PRACTICE POINTS **2026 HWEI Employee Survey**

EXECUTIVE SUMMARY

- More than a quarter of employees (28.5%) believe that "treating everyone the same" is sufficient for LGBTQ+ clients, highlighting a potential ongoing misunderstanding about the difference between equality and equity in person-centred practice.
- Respondents who hold this belief have lower awareness of LGBTQ+ clients' needs. They also show lower comfort in applying inclusive practices, and less recognition of how sexuality or gender diversity affects service delivery and health and wellbeing outcomes.
- These employees are also less likely to understand or identify barriers faced by LGBTQ+ clients, and less likely to acknowledge health disparities experienced by people of diverse sexuality and gender.
- Demographic patterns suggest that newer workforce entrants, volunteers or casual staff, and some client-facing groups may benefit from more targeted LGBTQ+ inclusion training and support.
- Strengthening trauma-informed, LGBTQ+ inclusive education early in employment, improving resource accessibility, and addressing system gaps will help organisations shift from "equal" to truly equitable service delivery for LGBTQ+ clients.

Edition 2: Equality vs. equity in the health and community care sectors

2026 marks the sixth annual Health + Wellbeing Workplace Equality Index Employee Survey.

In this year's Key Insights report, we touched on the distinction between equality and equity when delivering services to clients in the health and community care sectors. This Practice Point expands on this theme, exploring how employees' beliefs influence LGBTQ+ clients' experience and health and wellbeing outcomes.

Person-centred practice is at the core of the health and community care sectors, where the service a patient, client, consumer or service user receives is tailored to their health and wellbeing needs. We use the term "client" throughout this report to refer to all people receiving services in these sectors.

In the survey, we ask several questions related to an individualised approach for LGBTQ+ clients. This practice point presents data that explores these results and offers insights into educational and resource development opportunities to increase employees' understanding of LGBTQ+ clients' service needs. These comparisons can be replicated by organisations that have received their own raw data from this year's survey.

Equality vs. Equity

Of all responses to the question, 28.5% agreed that "a treating everyone the same approach is sufficient when providing health and community care services to LGBTQ+ clients."

The purpose of this question is to explore whether there is a gap in respondents' understanding of the distinction between equality and equity as it relates to LGBTQ+ clients.

The distinction between equality and equity is central to improving health and wellbeing outcomes for LGBTQ+ people.

Health research has shown that LGBTQ+ individuals often have poorer health outcomes for many reasons. For some, there are concerns that they will not be treated as individuals, that healthcare providers may not take time to understand their needs, or that they may be misgendered. These concerns reflect findings from Australia's *10-Year National Action Plan for LGBTIQA+ Health and Wellbeing*[i], which highlights persistent reports of misgendering, inappropriate questioning, and limited cultural competency in healthcare settings.

Others have concerns shaped by lived experience of trauma and the impacts of historical and collective harm documented in ACON's *Rainbow Realities* report. There is also a phenomenon known as *trans broken arm syndrome*, where a person's LGBTQ+ identity is overemphasised and they experience questioning unrelated to their presenting health needs.

Such experiences result in delayed help-seeking and reduced trust in services. Both the National Action Plan and *Rainbow Realities* report show that these concerns contribute to lower screening rates and poorer mental health outcomes among LGBTQ+ communities.

Due to all these concerns, some LGBTQ+ individuals may delay seeking health and community care services and therefore, issues are not caught early. Resulting disparities are particularly evident in cancer screening rates and mental health outcomes for LGBTQ+ populations.

When exploring why HWEI Survey respondents may have agreed with the statement "a treating everyone the same approach is sufficient when providing health and community care services to LGBTQ+ clients", it is possible that for some, this means applying a person-centred approach to all individuals. However, other HWEI Survey results indicate that respondents who agree with this statement also have lower agreement with explicit statements about understanding the needs of LGBTQ+ clients at their organisation.

It is possible that some respondents do not believe that taking into account whether a person is of diverse sexuality, transgender, or gender diverse is necessary to deliver culturally safe, person-centred services at their organisation.

Comparing agreement to other areas of understanding.

The following compares respondents who **agree** (strongly agree/agree) or **do not agree** (neither agree or disagree/disagree/strongly disagree) with the "treating everyone the same" statement with other survey statement responses.

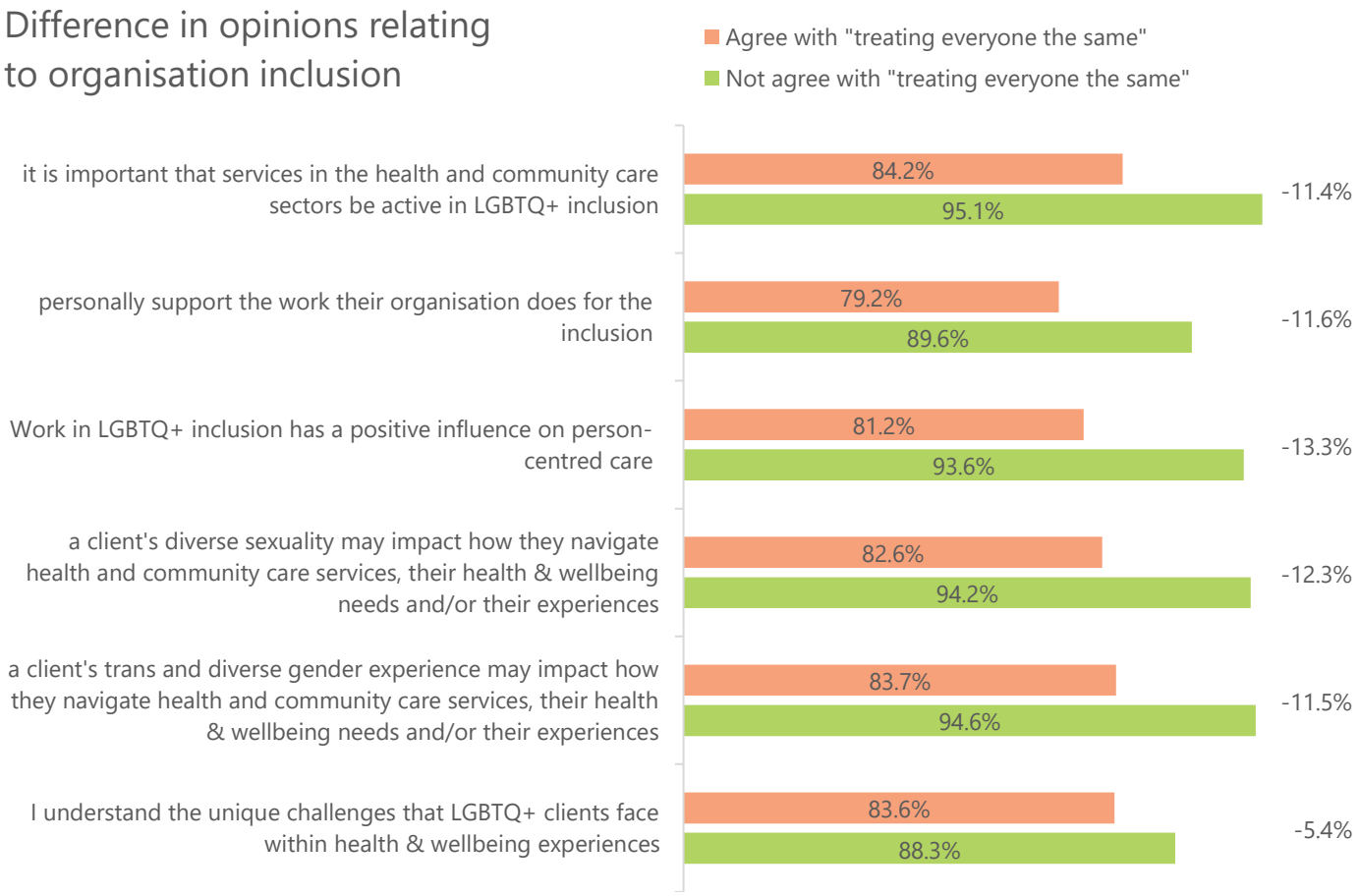
The following analysis suggests that ensuring that employees are aware of the specific needs of LGBTQ+ individuals, and ensuring they are trained in person-centred, trauma-informed care as it relates to LGBTQ+ clients, leads to:

- an understanding of the gaps in service delivery of the organisation.
- an understanding of the barriers that LGBTQ+ people may encounter.
- greater comfort levels with discussing LGBTQ+ information where it may be relevant to care.

Respondents who agree that a "treating everyone the same' approach is sufficient when providing health and community care services to LGBTQ+ clients" are less likely to agree with all statements around general organisation inclusion. This includes being less likely by;

- 11.4% to agree that it is important that services in the health and community care sectors be active in LGBTQ+ inclusion (Agree: 84.2% vs. Not agree: 95.1%),
- 11.6% to personally support the work their organisation does for the inclusion (Agree: 79.2 vs. Not agree: 89.6%),
- 13.3% to feel that Work in LGBTQ+ inclusion has a positive influence on person-centred care (Agree: 81.2% vs. Not agree: 93.6%),

- 12.3% to believe a client's diverse sexuality may impact how they navigate health and community care services, their health and wellbeing needs and/or their experiences (Agree: 82.6% vs. Not agree: 94.2%),
- 11.5% to believe a client's trans and diverse gender experience may impact how they navigate health and community care services, their health and wellbeing needs and/or their experiences (Agree: 83.7% vs. Not agree: 94.6%).



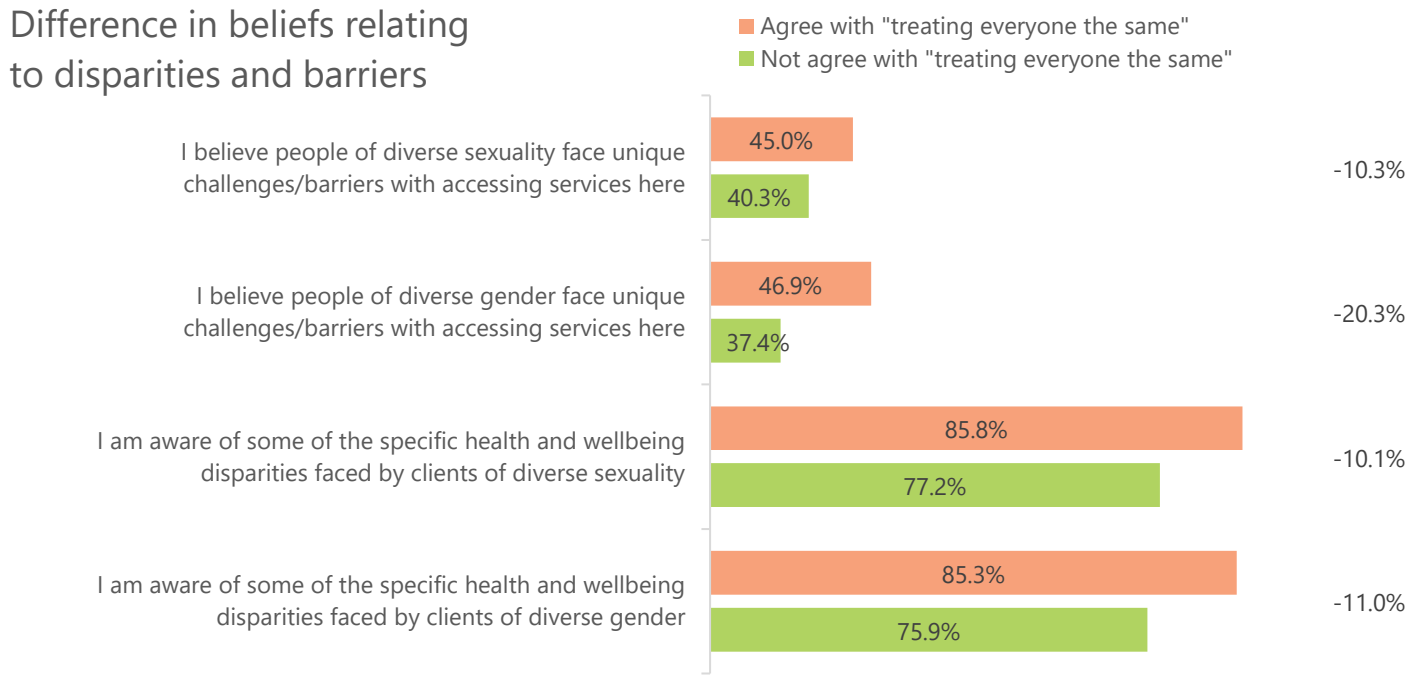
When we consider responses to having witnessed bullying and harassment behaviours, those who agree with the "treating everyone the same" statement are;

- 10.3% less likely to agree they have witnessed incivility behaviour and 59.9% less likely to agree to have witnessed serious bullying by employees targeting a client of diverse sexuality,
- 34.8% less likely to agree they have witnessed serious bullying by employees targeting a client of diverse gender.

For respondents in client-facing roles, those who **agree** with the "treating everyone the same" statement are;

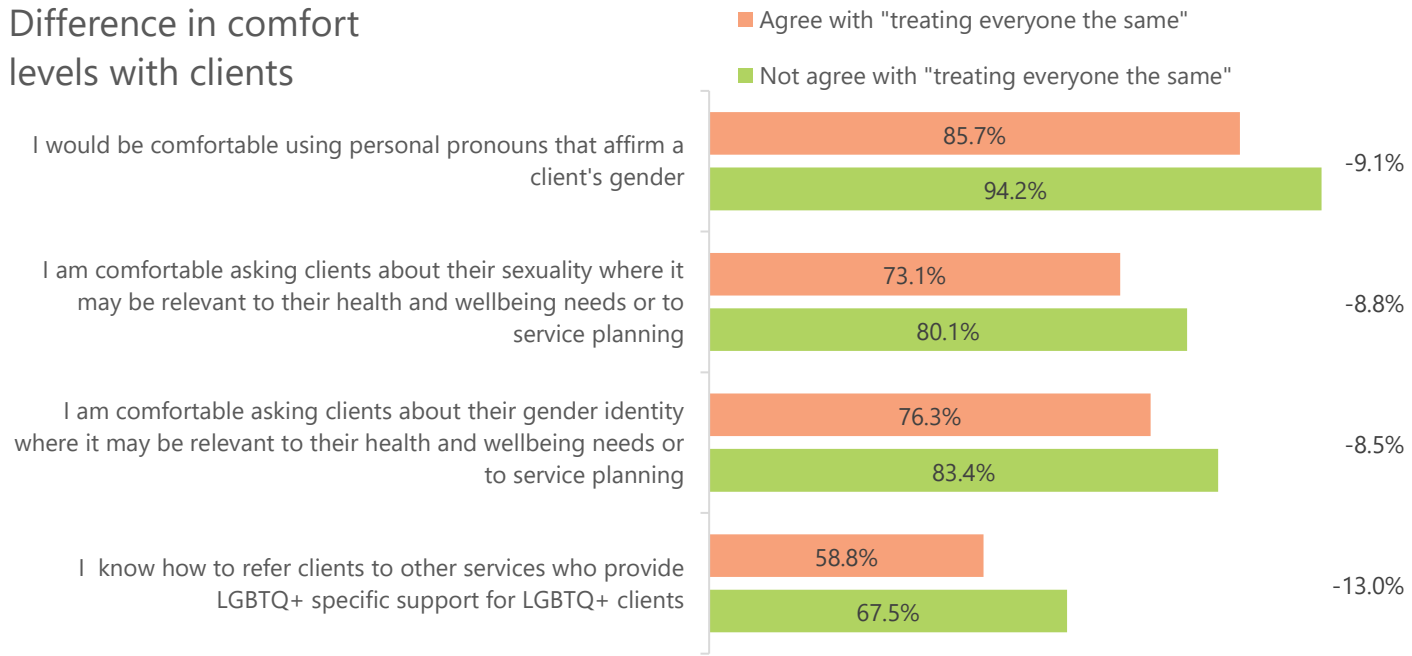
- 10.3% less likely to believe people of *diverse sexuality* face unique challenges/barriers with accessing their services,
- 20.3% less likely to believe people of *diverse gender* face unique challenges/barriers with accessing their services,
- 10.1% less likely to agree they are aware of some of the specific health and wellbeing disparities faced by clients of *diverse sexuality,*

- 11.0% less likely to agree they are aware of some of the specific health and wellbeing disparities faced by clients of diverse gender.



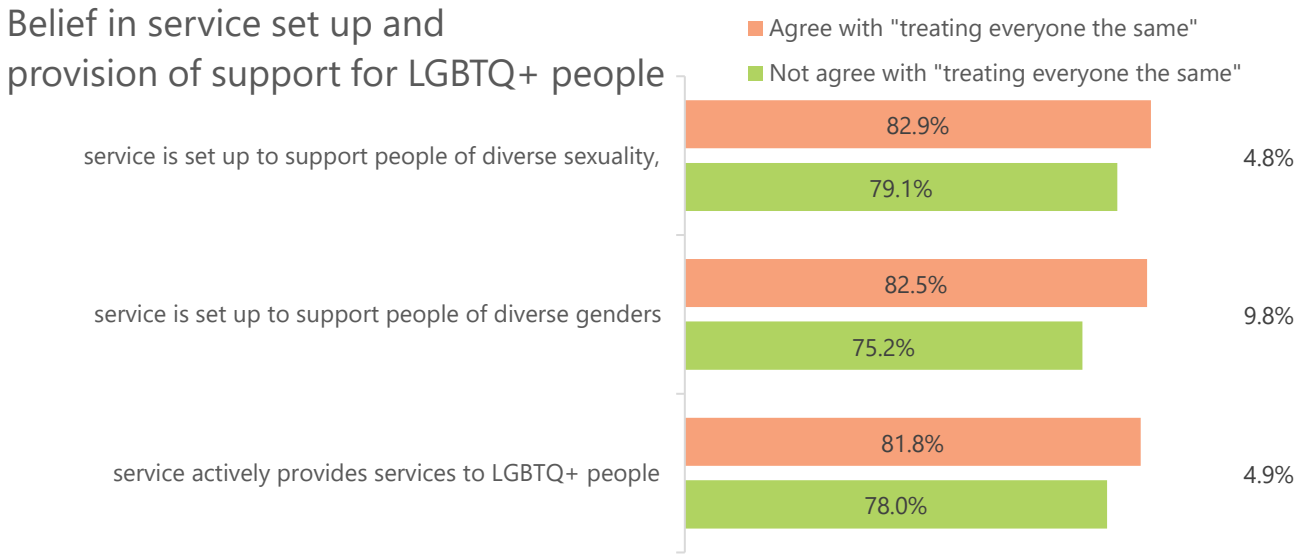
When working with clients specifically, they are also;

- 9.1% less likely to be comfortable using personal pronouns that affirm a client's gender,
- 8.8% less likely to be comfortable asking clients about their sexuality, where it may be relevant to their health and wellbeing needs or to service planning,
- 8.5% less likely to be comfortable asking clients about their gender identity, where it may be relevant to their health and wellbeing needs or to service planning,
- 13.0% less likely to know how to refer clients to other services that provide LGBTQ+ specific support for LGBTQ+ clients.



Interestingly, regarding service set up, those who **agree** with "treating everyone the same" are;

- 4.8% *more* likely to agree that their service is set up to support people of diverse sexuality,
- 9.8% *more* likely to agree that their service is set up to support people of diverse genders,
- 4.9% *more* likely to agree that their service actively provides services to LGBTQ+ people.



Comparing agreement to respondent demographics

Of the 2,222 respondents who agreed with the "treating everyone the same" statement, demographic information was analysed to identify possible correlations. In this analysis, if a sub-cohort is *less likely to agree* with the statement, it suggests that they have a *greater understanding* of unique LGBTQ+ needs:

- **Time with organisation**: those in the organisation for 10-20 years are 31.1% less likely to agree than those employed less than one year.
- **Position hierarchy**: those in the leadership team are 71.3% less likely to agree than new workforce entrants, and 54.6% less likely to agree than individual employees (level 3 roles).
- **Direct reports**: those with direct reports are 29.8% less likely to agree than those without.
- **Direct client roles:** those *NOT* in direct client roles are 23.5% less likely than those in direct client roles.
- **Age**: those aged 45-54 are 34.1% less likely than those aged 65 or over, and 28.9% less likely to agree than those aged under 25.
- **Employment type**: full-time/part-time staff are 54.1% less likely to agree than volunteers/non-paid staff and 36.1% less likely to agree than temporary/casual staff.
- **Working location**: those in the office 80% of the time are 56.1% less likely to agree than those who are rarely (0-10%) in the office.
- **LGBTQ+ Status:**
    - LGBTQ+ respondents are 47.8% less likely to agree than non-LGBTQ+ respondents.
    - Respondents of both diverse sexuality and a trans and gender diverse experience are 45% less likely to agree than respondents of only diverse sexuality.

ACTION POINTS

- Person-centred care requires employees to recognise and understand LGBTQ+ clients' unique needs, challenges and impacts of lived experiences
- More impact on LGBTQ+ client outcomes may occur if education is provided during the early stages of careers or employment with an organisation.
- Education and training initiatives must be regularly available to all employees, regardless of perceived need, as best practice, language and community expectations are ever evolving.
- Understand who need to be the most aware of the impact that may occur by not taking a person-centred, holistic approach to care and support – particular focus in needed for those working with clients, or those who influence service delivery.
- Ensure education and training is accessible to people not in full-time roles, particularly volunteers, casuals and those not regularly working in office environments.
- Use your own HWEI Employee survey data, and client satisfaction surveys to ensure any gaps can be covered in future training

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[i] Department of Health and Aged Care. (2024). *National Action Plan for the Health and Wellbeing of LGBTIQA+ People 2025–2035*. Australian Government. https://www.health.gov.au/sites/default/files/2024-12/national-action-plan-for-the-health-and-wellbeing-of-lgbtiqa-people-2025-2035.pdf

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Permission is given to cite any of the data within this report the following reference is utilised.

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