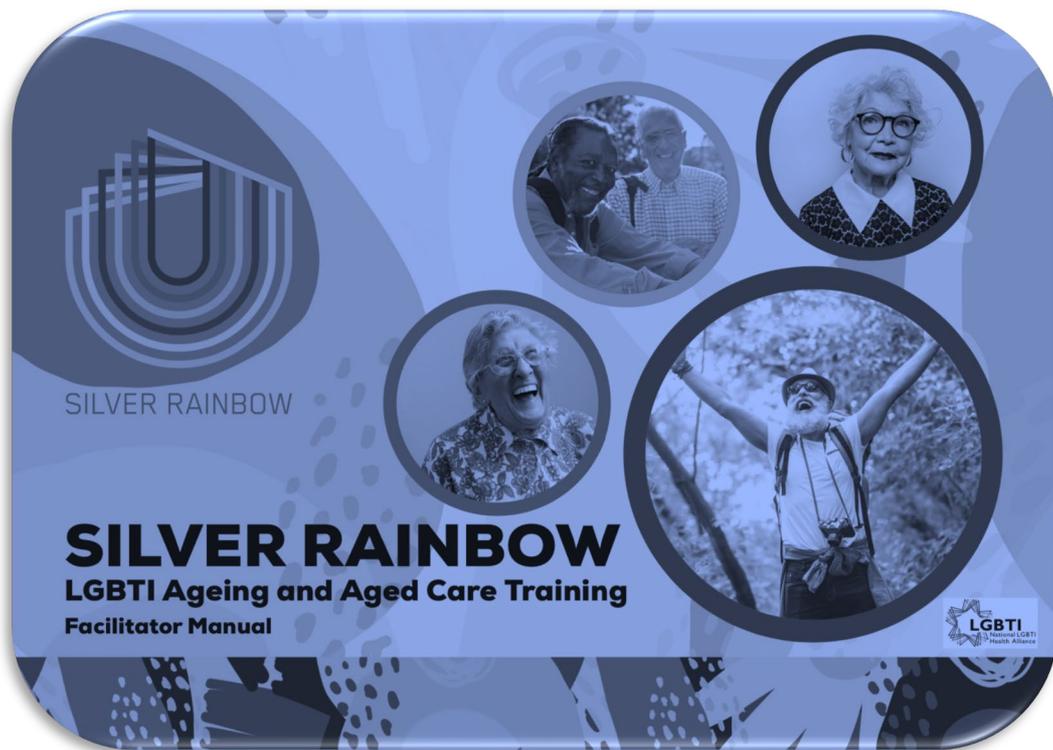


LGBTI Ageing and Aged Care Training

Final Evaluation Report



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Key evaluation findings

The LGBTI Ageing and Aged Care Training was implemented by the National LGBTI Health Alliance and its state and territory partners with funding from the Australian Government Department of Health. This evaluation is reporting on activities from the three-year funding period from 1 July 2017 to 30 June 2020. The core program components were an online module (completed prior to attending a workshop) and the Silver Rainbow half-day workshop. This training program has resulted in:

- 438 workshops been delivered throughout Australia - half of all workshops were held in rural, regional remote areas
- 6,127 participants attending a face-to-face workshop
- 1,032 commencing the online module - 88 per cent finished the module
- 36 Champions workshops with 253 Champions attending.

Overall, the online module has received positive feedback and rated very well in terms of overall satisfaction and usefulness. The evaluation has identified how the module can be further improved by ensuring the content is simplified, it is more engaging and easier to use. Key module findings include:

- 75 per cent rated it very useful or useful
- 64 per cent of participants rated the module extremely or very engaging
- 79 per cent said it contained the right amount of information
- 63 per cent rated the model extremely or very easy to use.

The evaluation has found that a high-quality workshop has been developed and implemented by the Alliance and its partners. The workshop scored a very high 70 Net Promoter Score, which is considered a 'world class' score. As the workshop was held in high regard by participants, this evaluation has not recommended any changes to the workshop. Key workshop findings include:

- 94 per cent of participants extremely or very satisfied with the workshop
- 96 per cent of participants found the workshop extremely or very informative
- 85 per cent of participants found it extremely or very relevant to their role
- 96 per cent of participants found the facilitators extremely or very engaging.

The evaluation has recommended that aspects of the project design be reconsidered, such as whether participants should be required to complete the online module prior to the workshop (only a quarter of workshop participants do so). During this funding period, the project added a Champions Program and Community of Practice to support sustained changes in workplace practices. The evaluation has recommended that consultations occur with the aged sector to ascertain what further support is required and the best models to support this.

The overall aim of the program was to increase and improve the provision of inclusive services by aged care workers to LGBTI older people. Participants reported that the training has had a very positive impact on the aged cared sector. In total, 93 per cent of respondents reported that the training had an impact on their work and that their organisation has become more LGBT inclusive. Pre-training, 35 per cent of participants rated their organisation as extremely or very inclusive, but post-training this had increased to 60 per cent. They took actions such as visibly demonstrating LGBTI inclusion, revising policies and procedures, ensuring appropriate training and education for staff, and ensuring service provision is informed by inclusive values.

1. Introduction

The Lesbian, Gay, Bisexual, Trans and Intersex (LGBTI) Training for the Ageing and Aged Care Sector, known as Silver Rainbow, was implemented by the National LGBTI Health Alliance. The aim of the training was **to increase and improve the provision of inclusive services by aged care workers to LGBTI older people**. The project first commenced in July 2013, receiving funding from the Australian Government Department of Health for three years until June 2016, with a subsequent further twelve-month extension until June 2017. The project received a further three-year funding from the Department commencing on 1 July 2017 until 30 June 2020. This evaluation was commissioned to evaluate this second three-year contract. This section provides a brief overview of the training program and the evaluation methods.

1.1. LGBTI Ageing and Aged Care Training

The core training program consisted of an online module and face-to-face Silver Rainbow (SR) workshop. The online module was estimated to take approximately 30 minutes to complete and participants were requested to complete this module prior to workshop attendance. The online module focussed on education about sexuality and gender diverse communities, including an introduction to terminology.

The workshop was face-to-face and four-hours in duration. It consisted of four modules:

- Module 1 - Introduction to the training
- Module 2 - Review of pre-training content
- Module 3 - The impact of negative attitudes
- Module 4 - Translating knowledge into practice

Both the module and workshop were fully revised during this funding period with partners transitioning to the revised program from January 2019. Two new activities were added to the SR program during this funding period. These were designed to complement the existing training program. A Champions Program was implemented and Community of Practice meetings convened in several states and territories. These are outlined in more detail in Section 6.

The training in each state and territory was implemented by the following partners:

- ACON, New South Wales
- AIDS Action Council of ACT, ACT
- Transgender Victoria (TGV), Victoria
- Rainbow Health (formerly Gay and Lesbian Health Victoria), Victoria
- Working it Out (WIO), Tasmania
- COTA South Australia, South Australia
- GLBTI Rights in Ageing Incorporated (GRAI), Western Australia

- Northern Territory AIDS and Hepatitis Council (NTAHC), Northern Territory
- Queensland Council for LGBTI Health (formerly Queensland AIDS Council), Queensland.

1.2. Evaluation aim and methods

An independent evaluator was contracted to evaluate the program. The aim of this evaluation was to assess the:

- number of participants and training sessions delivered
- quality of the training experience for participants
- impact of the training on participant’s knowledge and self-efficacy, and changes in workplace practices.

A variety of methods, outlined in further detail below, were used to evaluate the program. The launch of the revised online module and workshop resulted in the development of new surveys. These surveys were only available online. Prior to the launch of the revised workshop, participants were completing hard-copies surveys. As the revised workshop was implemented, the hard copy surveys were phased-out by partners throughout 2019. This evaluation reports on the data from the new online surveys.

Analysis of program data

State and territory partners provided regular reports to the Alliance on the number of participants registered, number of workshops delivered, and number of attendees. This data was analysed by state and territory, and regional vs. metropolitan areas to understand the program’s geographic reach. Data from the online learning module was analysed by the number of participants who commenced and completed each lesson within the module. Findings are reported in Section 2.

Pre- and Post-Module Knowledge Survey

Participants completed a knowledge survey prior to commencing the online module and upon completion of the module. This pre- and post-module survey was developed by the Alliance prior to the commencement of the evaluator. Participants needed to complete the survey in order to commence the module. The survey consisted of seven questions asking about their knowledge of LGBTI topics. The survey used self-rating scales, multiple-choice, and true or false questions. The online surveys were produced in MentiMeter (presentation software that incorporates quiz features) and data exported to Excel for analysis. This survey was available from November 2018. Findings are reported in Section 3.2.

Module Evaluation Survey

At the completion of the module, participants completed an evaluation survey that had seven evaluation questions. This survey included several questions about the quality of the training such as whether it was informative, relevant and satisfactory. One key indicator to assess quality was whether participants would recommend the training to others. This survey was produced in MentiMeter and the data exported to Excel for analysis. This survey was available from November 2018. Findings are reported in Section 3.

Workshop Evaluation Survey

At the end of the workshop, participants completed an online evaluation. The survey was produced in MentiMeter and the data exported to Excel for analysis. As with the module evaluation survey, this survey included several questions about the quality of the training and a key indicator on whether they would recommend the training. The survey consisted of seven multiple choice questions and two open-ended comments. In addition, they were asked seven knowledge test questions. This survey was available from February 2019. Findings are reported in Section 4.

Workplace Impact Survey

The evaluation implemented a follow-up survey to participants who had attended a workshop in 2019. The survey had 14 mostly multiple-choice questions that asked about the impact of the training on their own practices and its overall impact on their workplace. An invitation to complete the survey was sent by e-mail in March 2020. Findings are reported in Section 5.

Interviews with state and territory partners

State and territory partners were interviewed by the consultant to discuss implementation of the Champions Program and Community of Practices. These interviews covered what had occurred, the strengths and challenges of their approach, and recommendations for further development of this program area. In total, nine participants were interviewed in April 2020. Findings are reported in Section 6.

2. Module and Workshops Delivered

This section summarises the delivery of the training program in terms of the number of participants in the online module and workshop, commencement and completion rates for the online module, and the number of workshops delivered.

2.1. Online module

Prior to attending the workshop, participants were required to complete the online module. State and territory partners provided participant details to the Alliance who registered participants with the online module. Participants could then log-in and complete the module at their convenience.

In total, 2,070 participants were registered for the online module from January 2019 to 30 June 2020. During this same period, there were 4,249 workshop participants. Slightly less than half of all workshop participants were enrolled in the module. This could be for a range of reasons such as participants registered for workshops with limited notice, significant time lag between participants registering for the workshop and being registered for the module by project staff, or services not registering the names and email addresses (required for module registration) of participants before the workshop (for example, indicating that five staff may attend but only providing one contact name). Among participants enrolled in the module, 50 per cent (1,032 participants) commenced the online module. Participants were counted as having commenced the module if they were marked as having completed at least one module component. Among all workshop participants, 24 per cent completed the online module.

Table 1: Number of participants who were enrolled and commenced the online module, January 2019 to 30 June 2020	
No. workshop participants from January 2019 to 30 June 2020	4,249
No. participants enrolled in the module	2,070
No. participants who commenced the module	1,032
% of workshop participants enrolled in the module	48%
% participants enrolled in the module who commenced the module	50%
% workshop participants who commenced the module	24%

Among participants who had commenced the module, 88 per cent completed the module (participants were counted as completed if they watched the 'Richard and Barry scenario'). Participant exited fairly consistently throughout the module inferring that there was not one particular section that prompted exits.

Table 2: Completion of sections of the module training	
Training content	Completion rate
About this course	100%
Values	98%
Pre-training survey	100%
Language	96%
Intro to the LGBTI basic model	96%
LGBTI basic model	96%
LGBTI basic model - key points	92%
LGBTI statistics	96%
Language considerations	94%
Language considerations by group	94%
Sorting Activity	94%
Section 1 Quiz	92%
Heteronormativity & Cisgenderism	90%
Cycle of invisibility	90%
Richard and Barry scenario	88%
Post-training survey	86%
Certificate of completion	76%
Conclusion	48%

2.2. Silver Rainbow Workshop

A total of 438 workshops were delivered to a total of 6,127 workshop participants throughout Australia from 1 July 2017 until 30 June 2020 (the COVID-19 pandemic had resulted in most face-to-face workshops ceasing around mid-March). Each workshop, whether held in a regional or metropolitan location, had an average of 14 participants. The workshops were delivered fairly evenly in metropolitan and regional settings, although this varied for each state and territory. Victoria accounted for 27 per cent of all workshops delivered, Queensland for 18 per cent, NSW and South Australia for 14 per cent each.

Table 3: Number participants and workshops, 1 Jul 2017 to 30 June 2020							
	No. Metro workshops	No. Metro participants	No. regional workshops	No. regional participant	% Metro workshops	Total workshops	Total participants
ACT	37	420	4	33	90%	41	453
NSW	19	288	44	600	30%	63	888

NT	7	123	15	154	32%	22	277
QLD	27	412	51	750	35%	78	1162
SA	51	620	16	412	76%	67	1032
TAS	17	207	11	279	61%	28	486
VIC	53	827	64	691	45%	117	1518
WA	14	219	8	92	64%	22	311
Total	225	3,116	213	3,011	51%	438	6,127

From July 2017 to December 2019¹, there were 6,175 participant registrations and 5,425 workshop participants. On average, 88 per cent of participants who registered to attend the workshop did in fact attend. Queensland had a very high 97 per cent attendance rate. Victoria, ACT, NT and Tasmania had a similar attendance rate ranging from 87-90 per cent. Western Australian and NSW had lower attendance rates at 79 per cent and 73 per cent, respectively. Factors that can impact on the attendance rates includes how reliable services were at registering the names of their staff who will attend the workshop, whether the workshop is open to staff from one service or multiple services (the former results in a higher attendance rate), whether registrations are collected weeks or even months prior to the workshop or only several days prior.

Table 4: Number of registrations and attendees, 1 July 2017 to 31 December 2019

State/Territory	No. registrations	No. participants	% registrations vs. participants
ACT	442	388	88%
NSW	940	688	73%
NT	248	219	88%
QLD	1,141	1,105	97%
SA	594	561	94%
TAS	477	414	87%
VIC	1,941	1,739	90%
WA	392	311	79%
Total	6,175	5,425	88%

¹ Data was unavailable at the time of the evaluation for January-June 2020.

2.3. Discussion of data findings

One positive conclusion from the data reported above was that most participants who commenced the module completed most sessions. However, the data highlighted one key problem with the project design which was that while all workshop participants were expected to complete the online module before attending the workshop (and the workshop was structured to assume participants had completed the module) only a minority of participants had done so. A significant issue was that half of all workshop participants were not even registered to complete the module. As outlined above this could be for a range of reasons, but it highlights an issue that requires improvement in the logistical implementation of the program.

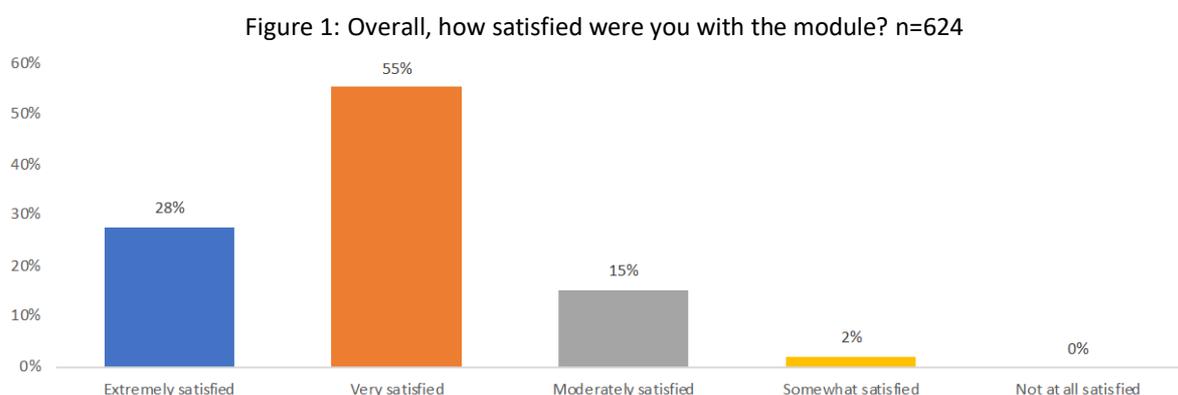
Partners had expressed concerns about the number of no-shows at workshops and to counter this, there was agreements to implement a \$10 registration fee to discourage no-shows. However, data from the prior three-year funding period and this period does not bear out that this was a significant issue (although there were variations by state and territory) nor that the imposition of a registration fee had any impact. The no-shows were 10 per cent for 2013-2016 and 12 per cent for this funding period.

3. Online Module Evaluation Findings

This section focusses on evaluation findings from the **module evaluation survey** and **pre- and post-module knowledge survey**. The module evaluation survey consisted of seven multiple choice questions, and one open-ended question. In total, 624 participants responded to the module evaluation survey. This represents 60 per cent of participants who commenced the module. The pre- and post-module knowledge survey was designed to assess the impact of the training on knowledge of LGBTI issues and self-efficacy. The pre-module survey had 1,069 participants² and the post-module survey had 732 participants. In total, 32 per cent of respondents did not complete the post-module survey.

3.1. Evaluation findings

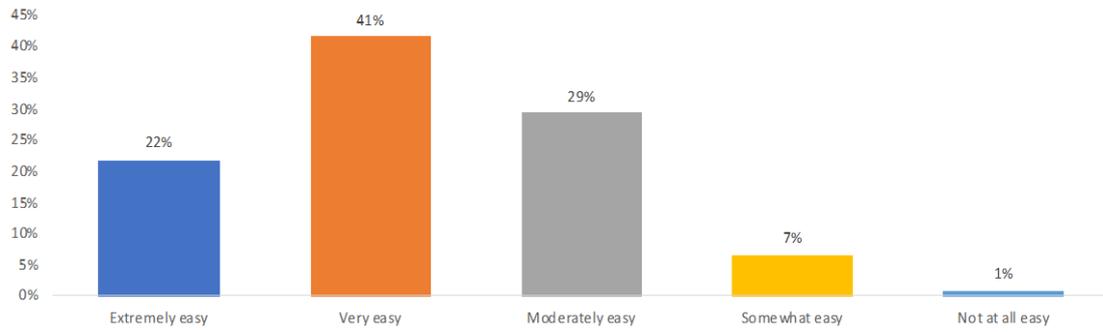
Participants rated on a five-point scale how satisfied they were with the module ranging from 'extremely satisfied' to 'not at all satisfied'. A very high, 83 per cent of participants said they were extremely satisfied or very satisfied. Fifteen per cent said that they were moderately satisfied and two per cent of participants said they were somewhat satisfied. No-one indicated that they were not at all satisfied.



Participants rated how easy the online module was to use on a five-point scale ranging from 'extremely easy' to 'not at all easy'. Sixty-three per cent of participants rated the module extremely or very easy to use. Twenty-nine per cent said it was moderately easy to use and seven per cent rated it somewhat easy. One per cent of respondents said it was not at all easy.

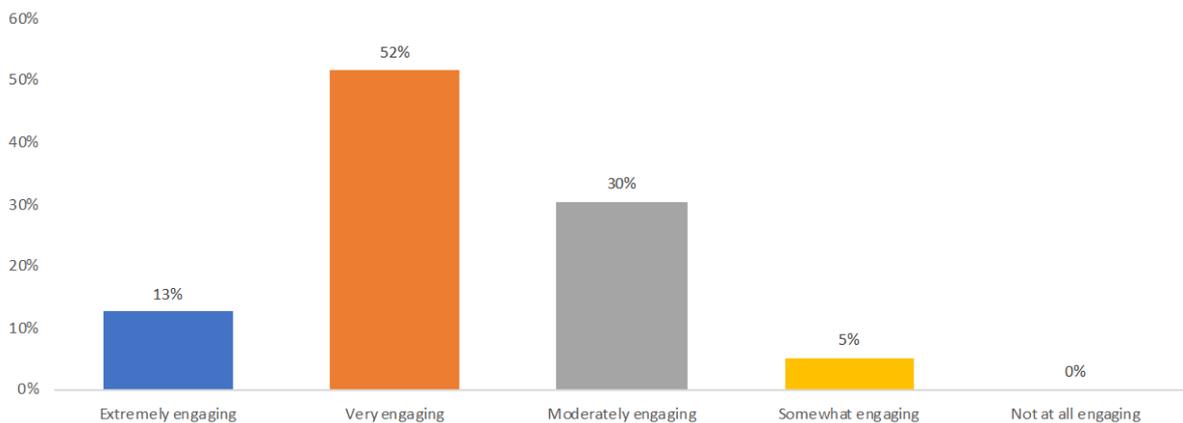
² Completing the survey was mandatory before commencing the module and as a result the response rate is higher than for the module evaluation survey or post-module knowledge survey.

Figure 2: How easy was the online module to use? n=610



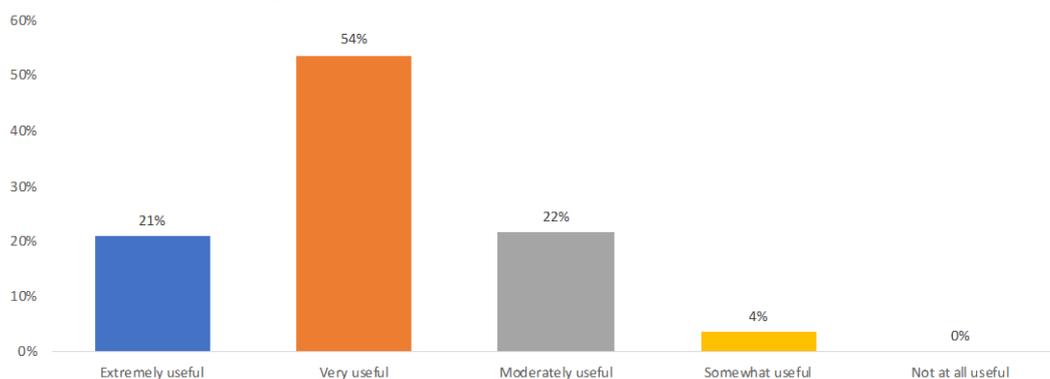
Participants rated how engaging the online module was on a five-point scale ranging from ‘extremely engaging’ to ‘not at all engaging’. Sixty-four per cent of participants rated the module extremely or very engaging³. Thirty per cent rated the module moderately engaging and only five per cent of participants rated the module somewhat engaging.

Figure 3: How engaging was the online module? n=610



Participants rated how useful they found the module on a five-point scale ranging from ‘extremely useful’ to ‘not at all useful’. Seventy-five per cent of participants rated it extremely useful or very useful. Twenty-two per cent rated the module moderately useful and only four per cent of participants said it was somewhat useful.

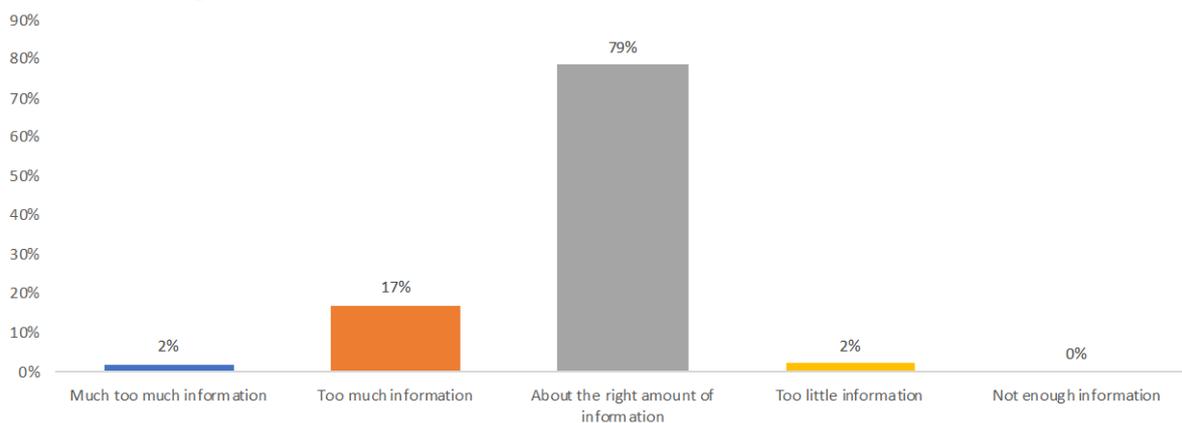
Figure 4: How useful did you find the module? n=611



³ There are minor variations in percentages reported in graphs vs. text, as graph figures are rounded to the nearest whole number.

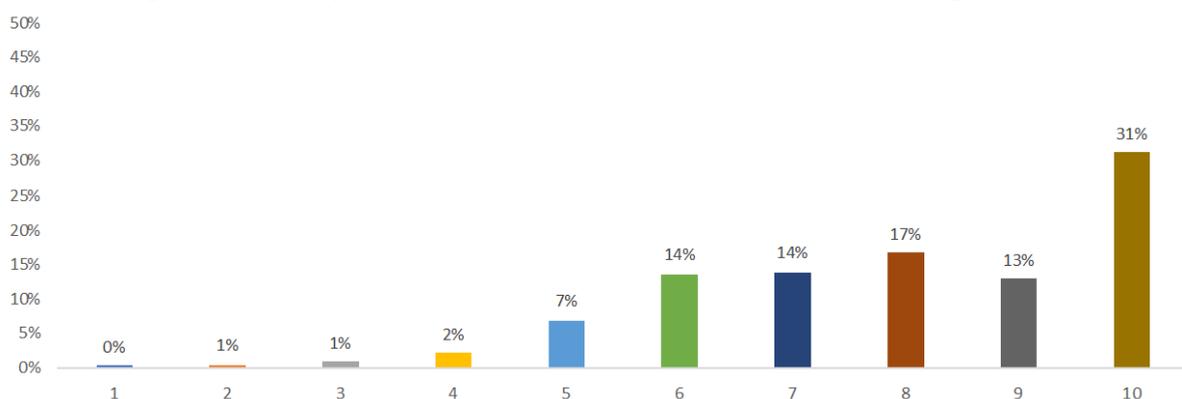
Participants indicated how they felt about the amount of information presented in the module on a five-point scale ranging from 'much too much information' to 'not enough information'. Overwhelmingly, participants thought it provided the right amount of information with 79 per cent choosing this answer. Of the remaining participants, 19 per cent thought the module contained too much information and two per cent thought it contained too little information.

Figure 5: How do you feel about the amount of information presented? n=612



Participants were asked how likely they were to recommend this module to a colleague. They could use a ten-point number scale ranging from 'extremely likely' (10) to 'not at all likely' (0). This question enabled a Net Promoter Score (NPS)⁴ to be calculated.⁵ An NPS is widely used by businesses and service providers as a concise metric to report on client experience. This training scored an NPS of 19. An " at '0' or slightly above it is considered good and an optimal starting point.⁶

Figure 6: How likely is it that you would recommend this module to a colleague? n=611



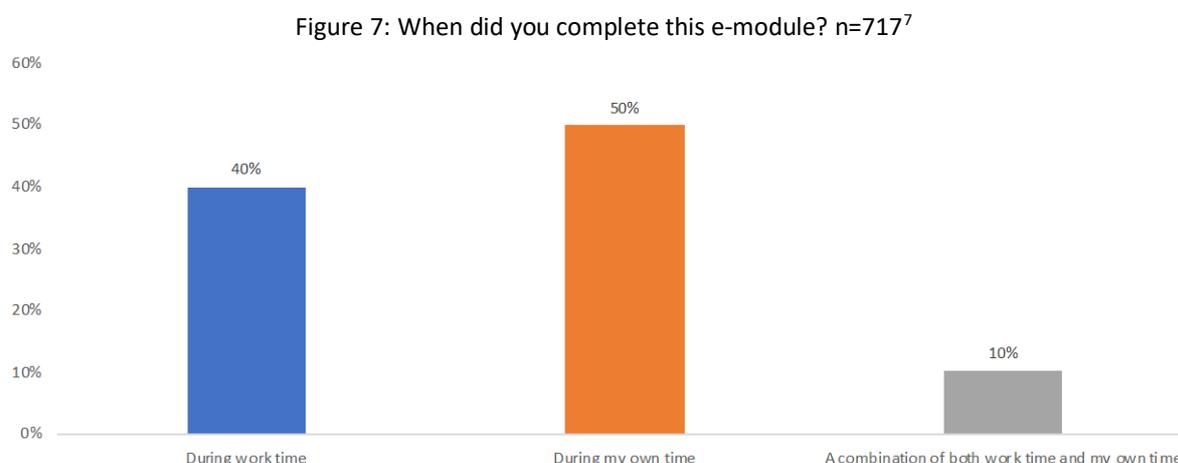
The evaluation survey asked participants if they had completed the module on their own time or during work time. This is an important question as it may impact upon the uptake of the module. Half of all participants indicated that they completed the module in their own time. Forty per cent of

⁴ For further information on NPS see: <https://www.surveymonkey.com/mp/net-promoter-score>.

⁵ To calculate the NPS the percentage of 'detractors' (scoring 0 to 6) are subtracted from the percentage of 'promoters' (scoring 9 or 10). The remaining participants are considered 'passives' (scoring 7 or 8).

⁶ Accessed 19 June: <https://learn.g2.com/net-promoter-score>

participants said they completed the module during work time and 10 per cent of participants said it was a combination of work and personal time.



3.2. Impact of the module on knowledge and self-efficacy

Participants rated their knowledge of three LGBTI topics. They used a five-point number scale to rate their knowledge from ‘very high’ (5) or ‘very low’ (1). On average, overall knowledge increased by 28 per cent. The biggest change occurred with a 44 per cent increase in participants becoming more aware of the experiences of discrimination and invisibility for LGBTI older people. Forty-one per cent of participants knowledge of ‘LGBTI communities, statistics and language considerations’ improved. However, a flaw with this statement is that there are three different topics within the statement and so it’s hard to unravel what element participants are rating themselves against (for example, has their knowledge of language considerations improved? Or have they increased their knowledge on statistics? Or is it both?). The smallest increase in knowledge occurred in understanding what LGBTI means, as knowledge was already high on the pre-module survey.

Table 5: Rate your current overall knowledge of the following topic areas			
	Pre n=1,069	Post n=732	% Change
What does LGBTI mean	4.0	4.3	8%
LGBTI communities, statistics and language considerations	2.7	3.8	41%
Experiences of discrimination and invisibility for LGBTI older people	2.7	3.9	44%
Total average	3.1	4.0	28%

⁷ This question was retained from an earlier evaluation survey and so the number of respondents is higher as it was collecting data for three months longer than the other evaluation data reported in this section.

Participants rated how confident they were to complete three tasks. They used a five-point number scale to rate their confidence ranging from 'very high confidence' (5) to 'very low confidence' (1). On average, overall confidence to complete the tasks increased by 25 per cent following completion of the online module. The largest increase in confidence was in their ability to describe inclusive practice for older LGTI consumers. Pre-module, participants had the most confidence to interact with and respond to people with diverse bodies and identities, on average they gave themselves a 3.5 rating, and as a result it had the smallest increase in confidence on the post-module survey.

Table 6: Rate how CONFIDENT you would be if asked to complete the following tasks			
	Pre n=1,038	Post n=732	% Change
Use correct language to describe LGBTI folk	2.9	3.6	24%
Interact with and respond to people with diverse bodies and identities.	3.5	4.0	15%
Describe what inclusive practice for older LGBTI consumers would include.	2.7	3.7	37%
Total average	3.0	3.8	25%

Participants chose the best definition of 'trans' from four answer options. Pre-module, the most commonly chosen answer by 52 per cent of participants was 'a term to describe someone changing from one sex to another'. The second most frequently chosen answer by 26 per cent of participants was 'an umbrella term for anyone whose gender characteristics differ from society's expectations'. Post-module, 59 per cent of participants correctly chose this later term to define trans. Overall, a very positive shift was achieved as there was a 33 per cent increase in participants choosing the correct answer. However, 41 per cent of participants still chose a different definition after completing the module.

Table 7: Choose the best definition for trans		
	Pre n=1,028	Post n=724
A person who identifies as 'gender neutral' instead of male or female	12%	7%
An umbrella term for anyone whose gender characteristics differ from society's expectations.	26%	59%
A person whose innate physical characteristics are not strictly female or male according to current medical norms.	10%	11%
A term to describe someone changing from one sex to another	52%	22%

Participants chose what percentage of people have an intersex variation from four answer choices. On the pre-module survey, 52 per cent answered correctly. This increased to 66 per cent on the post-module survey. As the majority of participants chose the correct answer pre-module, there was

a less dramatic increase on the post-module survey. One-third of participants chose another answer on the post-module survey.

Table 8: What percentage of people (approximately) have an intersex variation?		
	Pre n=1,013	Post n=726
0.2%	12%	11%
1.7%	52%	66%
4.2%	27%	10%
10%	9%	13%

Participants chose from three answer options the best word to describe someone who is not trans or gender diverse. Pre-module, the most popular answer chosen by 54 per cent of participants was heterosexual. Post-module, the most popular and correct answer was 'cisgender' chosen by 60 per cent of participants. This represents 19 per cent of participants changing their answers. Forty per cent of participants chose another answer on the post-module survey.

Table 9: Please select the word used to describe someone who is not trans/gender diverse		
	Pre n=1,011	Post n=723
Heterosexual	54%	31%
Cisgender	41%	60%
Dyadic	5%	9%

Participants were asked if it was true or false that 'many LGBTI people experience poorer physical and mental health outcomes than non-LGBTI populations'. Prior to the module, 86 per cent of participants said this statement was true. This represented a high level of agreement that further increased to 95 per cent on the post-module survey.

Table 10: True or False: Many LGBTI people experience poorer physical and mental health outcomes than non-LGBTI populations		
	Pre n=1,014	Post n=720
True	86%	95%
False	14%	5%

Participants were asked if it was true or false that 'overall, LGBTI clients have different needs and care requirements than other clients'. Pre-module, 44 per cent of participants said the statement

was true and 56 per cent of participant said it was false. Post-module the figures were reversed, 56 per cent of participants said this statement was true and 44 per cent said it was false.

Table 11: True or False: Overall, LGBTI clients have different needs and care requirements than other clients		
	Pre n=1,016	Post n=723
True	44%	56%
False	56%	44%

3.3. Positive and critical comments on the module

Forty-five per cent of participants who completed the module evaluation survey provided some comment. Approximately, half of these participants provided positive feedback on the module. They commented that they found the module informative and useful.

“Helped me to understand more about LGBT community.”

“enjoyable, enlightening and inclusive - gratitude for the thought, planning and presentation”

“Definitely explores areas that I haven't given a lot of thought to in the past.”

Participants more generally praised the module.

“i enjoyed doing the module”

“Great resource”

“It was very interesting to read”

One particular aspect of the module that received praise was the videos. This prompted participants to request more videos as part of the module.

“Enjoyed the videos”

“Good information but still some confusion with definitions remain. Videos were a good additive.”

“Good module, a couple more videos would be good”

Among the other half of participants they provided critical feedback on the module or suggestions to improve the module. There were four main themes to the critical feedback. One consistent theme was that that module was too wordy, too complex and too confusing, particularly in relation to sexuality and gender terminology.

“I have found the terminology somewhat difficult and confusing, but I am learning.”

“I found it clunky to use and far too wordy, lengthy and not very engaging given the interesting topics covered.”

“I did find this to be a little bit of overload as far as the correct language and definitions of gender sexuality. It has improved my knowledge but did need take a break and come back. Overload.”

“A bit too much theory and I'm a bit concerned about how people who are not very fluent in written English might do.”

Another critical theme among participants related to technical aspect of the module with participants commenting that module was not always easy to navigate and use.

“Very confusing, not sure where to print certificate of completion, hard to navigate, not a friendly system for myself at my age. Not sure if I have completed the course or not.”

“transitioning from some parts to the next were a little unclear/clunky, but overall great”

As the majority of participants completed the module on their own time, this meant many completed it on their mobile phones or tablets with a number of participants commenting that it did not work well on these devices.

“Would be easier to use with a different format. Some parts were impossible to complete on my phone.”

“The first interactive task wasn't very user friendly on an iPhone”

The final theme that emerged among those more critical of the module was that it was too long and took longer to complete than they were advised.

“It was a bit long”

“It took a lot longer than expected”

“It was a lot to take in and certainly took longer than advised.”

Participants provided suggestions to improve the module experience. These suggestions often focussed on providing handouts and summaries of key points

“I would prefer a glossary of terms. Lots of very new information”

“Being able to have the option to print this module for future reference would be a great advantage”

Participants suggested that the interactive and quiz questions during the module could be strengthened through providing more feedback.

“would have liked more feedback on quiz answers”

“The sorting activity (sexuality, body & gender) - it would've been good to have the correct answers or meanings on the next page.”

3.4. Discussion of evaluation findings

Overall, the evaluation of the online module found that participants were satisfied with the module with 83 per cent saying they were extremely or very satisfied. Participants indicated that they found the module useful with 75 per cent rating the module extremely useful or very useful. The module scored an NPS of 19 which is generally considered good and an optimal starting point but compared to the workshop NPS (reported in the next section) it highlights that the module could still be strengthened.

The majority of participants rated the module favourably in relation to how easy it was to use with 63 per cent saying it was extremely or very easy to use, and 64 per cent saying it was extremely or very engaging. However, 35 per cent said it was moderately or somewhat engaging and 36 per cent saying it was moderately or somewhat easy to use suggesting there is room for improvement. When participants commented on the module, one of the favourable components of the module they specifically mentioned were the videos suggesting that this could be a future direction to improve the engagement with the module.

Participant comments have reinforced that there were areas for improvement. One key area that requires further work is revising the content so the wording, language and concepts on sexuality and gender are simplified to make them easier to understand. The pre- and post-module knowledge survey reinforced the need for further work as while knowledge increased, there were still significant proportion of participants who did not identify the correct answers after having completed the module (for example, 41 per cent chose an incorrect definition of trans, and 40 per cent chose an incorrect definition to describe someone who is not trans or gender diverse). Participants suggested making information downloadable to support their learning.

Another key issue that needs to be considered is the length of the module. While 79 per cent of participants said it had about the right amount of information, a minority of participants commented that it was too long and took much longer than they were advised. A final consideration (and it's unclear if the module underwent testing prior to launch) but not all aspects of the module appeared to function correctly, particularly on mobile or tablet devices. Perhaps it was assumed participants would complete the module on desktop computers in their workplace but given the majority of participants completed the module in their own time it needs to have responsive design (so that it works effectively on different screen sizes).

When participants commented on the module, one of the favourable components of the module they specifically mentioned were the videos suggesting that this could be a future direction to improve the engagement with the module.

The pre- and post-module knowledge survey has proved helpful to measure the impact of the training, however it still requires further development as not all questions are necessary or appropriately phrased. It inappropriately emphasises statistics (such as the intersex question) as a key learning outcome and also focuses on defining terms that are not essential to know (for example, defining 'cisgender') and using expressions that are too abstract and conceptually difficult ('gender characteristics'). Furthermore, a debate that the pre- and post-module survey engages with, and it cuts to the central premise of the training, is whether 'LGBTI clients have different needs and care requirements than other clients'. At the completion of the module, 44 per cent of participant did not think LGBTI clients have different needs and care requirements. This should not be interpreted as a failure of the module, mostly likely the statement itself was problematic for participants. While the argument being made is that their needs and care requirements are different it is just as easy to run a counter argument that their care needs are not different. Consideration needs to be given as to how the purpose of the training is framed for participants.

4. Silver Rainbow Workshop Evaluation Findings

This section reports on findings of the evaluation survey of the Silver Rainbow workshop. In total, 1,137 participants responded to the online evaluation survey (the response rate per question varies as several survey questions were revised or added at different time points). An overall percentage response rate to the evaluation survey is not provided as the move to the new online surveys was gradually implemented over different time periods by partners and as a result the number of participants who had an opportunity to complete the online survey cannot not be calculated.

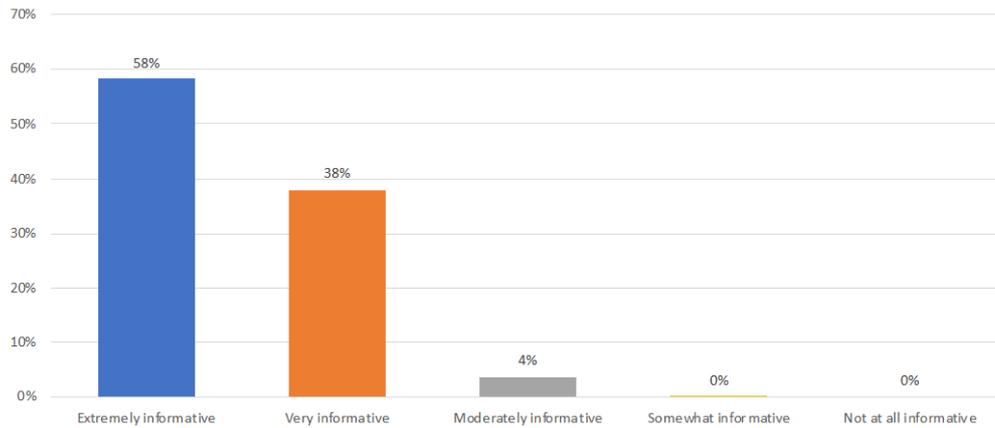
4.1. Evaluation findings

Participants rated on a five-point scale how satisfied they were with the training ranging from 'extremely satisfied' to 'not at all satisfied'. Almost all participants indicated that they were satisfied. Satisfaction levels were very high with 58 per cent of participants stating that they were extremely satisfied and a further 36 per cent stating that they were very satisfied. Of the remaining participants five per cent were moderately satisfied and one per cent were somewhat satisfied.



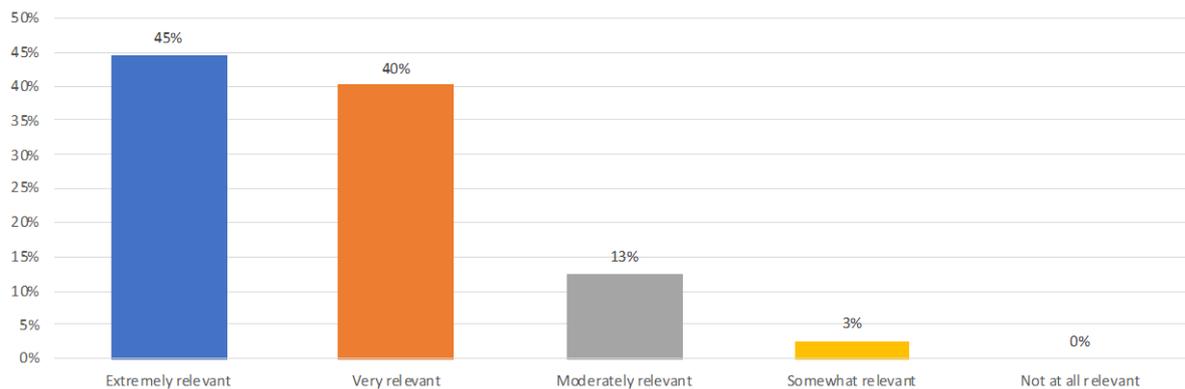
Participants rated on a five-point scale how informative they found the training ranging from 'extremely informative' to 'not at all informative'. All participants rated the training as informative. A very high, 96 per cent of participants rated the training as extremely or very informative. Of the remaining participants, four per cent rated it moderately informative.

Figure 9: How informative did you find the training? n=1,075



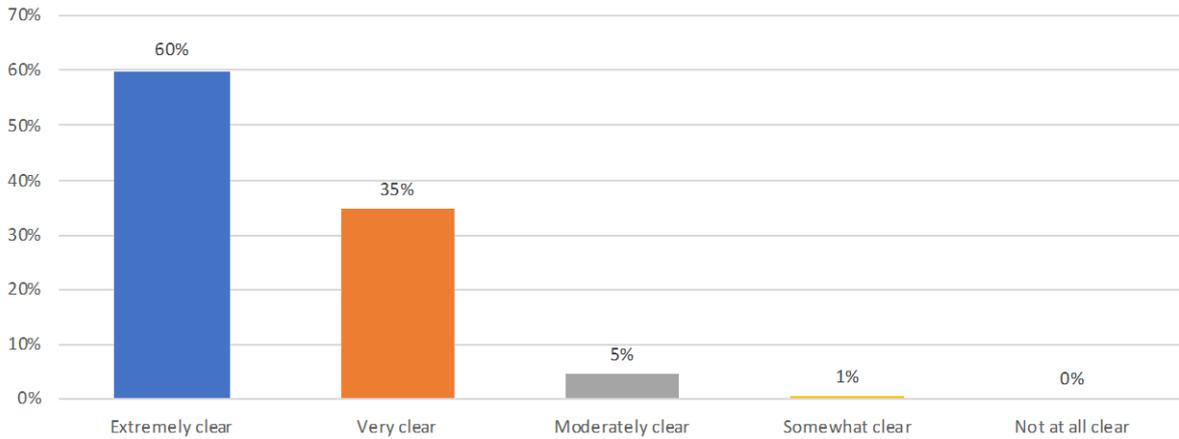
Participants rated on a five-point scale how relevant the training was to their role ranging from 'extremely relevant' to 'not at all relevant'. All participants indicated that the training was relevant to their role. Eighty-five per cent of participants rated it extremely or very relevant to their role. Thirteen per cent indicated it was moderately relevant and three per cent said it was somewhat relevant.

Figure 10: How relevant was the training to your role? n=1,137



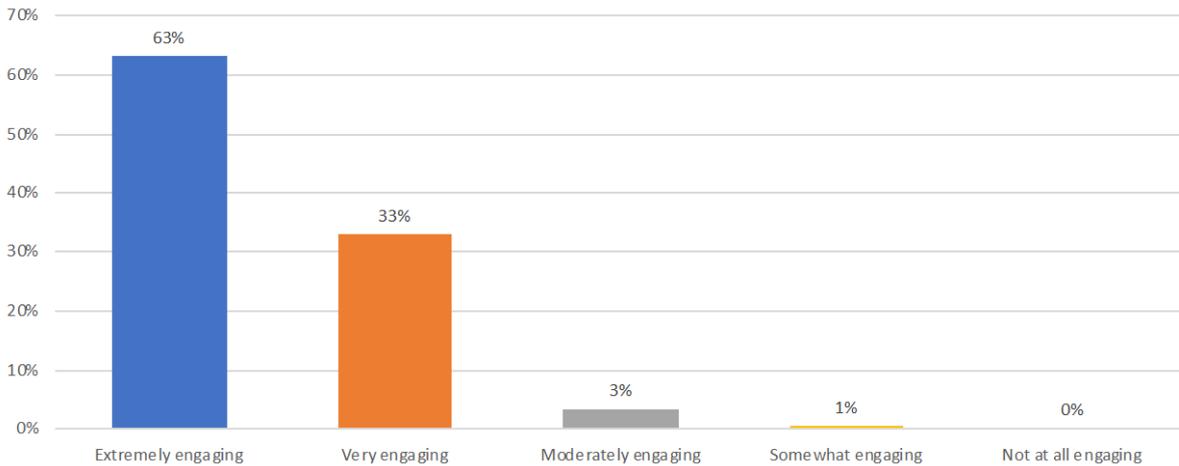
Participants rated on a five-point scale how clear was the presentation of information ranging from 'extremely clear' to 'not at all clear'. Almost all participants rated the information as clear. Sixty per cent said it was extremely clear and 35 per cent said it was very clear. Five per cent of participants said it was moderately clear and only one per cent said it was somewhat clear. Less than one per cent said it was not at all clear.

Figure 11: How clear was the presentation of information? n=1,133



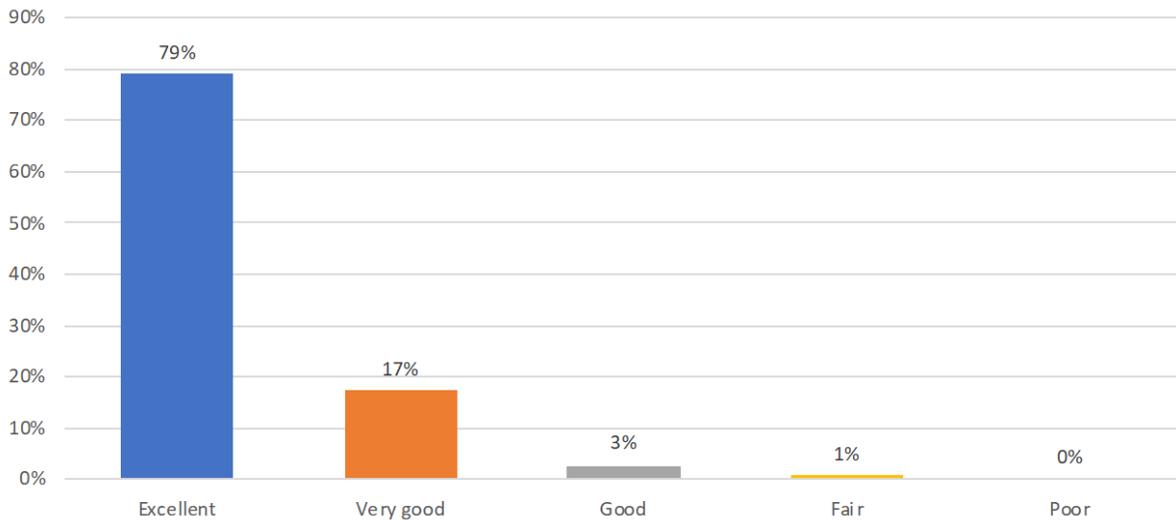
Participants rated how engaging they found their facilitators on a five-point scale ranging from 'extremely engaging' to 'not at all engaging'. Sixty-three per cent of participants rated their facilitators extremely engaging. This was one of the best results from all the evaluation questions asked so far. A further 33 per cent rated them very engaging. Of the remaining four per cent of participants they rated the facilitators moderately engaging or somewhat engaging. No participant said the facilitators were not at all engaging.

Figure 12: How engaging were your facilitators? n=1,134



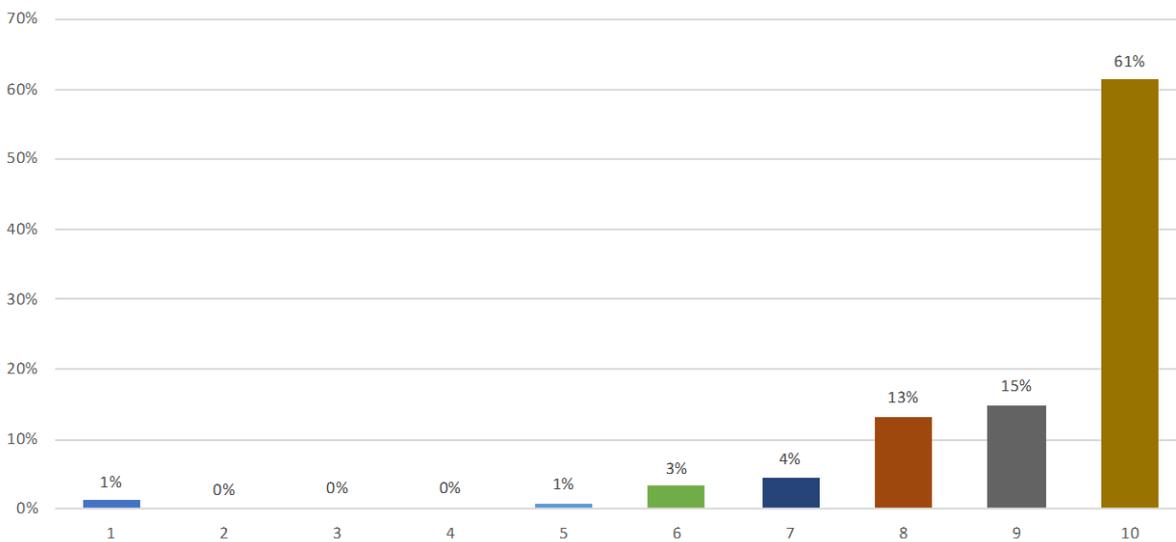
Participants rated their facilitator's knowledge of the material on a five-point scale ranging from 'excellent' to 'poor'. There was a very strong endorsement of the facilitators' knowledge with 79 per cent of participants rating their knowledge as excellent. This produced one of the best results of all the evaluation questions asked. Seventeen per cent said their knowledge was very good. Of the remaining four per cent of respondents they rated their facilitator's knowledge as good or fair. Nobody thought the facilitators had poor knowledge.

Figure 13: How would you rate your facilitator's knowledge of the material? n=1,132



Participants rated on a ten-point number scale, where '10' was 'extremely likely' and '1' was 'not at all likely', how likely they were to recommend this training to a colleague. The NPS for the training was 70. An NPS at or above 70 is considered 'world class'.⁸

Figure 14: How likely is it that you would recommend this training to a colleague? n=1,117



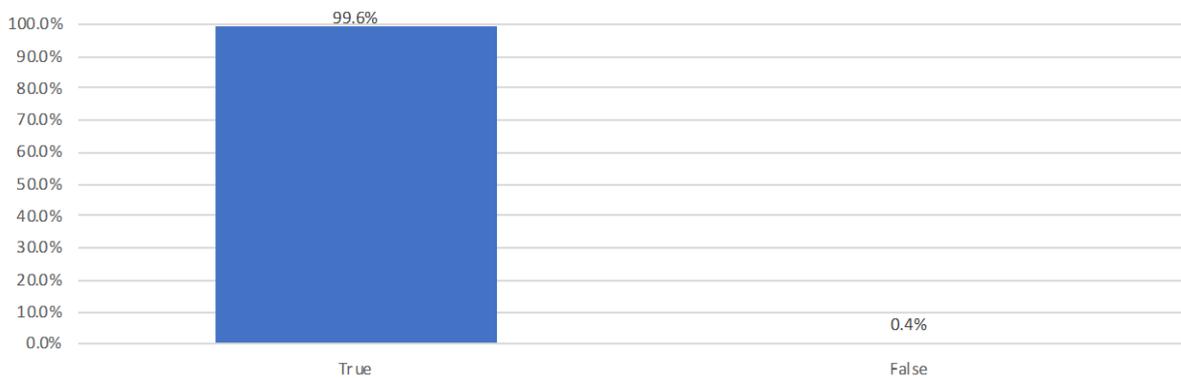
4.2. Seven knowledge test questions

Seven knowledge test questions were asked as part of the workshop evaluation survey. These questions were designed to help ascertain if the course content was effectively communicated and understood by participants.

Participants were asked if it was true or false that 'accreditation standards require that each consumer is treated with dignity and respect with their identity culture and diversity valued'. Ninety-nine per cent of participants recognised that this was a true statement.

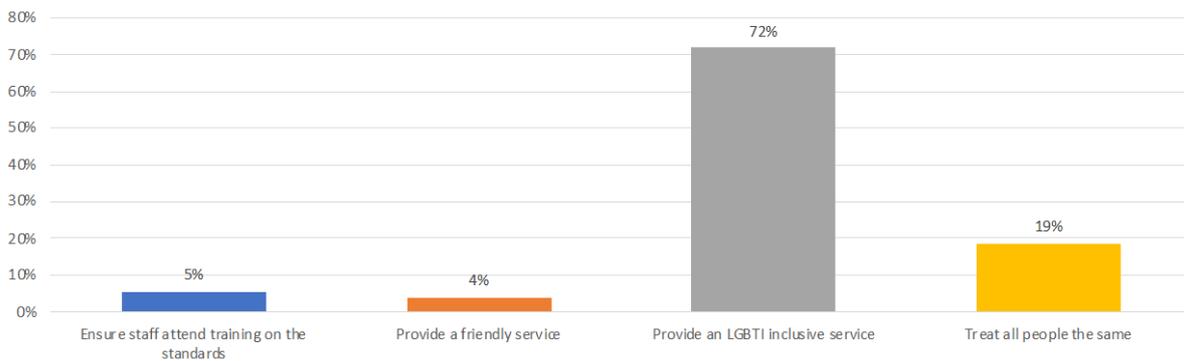
⁸ Learning Hub, Accessed 14 June 2019: <https://learn.g2.com/net-promoter-score>

Figure 15: True or False: Accreditation Standards require that each consumer is treated with dignity and respect with their identity culture and diversity valued n=1,095



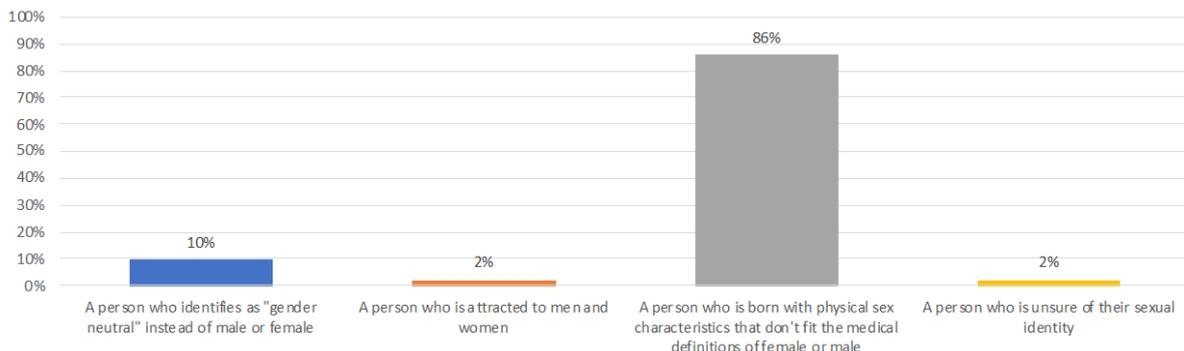
Participants were asked to choose from four actions the most important thing they can do to address the 'cycle of invisibility'. Seventy-two per cent chose the correct answer which was to 'provide an LGBTI inclusive service'. Of those who chose another answer, 19 per cent chose 'treat all people the same'. While non-discriminatory service provision (e.g. treating all people the same) can be viewed as a good outcome, it does not address the 'cycle of invisibility' of LGBTI people within services.

Figure 16: The most important thing you can do to address the "cycle of invisibility" is to ensure your service: n=1,098



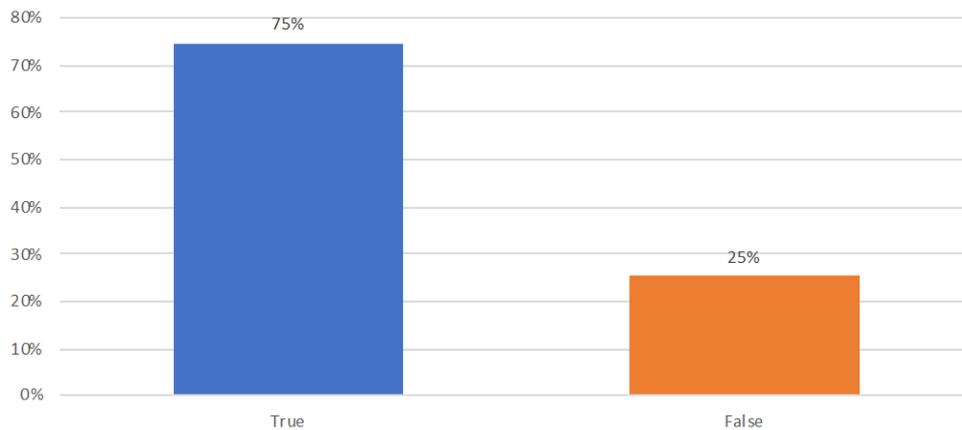
Participants chose from four statements what was the best definition for intersex. Eighty-six per cent of participants chose the definition that was used during the training.

Figure 17: The best definition of a person with an intersex variation is: n=1,090



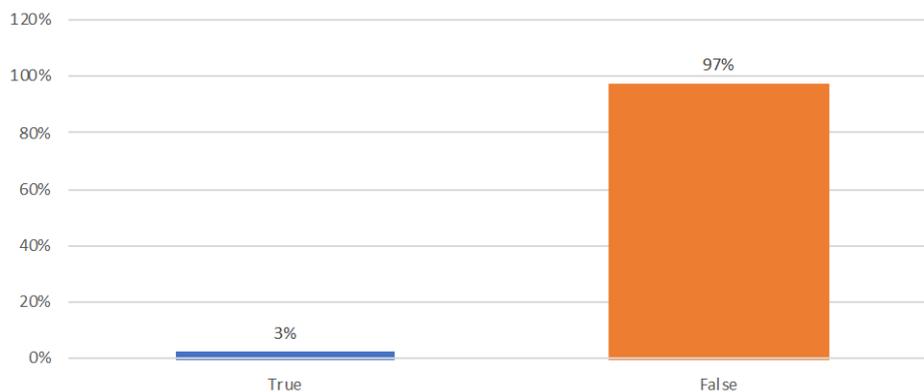
Participants were asked if it is true or false that ‘HAND is a type of dementia that may be reversed through HIV treatment if there is early diagnosis’. Seventy-five per cent correctly answered that this statement was true and 25 per cent said it was false. It should be noted that while this issue is addressed in the training presentation slides, it is only one-of-five key messages on the ‘treatment of HIV’ slide.

Figure 18: True or False: HIV Associated Neurocognitive Disorder (HAND) is a type of dementia that may be reversed through HIV treatment if there is early diagnosis. n=1,079



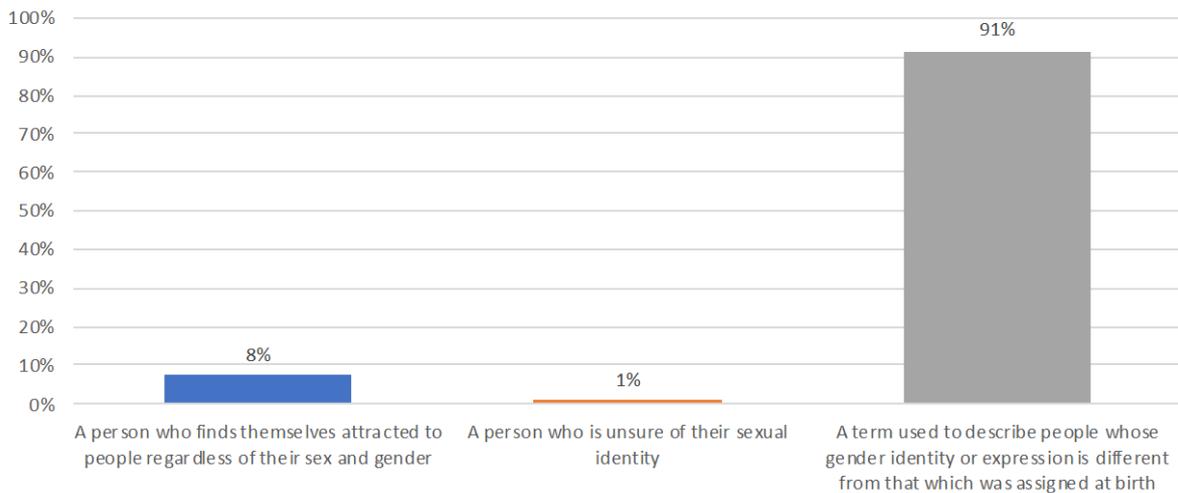
Participants were asked if it is true or false that ‘if you are unsure of what pronoun, title or terms a person prefers your best option is to make an assumption’. Ninety-seven participants correctly said this statement was false. Only three per cent of participants incorrectly said it was true.

Figure 19: True or False: If you are unsure of what pronoun, title or terms a person prefers your best option is to make an assumption. n=1,083



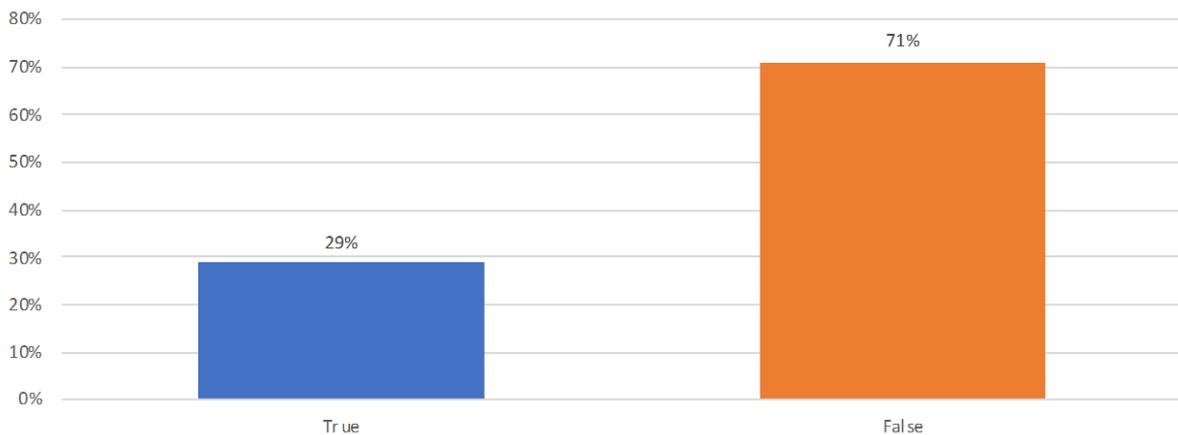
Participants were asked to select the best definition for a trans person from three options. Ninety-one per cent of participants chose the correct answer.

Figure 20: The best definition of a trans person is: n=1,073



Participants were asked if it was true or false that ‘all people who engage in same-sex behaviour will identify as either gay, bisexual or lesbian’. Seventy-one per cent correctly answered that this statement was false. This remaining 29 per cent of participants believed the statement was true.

Figure 21: True or False: All people who engage in same-sex behaviour will identify as either gay, bisexual, or lesbian. n=1,075



4.3. Comments on how participants’ learning could be further supported

Participants were asked what further information or resources would support their learning. Approximately half of all survey respondents provided some comment. Of these respondents a quarter said not applicable or “all good” and 11 per cent provided only positive comments about the training.

“Great presentation presented with great style and engagement

“All good & enjoyable & informative.”

“Excellent training highly recommend”

Excluding respondents who posted no comments or provided only positive feedback, all other comments were categorised into five themes.

- **30 per cent of participants requested more training** such as follow-up sessions, refresher training or continuous training, some specifically mentioned the important of ensuring all staff undertook training.

“Continuous education”

“Refresher courses to keep up to date with changes that my arise”

“Follow up sessions for my staff”

- **21 per cent wanted further information on specific topics** such as more information on HAND, more information on aged care standards, and more information on aspects for LGBTI community. One very consistent theme was that they wanted more practical information on providing aged care services to LGBTI clients.

“More information towards aged care”

“More practical training”

“tactics for discussing and opening up people regarding their identity and sexuality”

“How to draw up a sexuality care plan for LGBTI people accessing RACF”

- **21 per cent of participants wanted more resources** including newsletters and updates, and posters and pamphlets for their clients.

“Flyers and marketing material”

“Flyers brochures etc”

“Regular newsletter/ information/updates e-mailed”

- **15 per cent of participants sought hard copy summaries of key points** specifically they mentioned handouts, the PowerPoint slides used by presenters, web link or other reading material.

“Summarise points to give out to all staff in Facility”

“Perhaps a booklet or something similar to physically take away with us”

“I would have liked a handout of the presentation-slides”

- **13 per cent provided suggestions or critical feedback on the training**, these comments varied but included requests for more time, more group discussions, more on actions for aged care

services, and more videos. There were also technical or logistical issues mentioned (such as inaudible videos).

“More stuff about age care and have more time”

“More time for talking and questions”

“Technical issues were difficult. Staff not responsive when asking for help. Maybe due to technical issues”

4.4. Discussion of evaluation findings

Participants rated the workshop extraordinarily high across all indicators. The majority of participants were extremely satisfied with the training, found it extremely informative and believed it was extremely or very relevant to their work. One of the strengths of the training was the facilitators. The overwhelming majority of participants described them as extremely engaging and rated their knowledge of the material as excellent.

One of the key metrics used to assess the training was the Net Promoter Score. The training received an NPS of 70. This is considered to be a ‘world class’ achievement meaning that the training has achieved a very high level of satisfaction.

The seven knowledge test questions highlighted that many topics have been understood such as the importance of asking a person their personal pronouns if you are unsure and understanding what is meant by the terms trans or intersex. There may be some room for better communicating how same-sex behaviour and sexuality identity can vary, as almost one-third of participants did not recognise that people who engage in same-sex behaviour may not always identify as gay, lesbian or bisexual.

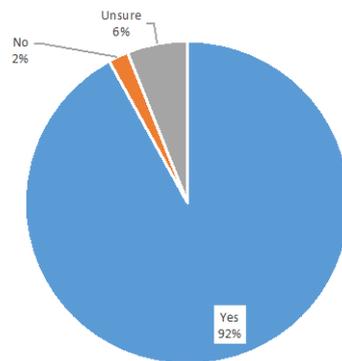
5. Training Impact on Practices and Workplaces

Participants who attended a workshop in 2019 were emailed an invitation to complete an online follow-up survey. The survey assessed what impact the training had on respondents and their workplace. The survey had 14 mostly multiple-choice questions and took an average of four minutes to complete. The email was sent to 456 participants in early March 2020. A follow-up reminder email was sent one week later to respondents who had not opened the original email. In total there were 50 survey respondents, approximately an 11 per cent response rate.

5.1. Survey respondents

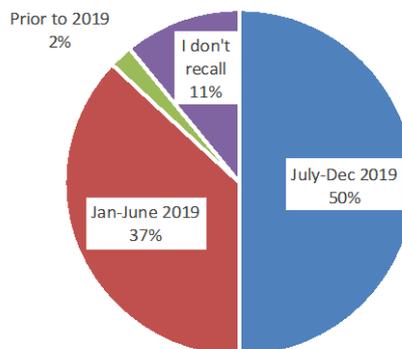
Ninety-two per cent of respondents had attended a workshop, but two per cent of respondents had not and six per cent were unsure. The two categories of later respondents were disqualified from the survey.

Figure 22: Did you attend a Silver Rainbow LGBTI Aged Care Training workshop? n=50



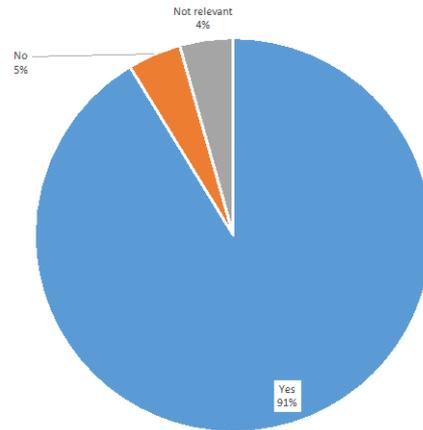
The majority of respondents had attended the workshop in the last six months of 2019. Thirty-seven per cent of respondents had attended in the first six months of 2019 and 11 per cent of respondents were unsure when they had attended the workshop. One respondent had attended the workshop prior to 2019.

Figure 23: Approximately, when did you attend the training? n=46



Ninety-one per cent of respondent said their current employment role included providing ageing and aged care services. Five per cent said that it did not and another four per cent said it was not relevant (for example, students or interns who attended the training).

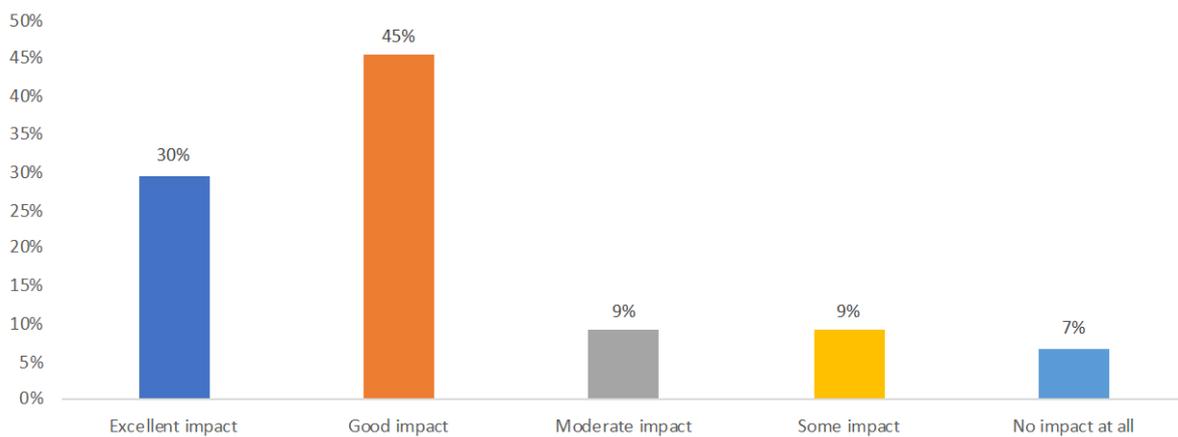
Figure 24: Does your current employment role include providing ageing and aged care services? n=46



5.2. Impact of the training on participants' work

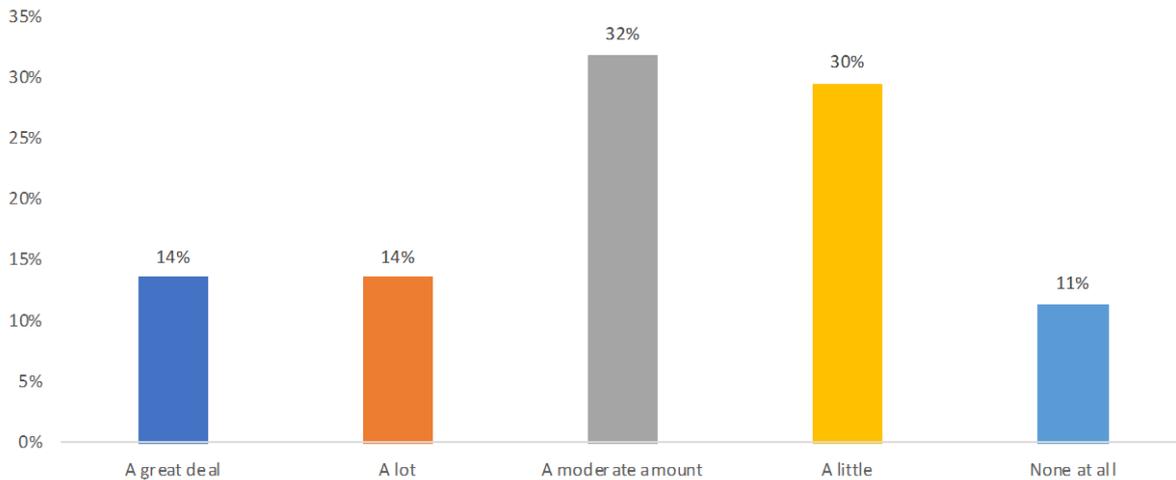
Survey respondents were asked to rate the impact of the training on their work using a five-point scale ranging from 'excellent impact' to 'no impact at all'. Ninety-three per cent of respondents said it had an impact. Only seven per cent of respondents said it had no impact at all. Very encouragingly, 74 per cent of respondents said it had an excellent or good impact.

Figure 25: Overall, how would you rate the impact of the training on your work? n=44



Survey respondents were asked if they had the opportunity to use some of what they learnt during the training. Respondents could rate their responses on a five-point scale ranging from 'a great deal' to 'none at all'. Eighty-nine per cent of respondents have had an opportunity to use what they learnt, with the majority of these respondents having used it a moderate amount or a little. Eleven per cent have not had an opportunity to use what they learnt.

Figure 26: Have you had the opportunity to use some of what you learnt during the training? n=44



Survey respondents who had used what they learnt, were asked how they had done so. They were provided with a list of 10 answer options (multiple selections were allowed) and could add their own response. At least half of all respondents indicated that they had:

- become more aware of the language they use
- had some workplace discussions about the issues
- supported their co-workers to be more inclusive
- supported their workplace to become more LGBTI inclusive.

Table 12: Can you indicate how you have used what you learnt from the training? n=39

I have become more aware of the language I use	79%
I have had some workplace discussions about the issues	64%
I have supported my co-workers to be more inclusive	54%
I have supported our workplace to consider how we become more LGBTI inclusive	54%
I have contributed ideas as to how our workplace can communicate that we are LGBTI inclusive	38%
I have made some changes to how I work	33%
I have worked to ensure my workplace has LGBTI inclusive policies	21%
I have supported an LGBTI client in my workplace	13%
I am supporting our workplace to obtain Rainbow Tick accreditation	10%
I have reviewed our intake forms	10%
Other	5%

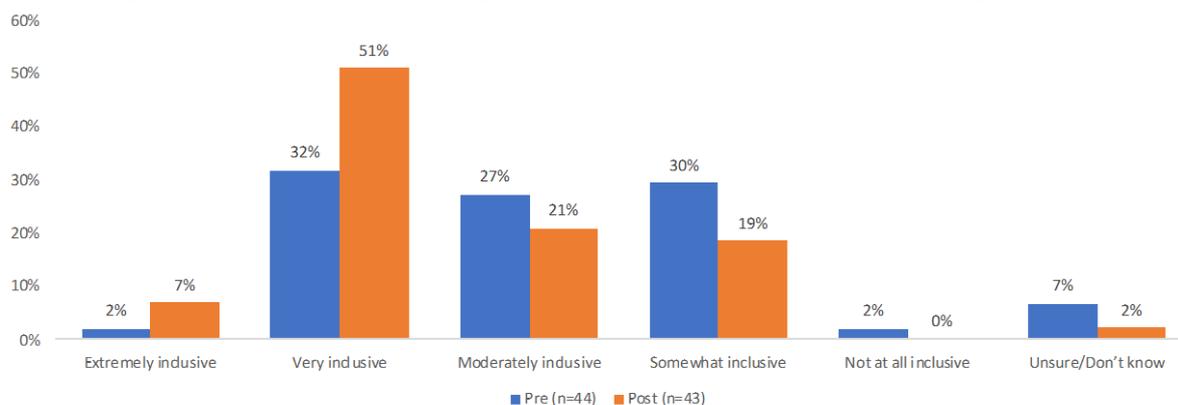
Eleven per cent of respondents who had not used what they learnt were provided with 11 answer options and could add their own responses to indicate why they had not used what they learnt. All respondents said they had seen no LGBTI clients. In addition, two respondents said they treat everyone equally and one respondent also said they already work in an inclusive way.

Table 13: Can you indicate why you have not used what you learnt from the training? n=5	
I have seen no LGBTI clients	100%
I already treat everyone equally	40%
I already work in an inclusive way	20%

5.3. Impact on workplaces and actions taken after the training

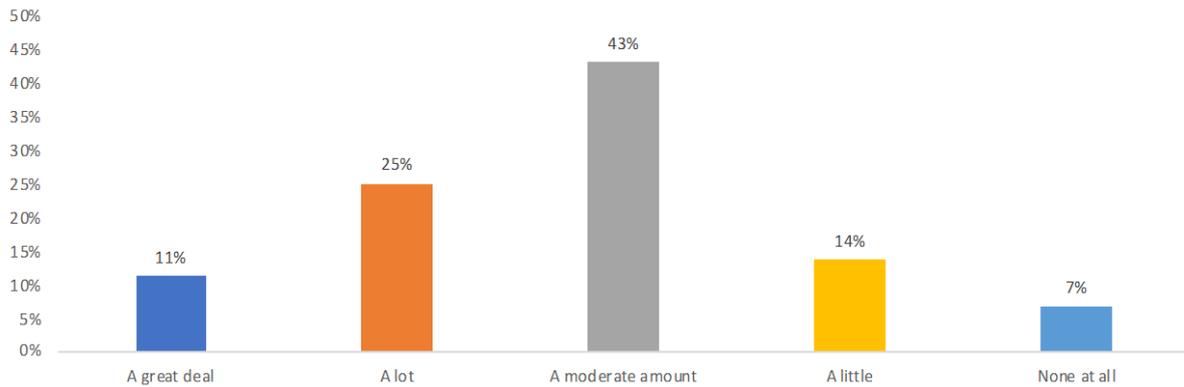
Survey respondents were asked to rate how LGBTI inclusive their organisation was pre- and post-training. They could rate their organisation on a five-point scale ranging from 'extremely inclusive' to 'not at all inclusive', or unsure/don't know. There was a positive shift towards respondents rating their organisation extremely inclusive or very inclusive following the training. Pre-training, 34 per cent rated their organisation as extremely or very inclusive, but post-training this had increased to 58 per cent.

Figure 27: PRIOR and POST training, how LGBTI inclusive would you rate your organisation?



Survey respondents rated how much effort their workplace had made to become LGBTI inclusive on a five-point scale ranging from 'a great deal' to 'none at all'. Overall, 93 per cent of respondents indicated that their workplace had made an effort. Forty-three per cent of respondents indicated that their workplace had made a moderate effort, the largest proportion of respondents. Even more encouragingly, 36 per cent indicated that their workplace had made a great deal or a lot of effort. Fourteen per cent of respondents indicated that their workplace had made only a little effort.

Figure 28: Apart from the training, overall how much effort has your workplace made to become LGBTI inclusive? n=44



Respondents who indicated that the workplace had made an effort to become LGBTI inclusive were asked to nominate two examples (open-ended question) of the actions their organisation has taken. The responses have been categorised by theme. Eighty per cent of respondents answered the question.

27%	LGBTI visibility	<p>“Staff wearing rainbow badges”</p> <p>“Social media promotions”</p> <p>“Provided more LGBTI information for consumers and staff”</p> <p>“partake in Rainbow awareness days”</p>
21%	Policies and procedures	<p>“New diversity plan”</p> <p>“formed LGBTIQ working party to review inclusion and diversity policies”</p> <p>“have a dedicated person to advise”</p> <p>“LGBT Policy”</p>
18%	Training and education	<p>“making resources and training available to staff”</p> <p>“They have provided very specific and targeted training”</p> <p>“Education to staff”</p>
15%	Service provision informed by value (equally, fairly, respectfully)	<p>“Making sure residents are all treated equally and fairly.”</p> <p>“By being accepting of staff or residents that are LGBTI 🏳️‍🌈”</p> <p>“Staff encouraged to be more respectful.”</p>

10%	General awareness	<p>“encourage conversation”</p> <p>“Team member awareness”</p> <p>“Discussion at staff meetings”</p>
6%	Rainbow Tick accreditation	<p>“Looking into rainbow tick accreditation”</p> <p>“Attempting to attain the rainbow tick”</p> <p>“Included rainbow certification as action in new strategy”</p>
3%	Don't know	<p>“Don't know”</p> <p>“I don't know”</p>

Among the seven per cent (3) respondents who said their workplace had made no effort to become inclusive at all their reasons were:

“We don't have any LGBTI residents, but if we did, I am sure my workplace would be much more inclusive.”

“Besides organizing staff to do these courses, I have not seen the organization as a whole, do anything to make them more inclusive of this community.”

“They had already implemented inclusion”

The final quote above was from the only respondent who indicated that their organisation was extremely inclusive prior to the training.

5.4. Qualitative comments on the impact of the training

Survey respondents were invited to share any additional comments they may have about the impact of the training. Almost half of all respondents posted a comment. The majority of the comments, rather than commenting on the impact the training had instead chosen to praise the quality of the training and facilitators.

“It was interesting, brave and respectful”

“It was great practical training and open to answering questions”

“It was a very enjoyable training session.”

Some participants were very supportive of the training, arguing it should be compulsory for aged cared workers.

“It should be made compulsory to all aged care workers.”

“This training should be compulsory for all aged care staff.”

Several participants commented on the impact the training has had on them.

“The training has given me confidence to speak up about inclusiveness”

“Was very knowledgeable and provided a background into accepting diversity and how it can affect people when you use the wrong language”

One survey respondent commented that the training could be simplified.

“It confirmed some of what I already knew, but made the whole thing seem a lot more complicated than I feel it needs to be”

5.5. Discussion of evaluation findings

The evaluation has found that survey respondents reported the training had a positive impact on their own work and workplaces. They reported that their organisations had become more LGBTI inclusive post-training. However, an important caveat is that the overall response rate to the survey was 11 per cent. There may be a selection bias in who chose to respond to the survey in that those who had a positive training experience and felt it had a good impact on their work may have been more inclined to respond to the survey.

6. Champions Program and CoP Evaluation Findings

This section evaluates the Champions Program and Community of Practice (CoP) implemented by partners. These were new requirements for each partner to implement during this three-year funding period. Even though it previously was not part of the program some partners had already initiated their own CoPs in the years prior to this funding period. The evaluation was informed by interviews with all partners and a review of their regular activity reports to the Alliance. A survey of trained Champions and CoP participants did not occur as how this was implemented in each state was too diverse to make implementing one standardised survey feasible. In addition, this component of the evaluation was scheduled to occur in the first quarter of 2020 which coincided with the early urgent responses to the COVID-19 pandemic in Australia that were significantly impacting the aged care sector. The evaluation consultant and the Alliance decided that given the impact of the pandemic on the sector, it was not feasible to implement a consultation at that point in time.

6.1. Description of programs implemented by state/territory partners

A Champions Training Package was developed by the Alliance but was not finalised in time for use by partners. As a result partners developed their own Champions Program model. For several partners with limited human resource capacity, this was not feasible and so did not progress. In relation to CoP, partners were able to determine a model that worked best for them. The Alliance provided an Information Sheet on what constitutes a community of practice, but otherwise the model adopted was the decision of each state partner. Again, without further guidance from the Alliance not all partners were able to proceed with this activity.

The table below provides a brief overview of the models adopted by each partner. The Champions Program varied from half-day to full-day training, in some cases, participants had to have previously attended the SR workshop but in other cases this was not a requirement. The training was generally aligned with either the Aged Care Quality Standards or Rainbow Tick Accreditation (the latter developed by Rainbow Health). Partners did not specify roles, responsibilities and expectations of Champions and most relied on self-selection for participation in the program (one partner relied on aged care management to nominate champions from their service). Not all partners who implemented a Champions Program focussed on training, two partners adopted a different approach with one providing Champions with resources and another working in an ongoing way with one service to support them to become more inclusive.

The Community of Practices mostly involved a few hours or half day meetings, although one partner supported a CoP via online support. Partners who ran CoP meetings provided opportunities for participants to share information, resources and provide support, or convened them on specific topics with guest speakers.

Table 14: Overview of Champions Program and CoP for each partner

Partner	Champions	Community of Practice
AACACT	<ul style="list-style-type: none"> Ongoing support with an aged care service provider, included a series of meetings and training 	<i>Did not progress</i>
ACON	<ul style="list-style-type: none"> One-day workshop Champions did not have to complete SR workshop SR workshop incorporated into the Champions training 	<ul style="list-style-type: none"> Online resource (Basecamp - project management and communication software) Participants can post questions, access resources and receive updates All participants invited to use the resource
COTASA	<ul style="list-style-type: none"> Half-day workshop Aligns with the Rainbow Tick Standard Senior managers identify Champions Champions did not have to complete SR workshop 	<ul style="list-style-type: none"> Convened regular meetings of SA LGBTI Ageing and Aged Care Community of Practice Digital support and resources (e-newsletter, Facebook group) Additional events (e.g. mini-expo)
GRAI	<i>Did not progress</i>	<ul style="list-style-type: none"> Regular CoP meetings over several years Meetings were intended to be self-sustaining, however, GRAI now coordinates meetings
NTAHC	<ul style="list-style-type: none"> Champion identified from each service that had completed in SR workshop Provision of one-on-one support, e-newsletter and other resources 	<i>Did not progress</i>
QC	<i>Did not progress</i>	<ul style="list-style-type: none"> Secretarial support to Diversity and Ageing Group (independent CoP) Bi-monthly meeting in Brisbane Participants provide updates, share resources and problem solve issues
Rainbow Health	<i>Not a contractual requirement</i>	<ul style="list-style-type: none"> CoP forums on topical issues 3-5 hours including guest speakers Participants may receive resources Participants have normally attended a workshop, though this is not a prerequisite
TGV	<ul style="list-style-type: none"> Half-day workshop Aligned with Aged Care Quality Standards 	<i>Not a contractual requirement</i>

	<ul style="list-style-type: none"> Champions must complete the SR workshop 	
WIO	<ul style="list-style-type: none"> One-day workshop Open to all interested parties Aligned with Aged Care Quality Standards 	Meetings convened with an agenda

6.2. Number of sessions and participants

In total, 36 Champions sessions were held with a total of 253 participants. Five partners had implemented at least one Champions session. QC and GRAI were not able to proceed with a Champions Program as they did not have the human resources available to develop their own training and Rainbow Health in Victoria was not contracted to deliver a program (in Victoria, TGV implemented a Champions workshop and Rainbow Health implemented a CoP program).

Table 15: No of Champion sessions and participants		
Partner	No. Sessions	No. Participants
ACT	1	16
NSW	21	152
SA	9	50
Vic	1	11
Tas	4	24
Total	36	253

Five partners implemented face-to-face CoP meetings. QC and GRAI had been supporting CoP meetings for several years, but their activity has not been included in the table below (data was not available at the time of the evaluation). ACON provided support to nurture a CoP, but it did so via an online resource (numbers are not reported in the table below given they would not be comparable to the initiatives by other partners) In total, 8 meetings were held with a total of 141 participants.

Table 16: No. of Community of Practice workshops and participants		
Partner	No. Meetings	No. Participants
COTASA	7	106 [^]
Rainbow Health	2	132
WIO	2	9
Total	8	141

[^] Attendance data is unavailable for two sessions.

6.3. Implementation strengths and challenges

An advantage of implementing a Champions Program was that partners could work with interested and motivated individuals to explore in-depth how to build better inclusiveness across their organisation. As the SR workshop was only four hours, several partners mentioned that the Champions training allowed for more in-depth discussion of the issues. One of the benefits of each partner determining their own model for a Champions Program was that it enabled them to have the flexibility and discretion to adopt a model that worked best for them and their clients. However, the converse is this resulted in a lack of a consistent program been implemented across states and territories, with no standardised evaluation been developed and implemented (although partners may have developed and implemented their own evaluation surveys).

Partners reported that the CoP provided an opportunity for participants to share resources, problem solve and further explore topics of interest. It was perceived to keep the aged care sector engaged with the goals of the program. One the benefits of developing a CoP was that it could be open to any participant who had completed the SR workshop. For the partner who developed an online CoP resource, it was perceived as a fairly easy and low maintenance way of ensuring participants could stay engaged and be provided with resources and support as required.

While implementing a CoP and Champions Program was a contractual requirement for most partners, the Alliance did not provide a training package or guidance to support their implementation. For those partners who proceeded, the lack of guidance has meant that the models used have varied and there is a fragmentation of the SR experience. Several partners recalled a CoP Information Sheet that was provided to partners, however they found that it provided very generic information that was not particular to the Silver Rainbow program. Without national guidance, there remained a lack of clarity for some partners as to how to define CoP and Champions Program and how they complement each other and how they contribute to the overall project aims.

A potential drawback of using a Champions model is that it may not be the most effective way of supporting workforce change. Several partners voiced concerns about the model. Their concerns were that it was too reliant on committed and passionate individuals to drive change within organisations, but that such a model does not ensure buy-in from senior management to ensure a whole-of-organisation approach. This led some partners to argue that it would have limited effectiveness and was not the most appropriate model to pursue.

Among partners who had implemented CoP meetings, the challenge was ensuring the meeting had a purpose or focus beyond participants only sharing updates from their services. This was to ensure there was a tangible benefit for participants attending. One partner had initially intended the meetings to be self-sustaining but soon realised this was not feasible and that they needed to step in and coordinate the meetings if they were to occur.

6.4. Discussion of evaluation findings

Partners have delivered Champions Program and CoP meetings. How this was implemented varied for each state and partner. As noted, given this diversity in implementation and the impact of COVID-19, the evaluation was limited to consultation with partners. Partners have developed and delivered novel Champions Programs and CoP meetings. However, overall, this activity lacked a concise purpose and coordinated sense of direction. It has meant there were many divergent interpretations as to what was required and how to achieve these requirements. The evaluation could not ascertain if a project brief was produced that provided more details on the objectives for this activity and how it fitted within the overall project design. The development of a Champions Training Package, which as noted earlier was in development but never finalised, may have addressed these concerns. This lack of guidance led several partners to comment that they did not understand the purpose of these activities or expectations regarding implementation, in addition without a package not all partners were able to progress this activity.

Furthermore, during the evaluation partners expressed doubts as to whether a Champions model was in fact the best model to promote sustained organisational change. The legitimate concern they raised is that it is reliant on motivated and engaged individuals to drive change within their organisation, but that effective organisational change requires the support, engagement and mandate of the management leadership team. In addition, it does not appear that the changes in the project design occurred in consultation with the aged care sector to ascertain how they believed they could be better supported and whether a Champions model was the most appropriate approach. (It is worth noting that some partners, such as Rainbow Health and TGV, undertook their own consultation to help inform how the program could meet the needs of the aged care sector).

7. Conclusion

The LGBTI Ageing and Aged Care Training was implemented by the National LGBTI Health Alliance and its state and territory partners with funding from the Australian Government Department of Health. The core components were an online module (completed prior to workshop attendance) and the Silver Rainbow workshop. These were complemented by several partners implementing a Champions Program and establishing Community of Practice meetings.

7.1. Key achievements in the delivery of the training

The training program has resulted in:

- 438 workshops been delivered throughout Australia - half of all workshops were in rural, regional, or remote areas
- 6,127 participants attending a face-to-face workshop
- 88 per cent of workshop registrees attended the workshop
- 1,032 commencing the online module - an average 88 per cent completion rate
- 36 Champions workshops and 253 Champions trained.

The workshop has achieved a Net Promoter Score of 70. An NPS at or above 70 is considered a 'world class score'. This is a great outcome for the project on a key indicator. It means participants find the workshop of excellent quality and keenly recommend it to their colleagues. The online module received an NPS of 19. An NPS at '0 or slightly above' is considered a good starting point. This reinforces the earlier conclusion, that while the module has received good and positive feedback, it still could be further improved and strengthened (this is explored further below).

Given the \$10 registration fee had no impact on no-shows and given the administration costs of the fee for both registrees and the Alliance, it is recommended that it is removed.

7.2. Evaluation of the online module

Overall, the online module received positive feedback. Eighty-three per cent of participants were extremely or very satisfied with the module. Further key findings include:

- 79 per cent said it contained the right amount of information
- 75 per cent rated it very useful or useful
- 64 per cent rated the module extremely or very engaging
- 63 per cent rated the module extremely or very easy to use.

There remains a broader question as to whether the program should require participants to complete the module prior to the workshop, particularly given that currently only a quarter of participants do so. This is discussed further below. Even if this is not to be the case, the online

module is still a valuable resource that could be further developed. The evaluation has found a number of components that could be strengthened.

- **The module could be easier to use:** While 63 per cent rated the model as extremely or very easy to use, a significant 36 per cent of respondents said it was moderately or only somewhat easy to use.
- **The module could be more engaging:** While 64 per cent rated the module as extremely or very engaging, again 35 per cent of respondents said it was moderately or somewhat engaging.
- **Content needs to be simplified:** Participants commented on the complexity of ideas, terminology used and wordiness of the module. Related to this issue is participants also commented that module took much longer to complete than the suggested 30-minutes.
- **Module needs to undergo user testing:** The module needs to be design responsive so that it functions correctly and adapts to different screen sizes. Participants reported a series of different technical problems that were beyond the evaluation scope to investigate (the module was most likely developed assuming participants would complete it on work desktop computers, but instead the evaluation found the majority of participants completed the module on their own time and this probably resulted in a higher proportion using mobile or tablet devices).

Among participants who commented on the module, a frequent positive comment was that they liked the videos used in the module and requested more of these. The Alliance should give consideration to re-developing the training into an education video. There are a range of arguments for why this may be a better option as it addresses most of the concerns above: more engaging, plays better on mobile and tablet devices, can be used on-the-go (such as when people travelling to and from work), easier for less technologically skilled people to use, and visual communication assists those with low literacy levels. This would also bring the online module into alignment with popular online training websites for consumer which use education videos.⁹ If there are funds for redevelopment of the module, it may be worth pursuing this avenue.

7.3. Evaluation of the SR workshop

Participants have provided extremely positive feedback on all aspects of the training workshop. A high-quality workshop has been developed and implemented by the Alliance and its partners. Overall, satisfaction with the workshop is extremely high with 94 per cent of respondents saying they were extremely or very satisfied with the workshop. The facilitators particularly rated highly both in terms of being engaging and knowledgeable about the content. Key findings include:

- 96 per cent of participants found the workshop extremely or very informative
- 85 per cent of participants found it extremely or very relevant to their role
- 96 per cent of participants found the facilitators extremely or very engaging

⁹ Such as Skillshare <https://www.skillshare.com> and MasterClass < <https://www.masterclass.com>>.

- 96 per cent of participant rated the facilitator’s knowledge of the material excellent or very good.

As the feedback on the workshop is extremely positive, the evaluation is recommending the workshop, subject to funding, continues to be offered to the aged care sector (acknowledging that the COVID-19 pandemic has resulted in face-to-face workshop not being feasible in the foreseeable future). The evaluation has not identified the need for further refinements, although this does not negate that project staff and facilitators (given their familiarity with the material) may have suggestions on how to improve and streamline the training package.

7.4. Impact of the training on knowledge and self-efficacy

Participants’ knowledge and self-efficacy has increased as a result of the training. On average after completing the module, there was a 28 per cent increased in knowledge and a 25 per cent increase in self-efficacy to provide LGBTI inclusive care. One specific change to highlight was that 44 per cent increase in participants becoming more knowledgeable about experiences of discrimination and invisibility for LGBTI older people.

At the end of the workshop there were a number of knowledge test questions that showed:

- 91 per cent of participants had a correct definition of the term ‘trans’
- 86 per cent of participants had a correct definition of the term ‘intersex’
- 72 per cent of workshop participants had taken away a key message that about breaking the ‘cycle of invisibility’.

7.5. Training impact on aged care service providers

The overall aim of the program was to increase and improve the provision of inclusive services by aged care workers to LGBTI older people. Ninety-three per cent of respondents reported that the training has had an impact on their work. They reported that they have become more aware of the language they use, have had workplace discussions about the issue, and have supported their co-workers to be more inclusive. Participants reported that their organisation post-training has become more LGBT inclusive. Pre-training, 34 per cent of participants rated their organisation as extremely or very inclusive, but post-training this had increased to 58 per cent. The actions organisations took to make their workplace more inclusive varied but included more visibly demonstrating LGBTI inclusion, revising policies and procedures, ensuring appropriate training and education for staff, and ensuring service provision is informed by inclusive values.

7.6. Components of the project design

The project should reconsider the requirement that participants complete an online module prior to attending the workshop, particularly given only a quarter of all workshop participants have completed the online module prior to the workshop. In fact, half of all workshop participants were

not even registered for the online module. This could be due to a variety of factors: participants were not registering in advance of the workshop, participants were not providing email addresses when registering, partners do not provide participant details in advance to the Alliance project staff to register participants for the module, and a time lag from when the Alliance project staff received names to when they registered them for the module. Among participants who were registered with the online module, half commenced the module (once they commenced the module, they had an 88 per cent completion rate). One factor that was likely to be impacting upon those who were registered to undertake the module actually doing so, was that the majority of participants who completed the module did so on their own time. Given this, it's appropriate to consider whether the requirement to complete the module prior to attendance is feasible and appropriate.

During this three-year funding, a Champions and Community of Practice program were added to the program of activities to be implemented by partners. These activities were intended to support sustainable changes in the aged care sector. As the activities were developed and implemented by each partner, and so the approach therefore varied, the evaluation was more limited. As such it was not feasible to assess what their contribution may have been and whether they complemented the outcomes already achieved by the workshop (if these activities are to be a component of future project design, then an evaluation of their impact will be important). Despite this, the broader question is whether these were the best models to achieve the program's goals. One significant drawback of a Champions model is that it is heavily reliant upon individuals to be motivated to advocate for and taken action to implement organisational change, rather than recognising that such change requires the support and mandate of senior management.

7.7. Evaluation planning and implementation

This evaluation has drawn on data from multiple sources to assess how effectively the program had achieved its aims. This has allowed the evaluation to identify how effectively the program is meeting the needs of participants and report on the impact it has had on the aged care sector. During the evaluation, a number of actions were identified that could further strengthen the process of how the evaluation was implemented (to make data collection and analysis easier) and the quality of the evaluation data collected. Key actions include:

- **Contract an evaluation consultant and develop an evaluation plan early in program implementation:** The consultant for this evaluation was contracted at the half-way point of implementation. All evaluation surveys had already been designed, and while some were able to be revised before implementation commenced, not all of them were able to be. Another significant advantage of contracting an evaluation consultant earlier in the process is it can enable the scope of the evaluation to be better developed and key evaluation questions to be agreed among all team members before evaluation tools are developed.
- **Adopt different technological solutions for the evaluation:** The shift from hard-copy surveys to online surveys that occurred during this period of implementation was a cost-effective and time-saving development, however, the software chosen to collect survey responses was not appropriate (it was interactive presentation software rather than survey software) as it had

limited capacity in comparison to most survey software. In addition, the logistics of how the survey was accessed by participants needed improving. Workshop participants were provided with MentiMeter web address and log-in details at the end of the workshop and requested to complete the survey on their mobile phones prior to leaving. This presented many challenges, such as lack of internet connection (particularly in remote areas), not all participants having access to smart phones, not all participants having high levels of technology competency, and lack of ease (particularly when compared to hard copy evaluations). As a result of these factors and others, the survey response rate was negatively impacted. To improve the response rate and make it easier for participants, it would be preferable for participants to receive an email with survey link immediately post-workshop to complete when back in the workplace. To make this process manageable, email marketing software (preferably with integration with the survey software) should be used to handle the management and tracking of these emails

- **Redevelop the pre- and post-module survey:** The pre-and post-module survey designed to measure changes in knowledge and self-efficacy could be improved. At times, it focuses on testing knowledge on topics that are not a high priority (such as knowledge of statistics) and at other times used terminology and concepts that are too complex and not necessary to understand to deliver inclusive services. The use of knowledge test questions (part of the workshop evaluation survey) was unnecessary given it is duplicating this pre- and post-survey (but in a less effective manner given it doesn't actually measure shifts in knowledge). Also it might be more appropriate to administer the post-survey after completion of the workshop (not just after the module completion) as this would then capture the impact of the entire training.
- **Regular follow-up survey to assess the impact:** The survey implemented at the end of 2019 to assess how training had impacted on participant's workplaces provided useful insights. However, the survey had a low response rate (11 per cent) and small number of respondents (n=50), and the majority of these respondents had completed the training within the six months prior to the survey. One way to improve the response rate would be to forward the survey at regular time periods throughout the implementation period (for example, every six months) so that all participants who completed the workshop are invited to complete the survey and they are invited to complete the survey within a reasonable timeframe after having completed the workshop.

8. Recommendations

1. The Alliance's Silver Rainbow Program, subject to funding, continue in collaboration with its partners to offer the face-to-face workshops, when safe to do so, to the ageing and aged care sector.
2. The Alliance and its partners remove the refundable registration fee for workshop attendees.
3. The Alliance reconsider specific aspects of the overall project design, particularly the requirement that participants complete the online module prior to attending the workshop and if it is not to be a requirement, that the workshop content is adjusted to ensure it more fully addresses the module content.
4. The Alliance implements a consultation process with the ageing and aged care sector to ascertain how sustainable change could be supported following staff attendance at the workshop, and which models could best achieve this.
5. The Alliance, after consultation with the sector, reconsiders whether a Champions model and Community of Practice meetings are the most appropriate approach to provide support to the aged care sector.
6. The Alliance ensures whichever models it chooses to support sustainable changes in the aged care sector (whether Champions model, CoP, or other model) that a package is developed to support their state and territory partners, and evaluation occurs to assess the impact of the additional models.
7. The Alliance continues to strengthen its online module to ensure the content is easier to comprehend, improve the module usability, strengthen user engagement, and can be completed within 30 minutes as stipulated to participants (even if not a mandatory requirement before the workshop, the module could remain a valuable resource to extend either the reach of the training).
8. The Alliance, if funding is available, considers transforming the online module from a primarily text-based education session to a video education session.
9. If completion of the online module continues to be a requirement before attending the workshop, that the Alliance and its partners review logistical arrangements to ensure all workshop participants are registered with the online module in a timely manner.
10. The Alliance undertake user testing of the module to ensure it functions correctly and is easy to use on mobile and tablet devices.

11. The Alliance and the evaluator review various survey software available to use for data collection and data analysis and select the one most appropriate to their needs.
12. The evaluation of the program continues to use the Net Promoter Score for the online module and workshop so that any trends in responses over time can be tracked
13. The evaluator, in collaboration with project staff and partners, undertake a review of pre- and post-module survey to ensure it is measuring acquisition of knowledge aligning with key learning outcomes, and consider administering the post-survey after workshop completion.
14. The Alliance and its partners use an email marketing software to manage email invites to respondents to complete the online evaluation survey of the workshop.
15. The evaluator and the Alliance when developing an evaluations plan include a follow-up impact survey, forwarded to participants at regular cycles (at least every six months) to all participants who have completed the workshop in the six months prior to assess how they perceive the training has impacted on their work and workplaces.