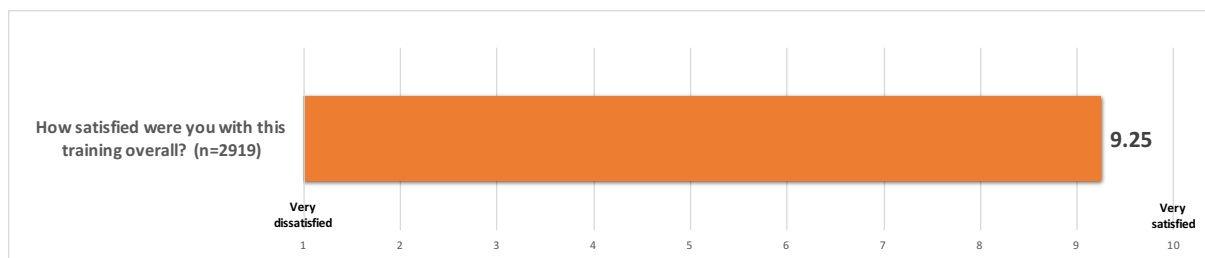
In total, **734 completed** the e-learning module, representing a 57 per cent completion rate. It is difficult to ascertain the reasons individuals do not complete the module. ACON, who are managing implementation of module, have reported that some staff are enrolled in advance by their

employers and have voiced their displeasure about this often directly to ACON. ACON has also speculated that employers may not reimburse staff to complete the training out of work hours.

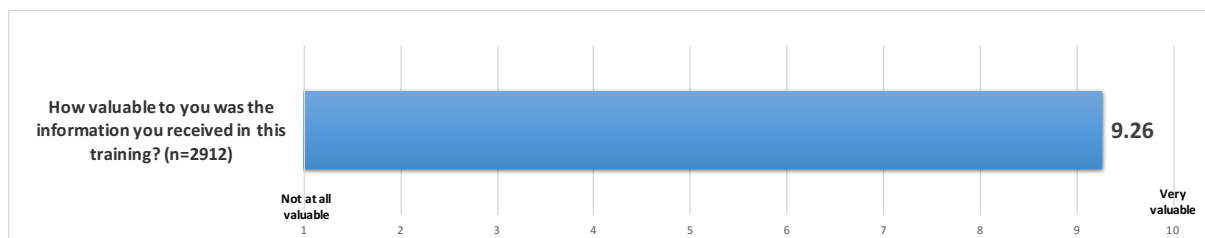
4. PARTICIPANT FEEDBACK ON THE TRAINING

4.1 Overall response

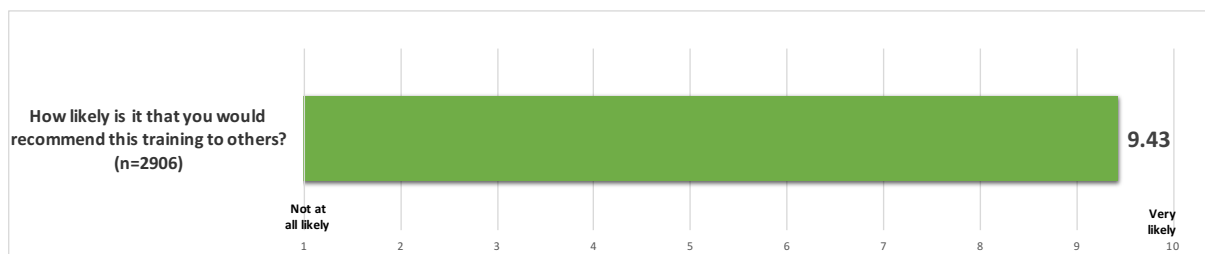
Participants were asked to rate their overall satisfaction with the training (1=very dissatisfied and 10=very satisfied). Participants rated the training an average 9.25. Seventy-eight per cent gave a '9' or '10' rating.



Participants were asked how valuable was the information they received in this training (1=not at all valuable and 10=very valuable). The average rating was 9.26. Again, 78 per cent of participants gave a '9' or '10' rating.



Participants were asked to rate how likely it is that they would recommend this training to others (1=not at all likely and 10=very likely). The average rating was 9.43. The highest of all three statements. Eighty four per cent of participants gave a '9' or '10' rating.



The majority of participants who gave a five or lower rating on any of the three statements above, were more likely to have indicated on a prior question that the information was not relevant to their work or that they were neutral about its relevance.

Following the rating of the three statements above, participants were able to comment on why they gave the feedback that they did and to make any additional comments. There were approximately 1,900 comments analysed. In total, there were five main themes:

- Many participants took the opportunity to **thank the organisers** for running the training.

“Thank you for the training.”

“Great day, thank you.”

- Participants commented on the **positive impact of the training** on their knowledge, awareness and skills.

“Another learning curve a greater insight into LGBTI an area I had very little understanding.”

“This training provided information I need to provide inclusive work environment information was very interesting + useful.”

- **Facilitators were praised** for their training skills.

“Very well presented.”

“[Facilitator name] is really good educator and he gave us a good idea of LGBTI community.”

- Participants stated that overall the training was **excellent, great and valuable**.

“Very good training, enrich our knowledge.”

“Keep up the excellent work - thoroughly beneficial!”

- Participants provided **suggestions to improve the training**. Many of those comments were quite varied. Comments included: the need for a shorter training program (an abbreviated training program is currently being developed); comments on logistics such as commencement time, venue, refreshments (these comments are very specific to a particular workshop); requests for more training and recommendations that the training is mandatory; and, suggestions that the terminology and language used often required some further explanation.

“Was a bit too long. 1/2 day training would be better.”

“It should be mandatory to all public service organisations!! :) “

“The booklet + some of the language used can be a bit “dense” possible access issues for participants.”

4.2 Workshop program

Participants were asked to select which of the ten topics covered in the program were most useful. Thirty per cent of participants chose not to answer this question and approximately another 30 per cent of respondents chose more than one topic that was useful (their multiple responses are not included in the table below).

The two most useful topics were ‘defining T and I and understanding gender identity, gender expression’ and ‘specific LGBTI ageing health issues’. Each of these topics were chosen as the most useful by approximately a quarter of participants. This was followed by 12 per cent of respondents finding ‘inclusive practice’ the most useful topic and ‘defining LGB’ as the most useful topic.

Answer Options	Response Percent
Defining LGB	11.7%
Understanding sexual orientation	8.1%
Defining T and I and understanding gender identity, gender expression	28.4%
Heterosexism/Cisgenderism/homophobia	3.2%
Specific LGBTI ageing health issues	24.0%
Legislation	3.2%
Inclusive practice	11.8%
Helpful tips to take away	3.4%
Activities	3.8%
Resources	2.3%

Following this question, respondents had an opportunity to provide a written comment to explain why they had chosen the topic that they did. However, approximately 25 per cent of respondents who commented said all topics were good.

“All of the above. Very informative.”

“All. I think they were all interesting.”

Among other participants, the most common reason they selected the topic that they did was because they **learnt something**.

“Learning about different sexualities.”

“Because it gave me more of it understanding.”

“I learnt a lot of things I didn't know or understand.”

For example, those participants who chose ‘defining T and I and understanding gender identity, gender expression’ as the most useful topic stated that they learnt what these terms meant and developed an understanding of differences within the LGBTI community.

“Interesting to learn the differences between gender identity, gender expression, rather than just different sexual orientation.”

“I hadn't previously been clear on these definitions (especially “I”).”

“Expanded my understanding of the LGBTI community and the difference between individuals in this community group.”

A second common reason participants nominated a topic as useful was because it is **relevant or useful to their work**, at times specifically mentioning how they could use this learning in their work.

“Change the way to provide service and update policy and procedures and documentation promotion”

“Discussion around inclusive practice provided me with fresh ideas I can incorporate into my own practice and encourage within my organisation.”

“I will be able to take back to my organisation to influence change via practical application”

Participants were asked to nominate which topics was least useful. Only 31 per cent of participants chose to answer this question. Following this question, respondents had an opportunity to provide a written comment to explain why they had chosen the topic that they did, those who had not chosen a topic frequently commented that all the topics were good and none were least useful.

Among participants who did chose a topic that was least useful, 39 per cent said it was ‘defining LGB’, 20 per cent said it was ‘legislation’ and 11 per cent chose

‘heterosexism/cisgenderism/homophobia’. The most common reason why they chose that topic as least useful was because they were **already aware or knowledgeable about the topic**.

“I have already know what LGB are”

“I already had an understanding of this topic.”

“Felt I was up to date on legislation.”

Table 4. Which topic was least useful? (n=945)	
Answer Options	Response Percent
Defining LGB	39.0%
Understanding sexual orientation	5.6%
Defining T and I and understanding gender identity, gender expression	1.6%
Heterosexism/Cisgenderism/homophobia	11.5%
Specific LGBTI ageing health issues	4.1%
Legislation	19.8%
Inclusive practice	2.8%
Helpful tips to take away	2.1%
Activities	8.1%
Resources	5.3%

Participants were directly asked if the information in the workshop was relevant to their work. Ninety-five per cent of participants strongly agree or agree that the information was relevant to their work. Only five per cent were neutral about whether the information was relevant to their work (as the surveys are anonymous we are not able to ascertain what positions they may hold or types of organisations that they are employed by). Less than one per cent of respondents thought the information was not relevant.

Table 5. The information was relevant to your work (n=2,915)	
Answer Options	%
Strongly agree	61.7%
Agree	33.1%
Neutral	4.6%
Disagree	0.3%
Strongly disagree	0.2%

4.3 Facilitators

Participants provided positive feedback on the workshop facilitators. Seventy-six per cent strongly agree that the facilitators were well prepared. Twenty-three per cent agree that the facilitators were well prepared. Only one per cent of respondents were neutral in their response and less than one per cent thought the facilitators were not well prepared.

Table 6. The facilitators were well prepared (n=2,925)

Answer Options	%
Strongly agree	76.1%
Agree	22.7%
Neutral	0.7%
Disagree	0.1%
Strongly disagree	0.2%

Similarly, 78 per cent of participants strongly agree that the facilitators presented the information in a way that was easy to understand. Twenty-one per cent agree that the information was presented in a way that was easy to understand. Only one per cent of respondents were neutral in their response and less than one per cent thought the facilitators were not well prepared.

Table 7. The facilitators presented the information in a way that was easy to understand (n=2,926)

Answer Options	%
Strongly agree	77.5%
Agree	20.9%
Neutral	1.1%
Disagree	0.1%
Strongly disagree	0.2%

4.4 Learning environment

Very positively, 77 per cent of participants strongly agree that the training encouraged interaction and the opportunity for discussion. Twenty-two per cent of respondents agree that the training encouraged interaction and opportunity for discussion. Only one per cent of respondents were neutral and less than one per cent said the training did not encourage interaction and opportunity for discussion.

Table 8. The training encouraged interaction and the opportunity for discussion (n=2,925)

Answer Options	%
Strongly agree	76.8%
Agree	21.8%
Neutral	0.9%
Disagree	0.1%
Strongly disagree	0.2%

Similarly, 78 per cent of participants strongly agree that the training provided a supportive safe environment that encouraged questions. Twenty-one per cent agree that the training provided a supportive safe environment that encouraged questions. Only one per cent of respondents were neutral and less than one per cent said the training did not provide a supportive safe environment that encouraged questions.

Table 9. The training provided a supportive safe environment that encouraged questions (n=2,912)

Answer Options	%
Strongly agree	77.7%
Agree	20.7%
Neutral	1.1%
Disagree	0.1%
Strongly disagree	0.2%

4.5 Topics of further interest

Participants were asked to nominate what topics they would like to know more about. A significant minority, 41 per cent of participants, skipped this question. Of those participants who commented, the majority provided no suggestion instead stating they did not feel the need for additional topics to be covered. They made comments such as “all good” or “everything was covered”. As a result only a minority, approximately a quarter of all participants who completed an evaluation sheet, provided a suggestion. The most common suggestions for areas they would like to know more about are listed below.

- Perhaps unsurprisingly, participant wanted **more practical suggestions** on how to make sure their service is meeting the needs of LGBTI people. Some specifically mentioned that they would like to know more about the Rainbow Tick. It is worth mentioning at this point that participants

also commented (at other points in the evaluation) that they had received practical ideas as to how they could use what they have learnt in their work.

“More tips on inclusive practice.”

“I would like more training on inclusive practices.”

“How the Rainbow Tick has improved other organisations.”

- Participants wanted **more information on legislation**. The training program already addresses legislation. Some of those who commented on the need for more information noted that it is constantly changing which is why it is a topic of further interest.

“Legislation as it always changes.”

“More on legislation - how to support someone accessing the right info.”

- Earlier in this report it was noted that ‘specific LGBTI ageing health issues’ was the second most nominated useful topic, so perhaps it is not surprising participants stated that they still wanted **more specific information on LGBTI health and ageing issues**.

“Ageing health issues specific LGBTI”

“Further info of health impacts for older LGBTI clients.”

- **More information on the LGBTI community** was requested. Often this was not very specific, as the first quote below highlights, while other participants, such as the remaining quotes, were more specific (although their comments were very varied). While these may be topics of interest, it is appropriate to ask whether going into more detail (beyond what is already covered in the training) is really necessary to achieve the aims of the training.

“More LGBTI facts.”

“Understanding sexual orientation.”

“Statistics about intersex outcomes - surgery and decisions made and long term outcomes.”

“I would like to know more about the Stonewall riots + Mardi Gras.”

- Participants were interested in **further education and training**. Some participants commented on the value of ongoing education, while others commented on some specific topics they were interested in (though their suggestions were very varied).

“Ongoing education”

“More cultural specific training.”

“How to develop local support networks + deal with organisational barriers to implementing inclusive practice.”

- There was interest in learning more about **how and where to access additional resources and information on LGBTI services for referrals**. The Participant Workbook (which all participants receive) includes additional information and provides contacts for key services in each state and territory.

“Maybe resources, to gather appropriate information that may be required within my job role.”

“Contacts for support”

5. CHANGES IN PARTICIPANTS' KNOWLEDGE, SKILLS AND SELF-EFFICACY

5.1 Participants' knowledge of health and well being issues for older LGBTI people

Participants were asked to select from a list of five health and well being issues those which they thought were of concern for older LGBTI people. Prior to the commencement of the workshop, knowledge was already fairly high as four of the five health issues listed had 84 per cent of participants indicating that they are a concern for older LGBTI people. In the post-workshop survey, all five issues were more frequently selected than in the pre-workshop survey. Four of the five issues had more than 94 per cent of respondents identifying that they were health concerns for older LGBTI people.

The one health issue that had the lowest number of respondents selecting it as a significant health issue prior to the commencement of the workshop was 'language barriers to accessing suitable health care'. At the commencement of the workshop only 57 per cent selected it as an issue of concern for older LGBTI people. However, on the post workshop survey 75 per cent of respondents selected it as an issue of concern for older LGBTI people. Given the lower number of participants selecting this as an issue of concern on the pre-workshop compared to the other health issues, it resulted in the biggest change on the post-workshop survey.

Table 10. Which of the following health and wellbeing issues are concerns for older LGBTI people?

Answer Options	Pre-workshop (n=2,274)	Post-workshop (n=2,260)
Developing mental issues, for example, depression.	88.8%	95.6%
Suitable accommodation that is welcoming for everyone.	84.3%	93.6%
Lack of family support.	85.9%	93.7%
Language barriers to accessing suitable health care.	57.2%	74.6%
Unwelcome responses by residents within residential care facilities.	89.5%	94.0%

Workshop participants were asked to select from a list of four health issues, those that were highly represented in LGBTI people. They could also chose 'all of the above', which was the correct answer. On the pre-workshop survey, 63 per cent correctly identified that it was all four issues. Perhaps this is an educated guess or alternatively it could indicate that there is some prior awareness of the issues facing LGBTI people prior to the workshop. On the post-workshop survey this had increased to 74 per cent. Most of the remaining respondents selected depression as the health impact highly

represented in LGBTI people. It maybe that these respondents had a different interpretation of the question or alternatively that this is the main message they took away from this component of the training.

Table 11. Which of the following health impacts are highly represented in LGBTI people?

Answer Options	Pre-workshop (n=2,239)	Post-workshop (n=2,256)
Depression	35.6%	25.1%
Drug and alcohol misuse	1.2%	1.2%
Smoking	0.1%	0.1%
Obesity	0.1%	0.0%
All of the above	63.0%	73.5%

HIV is the most significant health issue affecting gay men. Knowledge of the increased effectiveness of treatments is already very high at the commencement of the workshop with 93 per cent of respondents correctly identifying that antiretroviral treatments have improved the health and longevity of people with HIV. On the post-workshop survey this improves only slightly to 95 per cent of respondents.

Table 12. Highly active antiretroviral therapy (HAART) has improved the health and well being of people living with HIV, by reducing the incidence of secondary infections and allowing them to live longer?

	Pre-workshop (n=1,942)	Post-workshop (n=2,068)
True	93%	95%
False	7%	5%

5.2 Participants' understanding of LGBTI diversity and needs

At the commencement of the workshop, 48 per cent of respondents strongly agree or agree that they are confident that they have a good understanding of LGBTI diversity. Thirty-seven per cent are neutral and 15 per cent disagree or strongly disagree. By the end of the workshop, 97 per cent strongly agree or agree that they are confident. Only three per cent are neutral and less one per cent disagree or strongly disagree.

Table 13. I am confident that I have a good understanding of LGBTI diversity

Answer Options	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Response Count
Pre-workshop	8.5%	39.9%	36.6%	13.4%	1.6%	2,288
Post-workshop	41.9%	55.2%	2.5%	0.2%	0.1%	2,275

At the commencement of the workshop, there was a fairly even split between those who felt LGBTI clients have different needs and care requirements than other clients (47 per cent) and those who felt they didn't (53 per cent). By the end of the workshop there was a dramatic change with 75 per cent of respondents stating that it is true that they have different needs and care requirements than other clients. However, one quarter of respondents did not feel LGBTI clients have different needs and care requirements than other clients.

Table 14. Overall, I think LGBTI clients have different needs and care requirements than other clients.

	Pre-workshop (n=2,097)	Post-workshop (n=2,110)
True	47%	75%
False	53%	25%

5.3 Participants' confidence and skills to provide LGBTI inclusive services

Following the completion of the workshop, 96 per cent of participants reported that they feel more confident in providing inclusive care to LGBTI clients. This is up from the 60 per cent who reported such confidence at the commencement of the training.

Table 15. I am confident in providing inclusive care to LGBTI clients

	Pre-workshop (n=2,113)	Post-workshop (n=2,172)
True	60%	96%
False	40%	4%

Participants were asked if they have skills to provide person directed care to an LGBTI person. At the commencement of the workshop, 41 per cent strongly agree or agree that they have those skills. Forty per cent were neutral and 19 per cent disagree or strongly disagree. By the end of the workshop, 93 per cent strongly agree or agree that they have those skills. Only 7 per cent were neutral and less than 1 per cent disagree or strongly disagree.

Table 16. I have the skills to provide person directed care to an LGBTI person

Answer Options	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Response Count
Pre-workshop	7.0%	34.2%	39.9%	16.8%	2.1%	2,273
Post-workshop	31.7%	61.1%	6.7%	0.4%	0.1%	2,257

Similarly, 95 per cent of participants now feel they know how to make their workplace LGBTI inclusive. This has increased dramatically from the 44 per cent who reported this at the commencement of the training.

	Pre-workshop (n=2,083)	Post-workshop (n=2,164)
True	44%	95%
False	56%	5%

6. CONCLUSION

6.1 Summary

The National LGBTI Health Alliance and its state and territory partners are successfully implementing the LGBTI Aged Care Training Program. The evaluation has found that the program is achieving its aims. At the end of the workshop, 95 per cent of participants feel they know how to make their workplace LGBTI inclusive (up dramatically from the 44 per cent who reported this at the commencement of the training).

At time of this evaluation, **208 workshops** had been held with a total of **3,057 participants**. On average, there were **15 participants per workshop**.

The workshop has been very well received by participants. Overall, **95 per cent found the information relevant to their work**. Participants praised the implementation of the program with many describing it as “excellent”, “great” and “valuable”. The content is seen as covering relevant information, as well as providing opportunities for interaction and discussion. The facilitators are an important component to the success of the training, they are considered by participants well prepared and perceived to communicate effectively. Facilitators were often praised by participants.

On the whole, the evaluation has found that the LGBTI Aged Care Training is proceeding smoothly. Further revisions to the training program, facilitator training or changes to the implementation of the workshop are not required. However, some additional effort is required to better promote and market the e-learning module across Australia.

6.2 Satisfaction with the training program

In terms of the program itself, overall most participants had very little criticism of the content or recommendations for changes. The two topics participants found most valuable were ‘defining T and I and understanding gender identity, gender expression’ and ‘specific LGBTI ageing health issues’, although many respondents noted that they found all topics useful. Not surprisingly, the topics participants nominated as most useful were those where they had learnt something. When participants were asked which topics were least useful, only 32 per cent of respondents chose to answer this questions. Many respondents commented that they actually found all topics were good

and useful. The two topics most frequently chosen as least useful were 'defining LGB' and 'legislation'. The reasons these were considered least useful is that participants felt that they already had good awareness or knowledge of these topics.

Among participants who provided suggestions of topics they wanted to know more about (although only a quarter of all participants who completed an evaluation survey provided suggestions), they tended to request more specific information on a particular issue or for more practical suggestions to provide inclusive practice. As is often the case at the end of a training workshop which participants have found useful and engaging, some participants requested ongoing education and training.

Participants rate the program very highly in terms of satisfaction, value, and whether they would recommend the training to others. On a rating scale where 10 was the highest rating, it received:

- 9.25 average rating for satisfaction with the training;
- 9.26 average rating for value of information received in the training; and
- 9.43 average rating for whether participants would recommend the training to others.

6.3 E-learning module

From January to June 2015, there was a significantly higher uptake of registrations for the e-learning module than compared to the prior six months. In total, **1,293 registrations** and **734 individuals** have completed the e-learning module. However, the increase in registration has not been evenly spread throughout the country. The Alliance should discuss with all partners how to better promote and market the module.

6.4 Training is providing skills and 'know how'

The program is having an important impact on the knowledge, skills and self-efficacy of participants. At the end of the workshop:

- 96 per cent of participants feel more confident in providing inclusive care to LGBTI clients, and

- 97 per cent of participants feel confident that they have a good understanding of LGBTI diversity.

One of the significant contributions of the training is to give participants the skills and practical 'know how' to provide LGBTI inclusive care. At the commencement of the training, many participants already feel confident in providing inclusive care to LGBTI clients. Sixty per cent of participants identify that they felt this was the case. However, at the commencement of the workshop what they identify that they lack is the skills to provide person directed care to an LGBTI person. At the commencement of the workshop 41 per cent strongly agree or agree that they have the skills to do so. This jumps to 93 per cent at the end of the workshop. Similarly, only 44 per cent at the commencement of the workshop feel they know how to make their workplace LGBTI inclusive. At the end of the workshop this jumps to 95 per cent of participants.