

# Transformative Practice Project Outcomes Report - May 2016

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The Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual, Pansexual and other diverse identities (LGBTIQAP+) Mental Health Professionals Network (MHPN) was established through funding provided by Partners in Recovery (PIR). The purpose of funding was to establish a program, tasked with enhancing health outcomes for LGBTIQAP+ service users. The program was named the Transformative Practice Project (TPP) and was auspiced by Wesley Mission Brisbane.

Five key objectives were identified in order to measure the effectiveness of the proposed project, including;

- Enhancing skills, knowledge and confidence of practitioners working with LGBTIQAP+ people
- Enhancing service delivery for LGBTIQAP+ people
- Enhancing networking and collaboration opportunities for practitioners working with LGBTIQAP+ people
- Enhanced understanding of referral pathways for practitioners and LGBTIQAP+ people
- Sustainability of the network/program after the period of funding has ended

In order to capture outcomes achieved by the program two surveys were designed to measure key performance indicators relating to the project objectives. Surveys were administered prior to engagement with TPP (or as soon as practicable following initial engagement) and again during October-Nov 2016. The first survey (Part A) focused on the establishment of the LGBTIQAP+ MHPN and workers who attended the networks self-report measures of changes in knowledge, skills, and confidence in working with LGBTIQAP+ consumers. Practice enhancement/service delivery was also explored to measure the impact of the MHPN at an organizational level, as perceived by workers. Lastly, the availability of education and training affecting LGBTIQAP+ communities (aside from TPP) was explored to ascertain the ongoing need for such systems within the community. The need for such a network (and by extension, the likelihood current members will continue to access and sustain the network) was also assessed. The availability of other skill building opportunities was explored to measure the need for TPP (or other similar projects) to continue in to the future.

The second survey (Part B) measured self-report outcomes related to the provision of training and mentoring in order to enhance practice outcomes and support inclusivity of LGBTIQAP+ consumers. Due to poor response rates to follow up surveys and the often vastly different contexts in which this training was facilitated and aimed, a case study of one particular training session for which data was available is presented. Based on qualitative feedback received it is likely this case study is representative of the majority of training outcomes achieved. Each of these surveys were administered anonymously online and via semi structured telephone interviews through existing Transformative Practice distribution and contact lists. Participation was voluntary and therefore not all those surveyed in pre-testing chose to complete post-testing. Due to the data available it was not appropriate to perform statistical analyses and thus results provided are representative of the approximate general perceptions of workers in the Gold Coast region in relation to the survey topics.

## **Part A: Establishment of sustainable LGBTIQAP+ MHPN for Gold Coast region**

Networks were advised of the establishment of Transformative Practice through use of email distribution lists accessed throughout the sector.

This resulted in 94 initial registrations by February 2015.

Between February and June 2015 the official registrations increased from 94 to 135 with unregistered people engaging with the project through some of the aforementioned distribution lists. To draw a comparison, other metropolitan LGBTI MHPN's (with significantly larger

populations) experienced less success in regards to registered members across longer timeframes.

A steady increase in attendance and registrations was observed throughout 2015, providing evidence that awareness of the network was continuing to spread across the Gold Coast. Some of the members began travelling from outside of the Gold Coast region, from places such as Lismore (NSW), Ipswich, Sunshine Coast, and Brisbane.

By April 2016, 112 people had attended one or more network meetings (93 having consented to their details being shared) and 202 remained registered and engaged through other mediums such as online.

Sustainability following the funding period has been in a key objective of the project. An example of sustainability is engaging stakeholders in tasks such as catering and provision of venue. Thus far headspace Southport have committed to provision of a venue for future meetings and stakeholders have provided catering and/ or committed to future catering of MHPN meetings. In some cases, network members who are in unpaid roles offered to cater, and money was donated by members who run private practices but unable to offer the time required to cater. The MHPN has seen many of examples of such collaboration and forward planning has occurred to ensure the sustainability of the model.

There is now a volunteer run sub-committee that has been set up to enhance the sustainability of the network in the future known as the Gold Coast LGBTIQAP+ MHPN Host Group. Their role is to maintain the organising of the network leading up to the meetings, liaise with the National MHPN, and to facilitate and maintain the network meetings. A Wesley Mission Brisbane staff member will continue to attend these meetings. There has also been a commitment from various network members to cater at the meetings until September 2016.

## Outcomes

### Worker knowledge, skill, and confidence

In line with the project objectives, survey respondents were asked to rate (1-5 scale with 1 indicating none, through 5 indicating very high) their current level of knowledge, confidence, and skill with regard to LGBTIQAP+ issues. Pre and post results are summarized in Figure A-C. Increases in knowledge, skills, and confidence were observed in all domains and post-testing indicated average ratings were at least sound (with the exception of intersex variances).

Figure A: Average worker self-report ratings of knowledge in addressing LGBTIQAP+ issues in pre and post-testing.

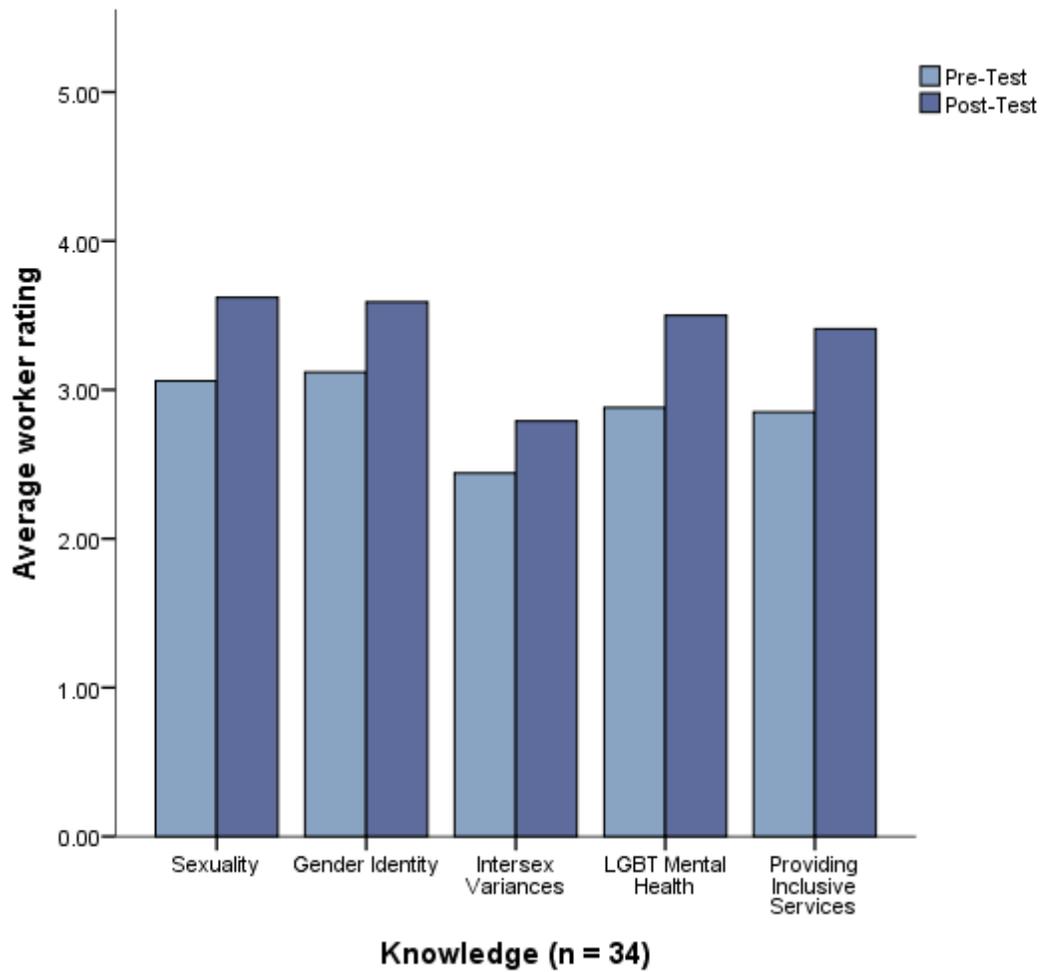


Figure B: Average worker self-report rating of skills in addressing LGBTIQAP+ issues in pre and post testing.

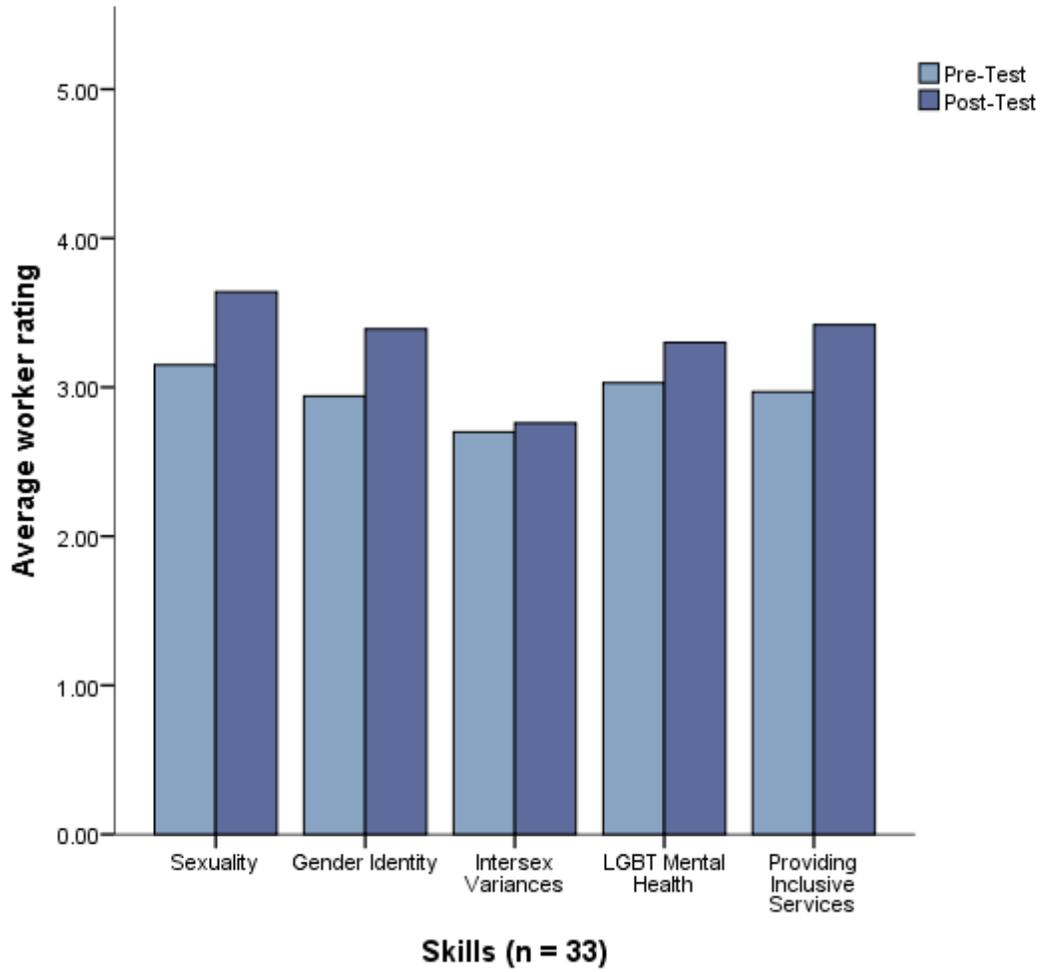
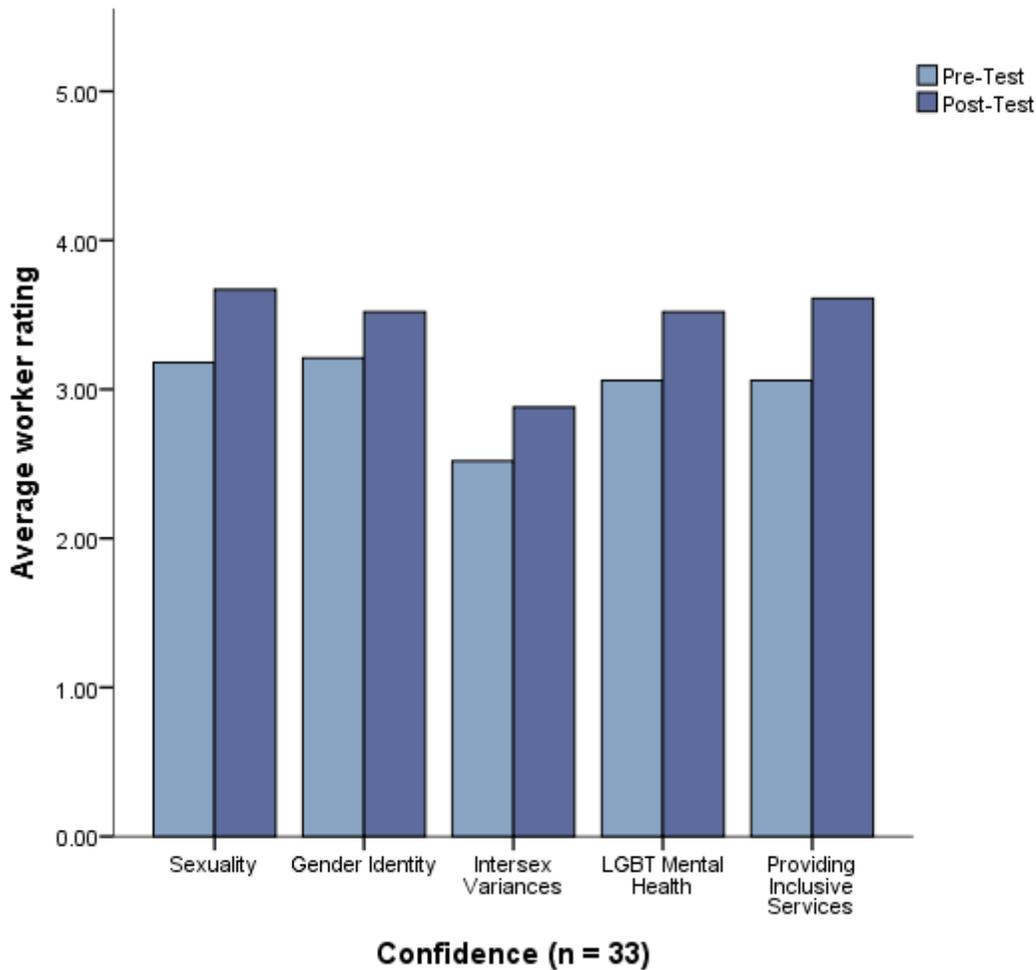


Figure C: Average worker self-report rating of confidence in addressing LGBTIQAP+ issues in pre and post testing.



### Practice Enhancement

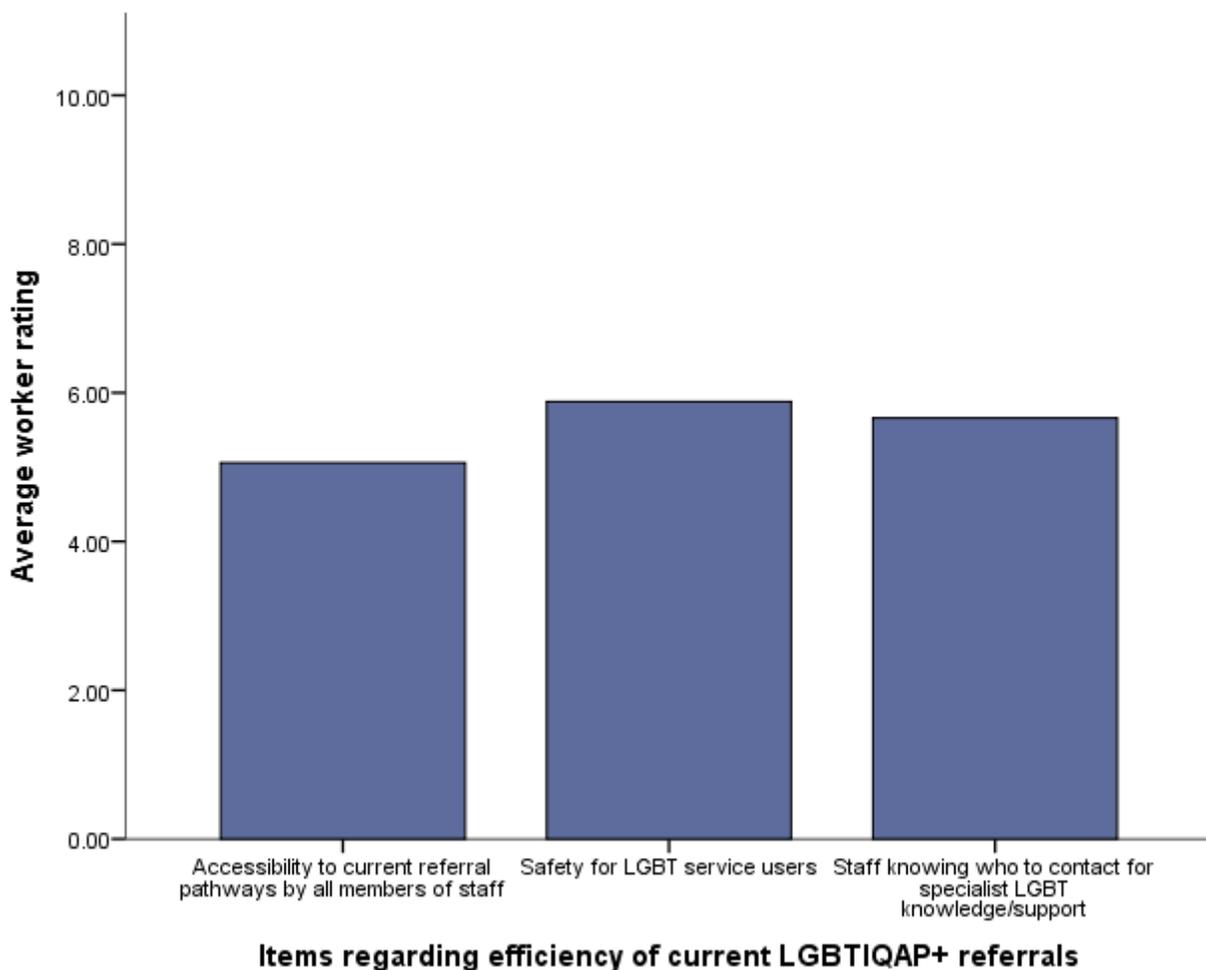
Data was collected regarding perceptions of the impact of the LGBTIQAP+ MHPN achieved in both individual and organizational practice. Of the 34 post-test respondents, 28 indicated moderate impact or higher in relation to their individual practice, and 25 indicated a moderate impact or higher in relation to organizational practice. Only 2 respondents stated the LGBTIQAP+ MHPN had no impact in relation to their individual practice, and 4 indicated the MHPN had no impact on their organizational practice.

Qualitative data obtained in relation to practice enhancement highlighted themes of increased knowledge, awareness, and confidence in working alongside LGBTIQAP+ consumers. Enhanced referral pathways and professional relationships also featured prominently in feedback, summarized by one respondent as...

**“The first time there has been a mechanism for bringing together health professionals working towards enhanced LGBTIQAP+ outcomes.”**

Workers’ self-report ratings of the current efficiency of LGBTIQAP+ referrals was also explored with responses indicating a majority view that current referral systems are effective however room for continued improvement exists. Of the 33 respondents to this question in post testing, 59.39% rated the accessibility to current referral pathways for all members of staff to be at least average. With regard to safety for LGBTIQAP+ service users, 72.72% of respondents rated the efficiency of LGBTIQAP+ referrals to be at least average. While the majority of respondents indicated these systems were at least satisfactory, mean scores revealed that workers in general did not perceive organizational systems to extend beyond this (average ratings across three sub-domains = 5-6). Results are summarized in Figure D.

Figure D: Efficiency ratings of LGBTIQAP+ referrals with regard to accessibility, safety, and specialist knowledge/support.



## Sustainability

In addressing sustainability, numerous process and structures have been put in place as previously discussed. In order to measure workers' perceived need and therefore motivation to contribute to the sustainability of the LGBTIQAP+ MHPN, the availability of other such similar opportunities was explored. Members were asked to rate the level of professional development opportunities available to them (aside from Transformative Practice) to further support LGBTIQAP+ mental health. Of the 31 responses to this question, 20 respondents indicated the availability of such training was less than satisfactory (i.e., availability of training/professional development rated 5 or less on a 10-point scale).

These results indicate a lack of alternative network, education, or training opportunities with regard to LGBTIQAP+ issues in the Gold Coast region, supporting the need for the LGBTIQAP+ MHPN to continue. Additionally, this necessity for these opportunities is likely to enhance ongoing commitments towards sustainability of the Network by its members.

Finally, members were asked to rate the level of impact to services and individual practice in the event Transformative Practice and the Gold Coast LGBTIQAP+ Network ceased to exist. Of the 34 responses, 82.35% reported at least a moderate impact. 67.65% of respondents rated the impact of LGBTIQAP+ MHPN ceasing to exist as high or severe.

**“I have been supported in developing, sustaining, and growing my own set of skills within this framework. I have also made some important professional connections through these meetings.”**

In summary the results suggest the Transformative Practice Project has been effective in enhancing the knowledge, skills, and confidence of workers whom have engaged with the LGBTIQAP+ MHPN. However, room for continued growth and development of practice continues to exist. Similarly with regard to service delivery, while organisational systems and processes are generally perceived as satisfactory, a significant portion of members believe there is considerable gains still to be made.

## Part B: Provision of training, mentoring, and support to enhance practice and support inclusivity of LGBTIQAP+ consumers

In addition to the establishment of the LGBTIQAP+ MHPN, the Transformative Practice Project offered support in the form of training and mentoring to services including hospitals, mental health facilities, family and community programs and government departments (ie., Dept of Justice and Attorney General: Youth Justice Service) to enhance their practice in relation to supporting and being inclusive of LGBTIQAP+ consumers.

Semi structured interviews and/ or survey responses were obtained from 7 individuals who engaged with training or mentoring delivered by the TPP over the course of the project. Qualitative responses were also permitted for each question and indicated through use of quotations.

All respondents reported engagement with the TPP enhanced their individual professional practice. Respondents described training as “very beneficial” and “creating more awareness”. “Growth within (our) service is apparent through increased friendly engagement with clients and a more inviting service to trans and gender diverse people”. “It made staff more aware, particularly with regard to intake”.

**“Transformative Practice has given my organization specific, professional advice on how we can develop more meaningful and respectful relationships with our clients from LGBTIQAP+ communities.”**

Active referral systems specific to the needs of LGBTIQAP+ clients were also explored with 4 respondents confirming such a system was in place in their organization, and 3 respondents indicating they were unsure. No worker/service identified a lack of LGBTIQAP+ specific referral systems.

The consideration and inclusion of people identifying an intersex variance was also explored with 5 respondents indicating regular discussions surrounding this topic occur within their organizations. Specific examples of inclusive practice included “ask(ing) during intake...whether someone has an intersex variance” and “converting male/female bathrooms to unisex facilities, making sanitary disposal bins available in all cubicles”.

**Case study:**

The following data was obtained prior to, and following an organizations' engagement with TPP training. Workers self report knowledge and confidence ratings were obtained in relation to working with LGBTIQAP+ consumers and specific LGBTIQAP+ issues. Results are summarized in Figure E-F.

Results indicate workers improved knowledge and confidence with regard to most specific LGBTIQAP+ issues however on average workers perceived their knowledge and confidence in working with LGBTIQAP+ consumers as remaining at an approximately satisfactory level. This supports the results found in Part A in that continued availability of education, training, and resources relating to specific LGBTIQAP+ issues is required for the continued development of professionals in the Gold Coast region to enhance referral pathways for LGBTIQAP+ people.

Figure E Average worker self-report ratings of knowledge in addressing LGBTIQAP+ issues prior to and following engagement with Transformative Practice.

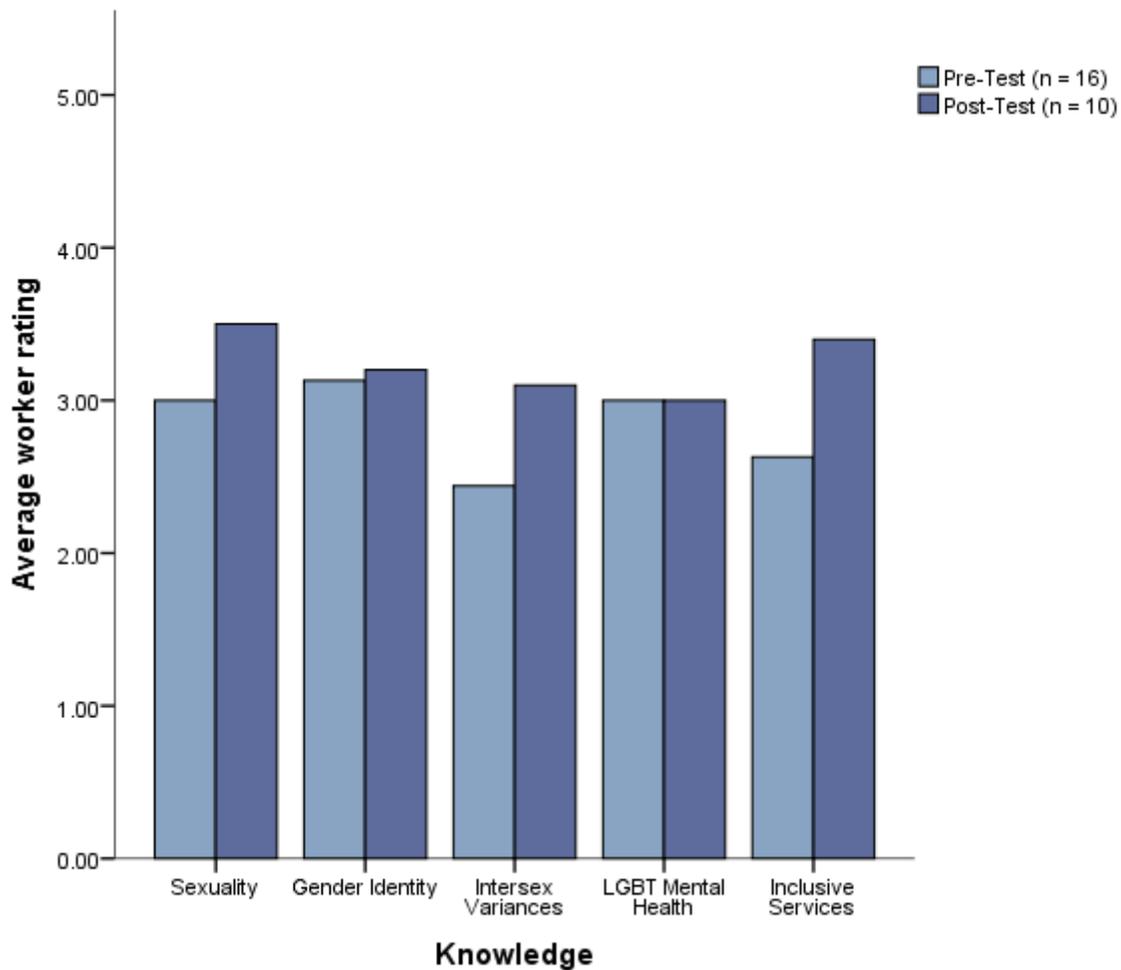
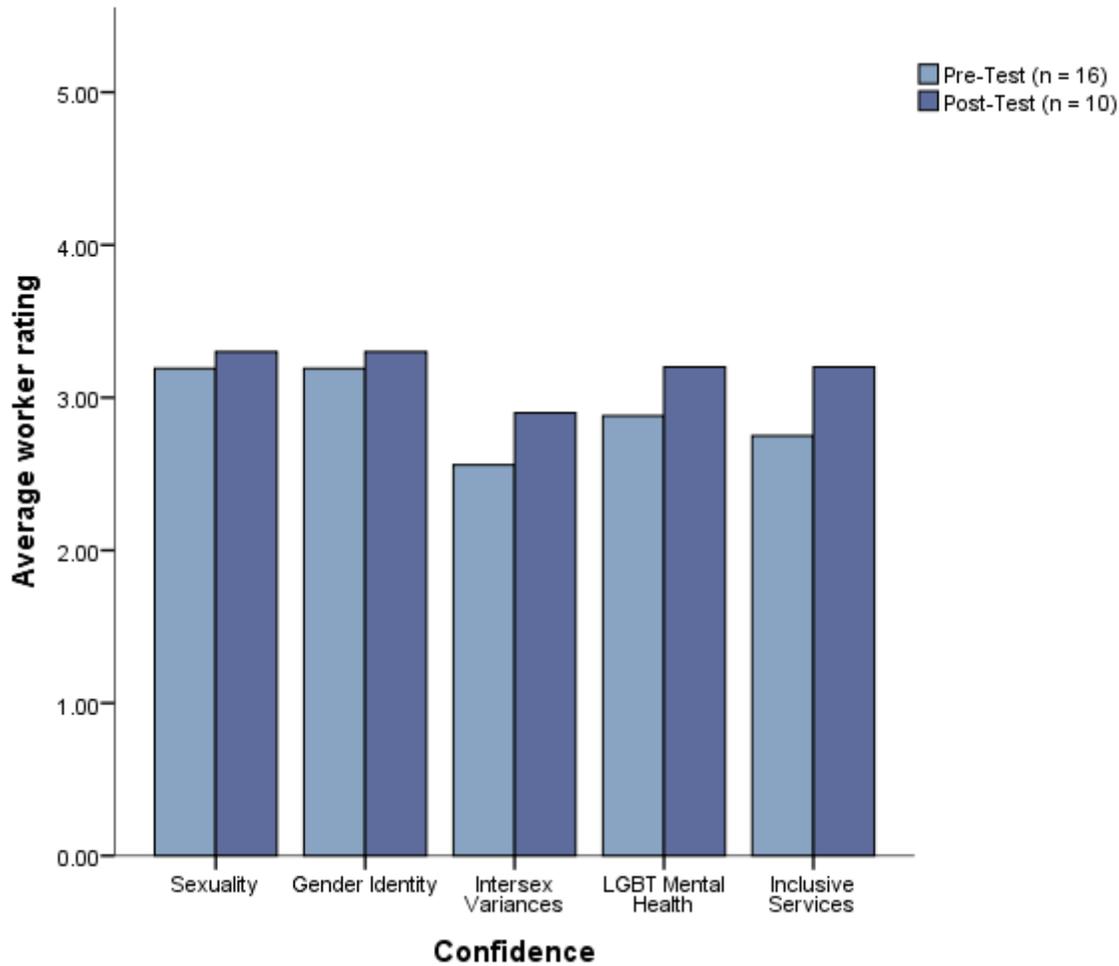


Figure F Average worker self-report ratings of confidence in addressing LGBTIQAP+ issues in pre and post testing.



### Key learnings and challenges:

Throughout the course of the Transformative Practice Project the need for continued engagement and education regarding LGBTIQAP+ communities has been highlighted by those who have engaged in the project. While processes and systems in place are hoped to achieve the sustainability of the LGBTIQAP+ MHPN, a large number of stakeholders have consistently expressed their concern regarding the possibility of TPP ceasing to offer direct support.

A challenge for TPP on occasion was the timeliness in which services were able to return documents in response to an audit process. The TPP developed a reporting resource to provide feedback in response to the returned audits. The process undertaken by the TPP (conducting audits and providing recommendations for improvement) to key Gold Coast Health Services has in some cases lead to significant changes and in other cases created the potential for significant

systematic change. Due to the funded life of this program, the TPP may not be in a position to continue in a role of enabling some of this change to occur.

Finally, the importance of community consultation processes and partnerships with numerous lead services in the sector were pivotal to the success of TPP. The ability to collaborate with other professionals nationally with similar expertise, knowledge, and passions was invaluable in the development of the Gold Coast LGBTIQAP+ MHPN. TPP also wishes to acknowledge the contributions of people with lived LGBTIQAP+ experiences, both professionally and personally, without whom TPP would not have been possible.

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