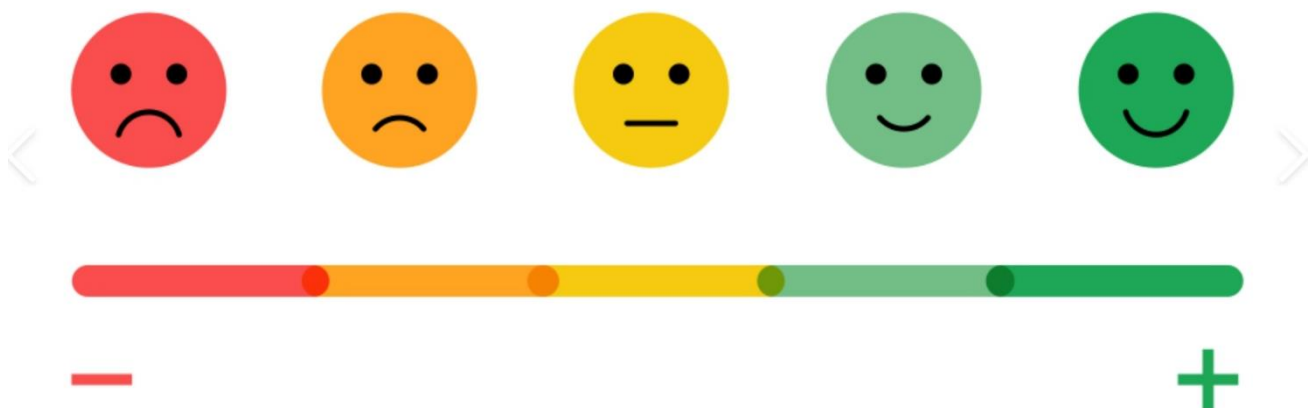


Client Satisfaction Survey

Report

2019-20



August 2019

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1. Executive Summary

The Client Satisfaction Survey has been conducted annually since 2005 within the Community Health and Regional Services Division. Following the implementation of the Planning, Evaluation and Knowledge Management (PEKM) framework, a new process for asking satisfaction questions, collecting the data and analysing them in a more robust and timely manner was developed. This is the third time this process has been used and where applicable comparison data has been included.

The minimum data set includes asking clients to rate their satisfaction with the services they had accessed, of how much value they perceived them to be, and whether they would recommend the service to others.

The direct client services rated very highly, in most cases scoring over 9/10 on all measures, and clients were full of praise for ACON and its staff. When asked for comments or suggestions for service improvement, most clients simply asked for the high standard to continue and for service delivery to be maintained.

The peer programs also rated very highly, in most cases scoring between 8 and 9 out of 10 on all measures and participants were full of praise for ACON and its staff.

The data have been collated as best as possible in this report, and the programs and activities have rated very well, with participants responding positively.

2. Recommendations

All services received very positive feedback from clients and participants. This was seen in terms of how satisfied they were with the programs, how valuable they found them, and how strongly they would recommend them to others.

The recommendations are therefore not about improving service delivery as such, but about improving the data collection methodology and processes. It is important that there is consistent methodology across programs and services in order to be able to effectively collate and compare data. It is also important that we collect data and feedback from people who exit the service early.

1. Additional support to be provided to the following teams boost survey response numbers:
 - Regional Care Coordination teams – numbers were low due to the nature of the service delivery which is often episodic according to need and changes in staff. The program has in the past done a mass email/mail-out biannually and allow for two full months of data collection (November 2018 and May 2019). This year neither was done with May impacted by COVID. We will review this process and this methodology has not been consistent over the life of the client satisfaction survey.
2. Improved methodology to capture clients who exit the service prior to a mutually agreed conclusion
 - Client Satisfaction surveys for clients who exit the service prior to a mutually agreed conclusion receive a link to complete the online survey (where permission for further contact has been granted). This ensures that we capture information from those who may not have been as happy



with our services and allows us to focus on continuous quality improvement. This could be administered more rigorously, and so the process requires further consideration.

3. That the client satisfaction survey is incorporated into workplans and routine quality improvement cycles for all programs
4. That ACON investigate further avenues for client feedback and input into service design such as a Lived Experience Network for client and peer services.

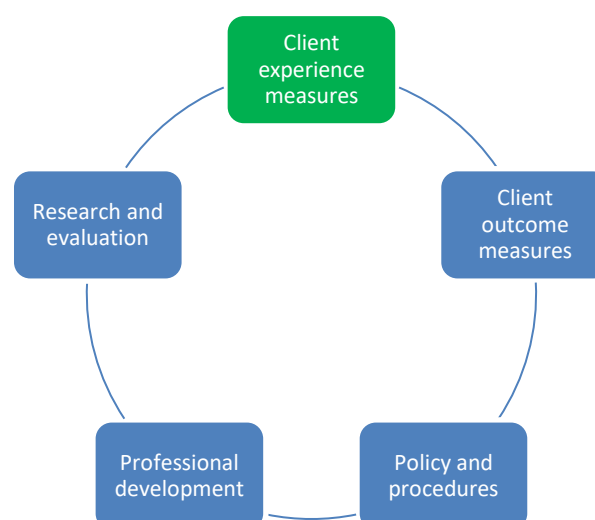
Of recommendations made in 2018-2019 the following were implemented

1. CSN online training for volunteers to reduce time taken in matching volunteers with clients
2. Monitoring and feedback processes
 - a. Informal quarterly monitoring of responses with any issues being raised with service managers
 - b. Brief 6-monthly report to be provided to service managers as a means to monitor results and rectify any issues in a timely manner.
3. Client Demographics. On request from the Board additional demographic questions were added to the survey to better enable us to understand levels of satisfaction across population groups. These were implemented as optional at the completion of the survey to maintain the anonymity of the survey and maximise completion rates.

3. Introduction

ACON operates under a continuous quality improvement framework (see Figure 1) and is accredited through Quality Innovation Performance (QIP). This report pertains to results from the collection of client experience data, which ACON refers to as the Client Satisfaction Survey. This data forms the basis of our understanding of the value that ACON's client's place on the service received and their perceptions of impacts as a result of the service received. It is important for the organisation to monitor client satisfaction levels with its programs and services and take action to improve service delivery where needed.

Figure 1: Continuous quality improvement framework



The Client Satisfaction Survey has been conducted annually since 2005 within the Community Health and Regional Services Division. A new and improved process for collecting and analysing client satisfaction data was developed following the implementation of the Planning, Evaluation and Knowledge Management (PEKM) framework. This is the sixth year that this improved process has been used and therefore where applicable comparison data is presented.

4. Methods

4.1. Data collection

Client satisfaction surveys are offered to all clients exiting an ACON service. All surveys are completed anonymously. Surveys are completed predominantly through Survey Monkey on iPads for counselling and care coordination services. However, on occasion paper-based surveys for these services are completed and returned via a pre-paid envelope to the Service Manager. Home based care services (Community Visitors Scheme [CVS], Community Support Network [CSN] and the ACON Meal Service) were collected via paper-based surveys as the clients for these services are older people who may be less confident with online surveys and Survey Monkey.

Data collection processes differ for each service due to the nature of the service provided:

Care coordination (Sydney): it is not always easy to define when the provision of service is complete. Therefore surveys are typically administered after 4 sessions with a client

Care coordination (Regional): regional clients can access services on and off over a period of time, as needs require. The program has in the past done a mass email/mail-out biannually and allow for two full months of data collection (November 2018 and May 2019). Neither was done in 2019-2020 resulting in too lower numbers to report (n=4)

HIV/LGBTQ Counselling (Sydney and Regions): the survey is administered at the completion of the block of counselling sessions. This typically occurs at session number 12. LGBTQ Counselling clients are also asked about the amount they co-contributed.

Substance support counselling (Sydney and Regions): due to the nature of substance support counselling and to ensure that most clients are offered the opportunity to provide feedback on their experience of the service, surveys are administered after every 4 sessions

Clinicians are able to send a survey link via email to clients who exit the service prior to the mutually agreed conclusion (where permission for further contact has been granted). However this has not been implemented consistently across the teams which results in insufficient data capture from client's who may not be satisfied with our services.

Under the new Planning, Evaluation and Knowledge Management (PEKM) framework, there are three standard questions asked to assess clients' opinion of the service quality:



1. Out of 10, **how satisfied** were you with this service overall?
(10 is 'extremely satisfied'; 1 is 'extremely dissatisfied')
2. Out of 10, **how valuable to you** was the information and service you have received?
(10 is 'extremely valuable'; 1 is 'not at all valuable')
3. Out of 10, **how strongly would you recommend** this service to others?
(10 is 'definitely recommend'; 1 is 'not recommend at all')

In addition to these questions, the survey asks clients to rate:

- their perceived impact of the service in relation to their understanding and management of their health and wellbeing and confidence to access other services
- their level of agreement or disagreement with the statement "I felt the service was accepting and I did not feel judged"

Finally, the survey asks client's how they heard about the service. This information will be used to understand referral pathways and gaps.

In 2019-2020 voluntary client demographic questions were added to the end of the survey.

4.2. Data reporting

The number of responses received has increased over time, particularly as more services have introduced the survey (Table 1). The number of client responses received by each service in 2018-19 is shown in Table 2.

Table 1: Number of client responses by financial year

Financial year	Total no. responses	Services includes
2014-15	127	HIV/LGBTI Counselling (Sydney and Regions, Substance Support (Sydney only), Care Coordination (Sydney and Regions)
2015-16	132	Same as 2014-15
2016-17	244	Same as 2014-15
2017-18	235	Same as 2014-15 plus Substance Support (Northern Rivers) Community Visitors Scheme and Community Support Network
2018-19	293	Same as 2017-18 plus Substance Support (Hunter) and ACON Meal Service
2019-20	271	Same as 2018-19 minus Regional Care Coordination and Regional Substance Support

Table 2: Number of client responses by service

Client service	Number of responses
Sydney	
Care coordination	37
Substance Support	43
HIV Counselling	37
LGBTI Counselling	51



Community Visitors Scheme	18
Community Support Network	14
ACON Meal Service	20
Hunter	
Counselling	13
Northern Rivers	
Counselling	39
Total responses	271

Sufficient responses were received from clients of the majority of services to enable reporting at the individual service level with the exceptions of:

- Regional Substance support – it is important to note that between 2014-15 to 2017-18, regional substance support responses were insufficient to report and were therefore included with Sydney responses under “Substance Support” for those years. In 2018-19 sufficient responses were received to report on “Substance Support – Regional” which includes Northern Rivers and Hunter, separately from Sydney-based clients (reported under “Substance Support” for 2018-19). In 2019-2020 there were insufficient numbers to report on ‘Substance Support- Regional’.
- Hunter and Northern Rivers Care Coordination- both received insufficient numbers to report with a total of 3 received.

For 2019-20 we asked demographic questions and due to small numbers we elected to do the following analysis:

- Satisfaction collectively for all CHAR client services for minority populations
- Acceptance and not feeling judged across all CHAR client services for minority populations

We have provided in the appendix the demographics of completors where they were completed for each service and also the OOS data

4.3. Client Profiles

Clients were asked at the end of the survey if they would tell us more about them by completing demographic questions. This was optional to maintain the confidence in confidentiality if that was a concern.

	Proportion	Count
Age		
18-24	5.5%	14
25-34	25.6%	64
35-44	24.1%	60
45-54	19.7%	49
55-64	12.0%	30
65-74	6.5%	16

	Proportion	Count
Culturally and linguistically diverse		
Yes		181
No		69
Total		250
Aboriginal or Torres Strait Islander		

75-84	3.6%	9
85+	1.8%	5
Unknown		3
Total		250

Gender

Male	72.8%	182
Female	17.5%	44
Non-binary/gender fluid	5.4%	14
Different Identity	4.2%	10
Total		250

Assigned at birth

Male	63.7%	159
Female	15.9%	40
Did Not Answer	20.5%	51
Total		250

Sexuality

Gay/Lesbian or homosexual	72.1%	180
Straight or heterosexual	1.3%	3
Bisexual	8.2%	21
Queer	10.4%	26
Different identity	2.5%	6
Prefer not to answer	2.1%	5
Other	3.4%	9
Total		250

Intersex

Yes	2.6%	6
No	74.4%	186
Prefer not to say	5.0%	12
Did Not Answer		45
Total		250

Aboriginal	6.7%	17
Torres Strait Islander	6.3%	16
Aboriginal and Torres Strait Islander	0.4%	1
No	86.4%	216
Total		250

HIV Status

HIV+	27.4%	69
HIV-	69.8%	175
I do not know	2.7%	7
Total		250

Disability

Yes	66.3%	166
No	33.7%	84
Total		250

Awareness

ACON website	17.4%	44
ACON social media	4.0%	10
Doctor/GP	12.1%	30
Other health or community service	10.5%	26
Community event	2.0%	5
Word of mouth	34.7%	87
Other	13.7%	34
Did Not Answer	5.6%	14
Total	100.0%	250

Observations have been given against each indicator. Due to small numbers it was not possible to report on each service and so we selected the two most relevant indicators 'satisfaction' and 'feeling accepted and not judged' to look if there were variations amongst client groups.

To summarise there were not significant differences between responders of minority groups and the collective with the following exceptions

- 67% of aboriginal respondents gave a 9 or 10 overall satisfaction rating. Non-aboriginals were at 89%.
- 92% of Aboriginal clients ranked an 8 or higher when rating the value of the information they received. 96% of non-Aboriginals felt the same way.
- 87% of trans clients agreed or strongly agreed that they better understood their physical and mental health needs. 92% of cisgendered responders felt the same way.

While small numbers of clients and not large differences in otherwise high scores it will be worth considering learning and development needs of teams and also available resources that are culturally inclusive and responsive. This should also be considered in the RAP and our work implementing the Trans and Gender Diverse Blueprint.

For the service break downs on the demographics of client satisfaction responders see Appendix 2.

As the Client Satisfaction data does not provide level of access we also provided occasions of service data across counselling and care coordination programs and demographic groups:

- Trans and gender diverse occasions of service rates are reasonably strong at 18%. There is work to still to be done given the health disparities there is bound to be unmet need and reach. Access was particularly high regionally at over 30% for both care coordination and counselling. For HIV Support TGD clients represent 9% and Substance Support 12%.
- Occasions of service received by people born overseas is at 42%. HIV Support counselling recorded 40% of overseas born clients, LGBTQ counselling 45% and Substance Support 40%. Regional numbers were lower as would be expected.
- Aboriginal and Torres Strait Islander occasions of service is at 6% which indicates work is to be done to realise equitable access particularly given the health disparities. Services were accessed at similar rates across services.
- Women account for 20% of occasions of service delivered across the counselling and care coordination programs. Women received the most occasions of service from the regional counselling team (33%), and the regional care coordination team (25%). The LGBTQ counselling service delivered 17% of OOS to women and Substance Support 15%.

For the service break down on the demographics of occasions of service data for access levels see Appendix 3.

5. Quality Results – Direct Client Services

The following data have been collected about clients' opinion on the satisfaction, value and how strongly they would recommend the services, across the following areas:

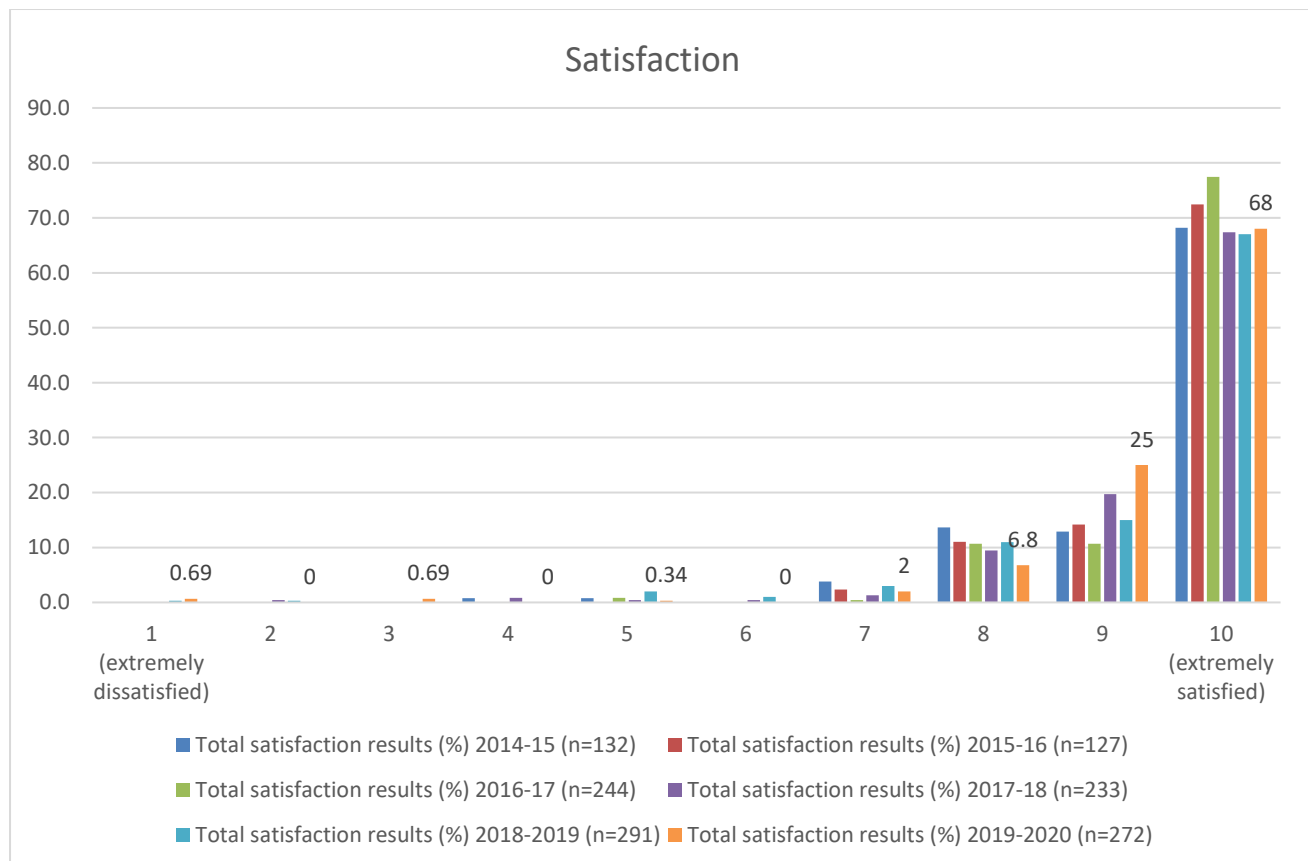
- Counselling teams: HIV Support, LGBTI Counselling, Northern Rivers Counselling, Hunter Counselling and Substance Support (Sydney, Hunter and Northern Rivers)
- Care Coordination teams (Sydney)



- Community Support Network and Community Visitors Scheme (Sydney only)
- ACON Meal Service (Sydney only)

5.1. Satisfaction

There were 272 responses rating satisfaction with ACON client services. The **average satisfaction rating was 9.46/10**, with 93% of respondents giving a 'top box' score (9 or 10 out of 10). This compares to an average of 9.4/10 and 83% of respondents giving a 'top box' score in the previous year. The spread of satisfaction scores received are shown in the figure below.



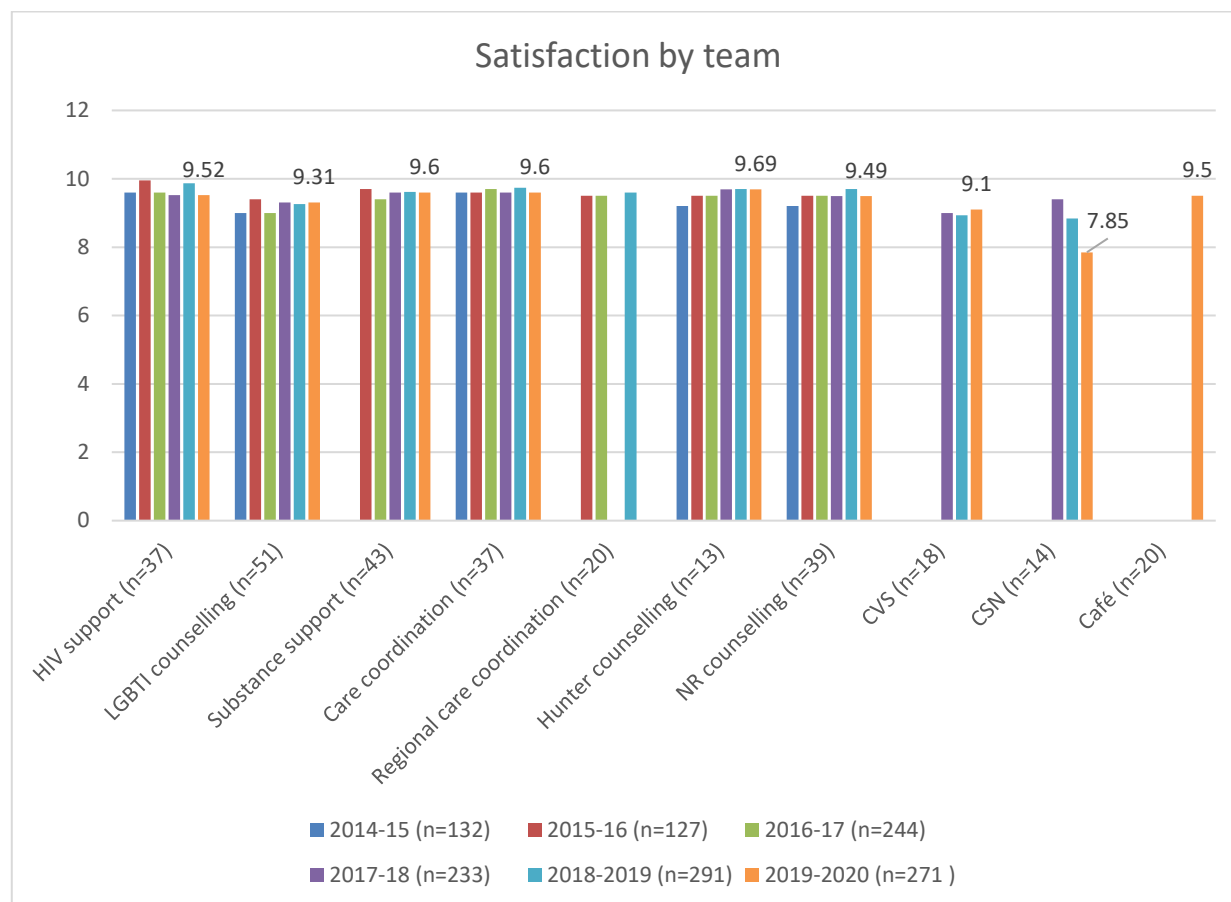
Observations

- 67% of aboriginal respondents gave a 9 or 10 overall satisfaction rating. Non-aboriginals were at 89%.
- 87% of trans respondents gave a 9 or 10 overall satisfaction rating. CIS gendered were at 88%.
- 88% of overseas born respondents gave a 9 or 10 overall satisfaction rating. Australian born were at 86%.
- 87% of people with a different gender identity gave a 9 or 10 overall satisfaction rating. 86% male, 100% gender fluid/non-binary.
- All of the respondents who gave a score of 3 or lower were men.
- 50% of respondents who gave a score of 5 to 7 were men.



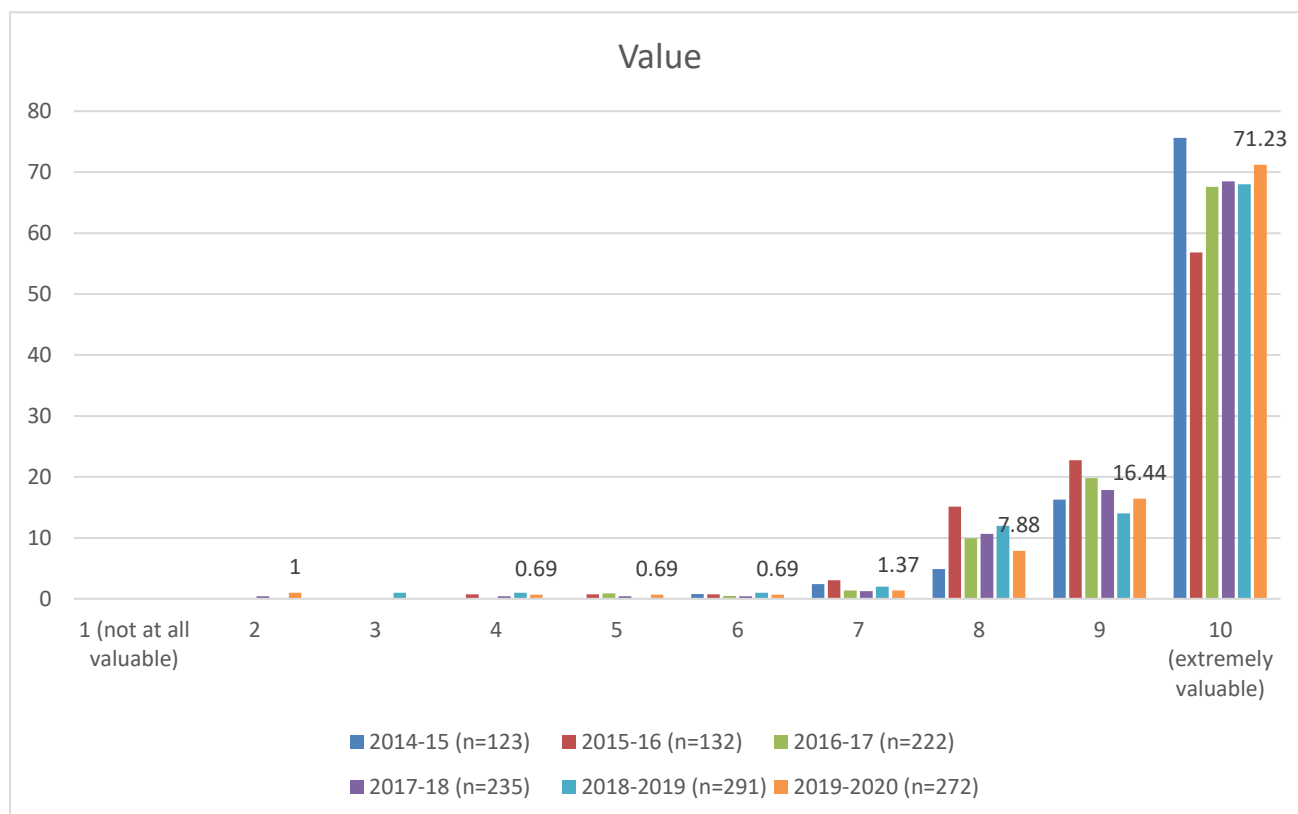
It is important to note these are small numbers. See attachment 2 for more detail.

Satisfaction is high across all services, as shown in the figure below.



5.2. Information and support value

There were 272 responses rating the value of ACON services. The **weighted average value rating is 9.45/10**, with 87.67% of respondents giving a 'top box' score (9/10 or 10/10). This compares to an average of 9.3/10 and 82% of respondents giving a 'top box' score in the previous year. The spread of value scores received are shown in the figure below.

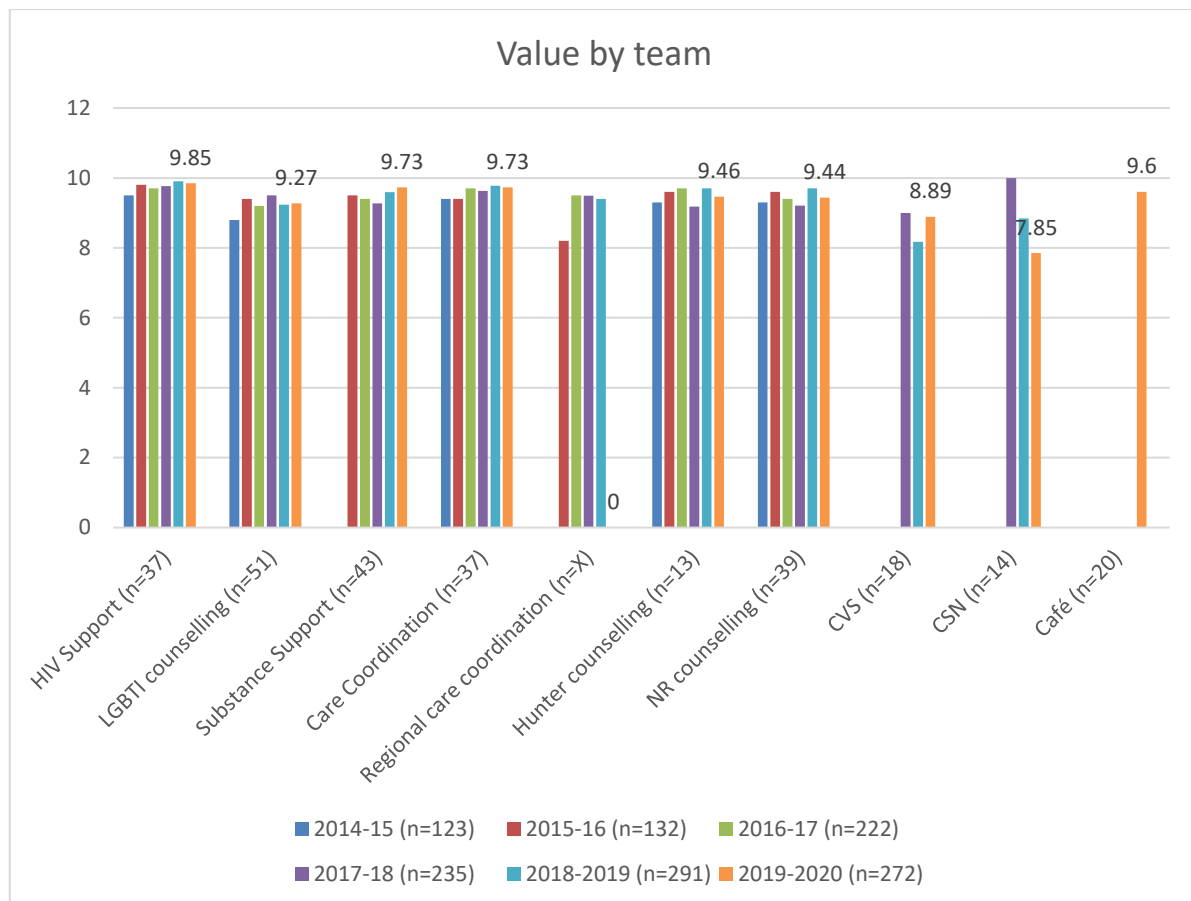


Information and Support Value by client group:

- 92% of Aboriginal clients ranked an 8 or higher when rating the value of the information they received. 96% of non-Aboriginals felt the same way.
- 97% of trans clients ranked an 8 or higher when rating the value of the information they received. 95% of CIS gendered clients felt the same way.
- 95% of overseas born clients ranked an 8 or higher when rating the value of the information they received. 96% of Australian born clients felt the same way.
- 96% of clients who do not identify as male ranked an 8 or higher when rating the value of the information they received. 94% of male clients felt the same way.

Clients perceived the individual services as having a high value, as shown in the breakdown of scores per team in the figure below.





The LGBTI Counselling service operates on a fee-for-service basis. Clients are requested to pay per session based on their level of income. There is a hardship policy that ensures clients unable to pay are still able access the service. It must be noted that the majority of clients ability to pay was impacted by COVID with fees being waved or reduced and Pride Counselling commencing in April with clients with a Medicare Mental Health Plan or the ability to allocated to Pride Counselling leaving this service prioritised for people less able to contribute to the cost. When completing the client quality feedback, clients of this service are asked to specify how much money they paid per counselling session. Of the 51 LGBTQ counselling clients who responded to the survey, 48 answered the question related to the amount paid. About 69% (n=33) of these clients paid a fee, with the average fee being \$31.90 per session (range: \$10-\$100). In 2018-19, 70% of clients paid a fee and the average fee was \$20.68 per session (range: \$10-\$90).

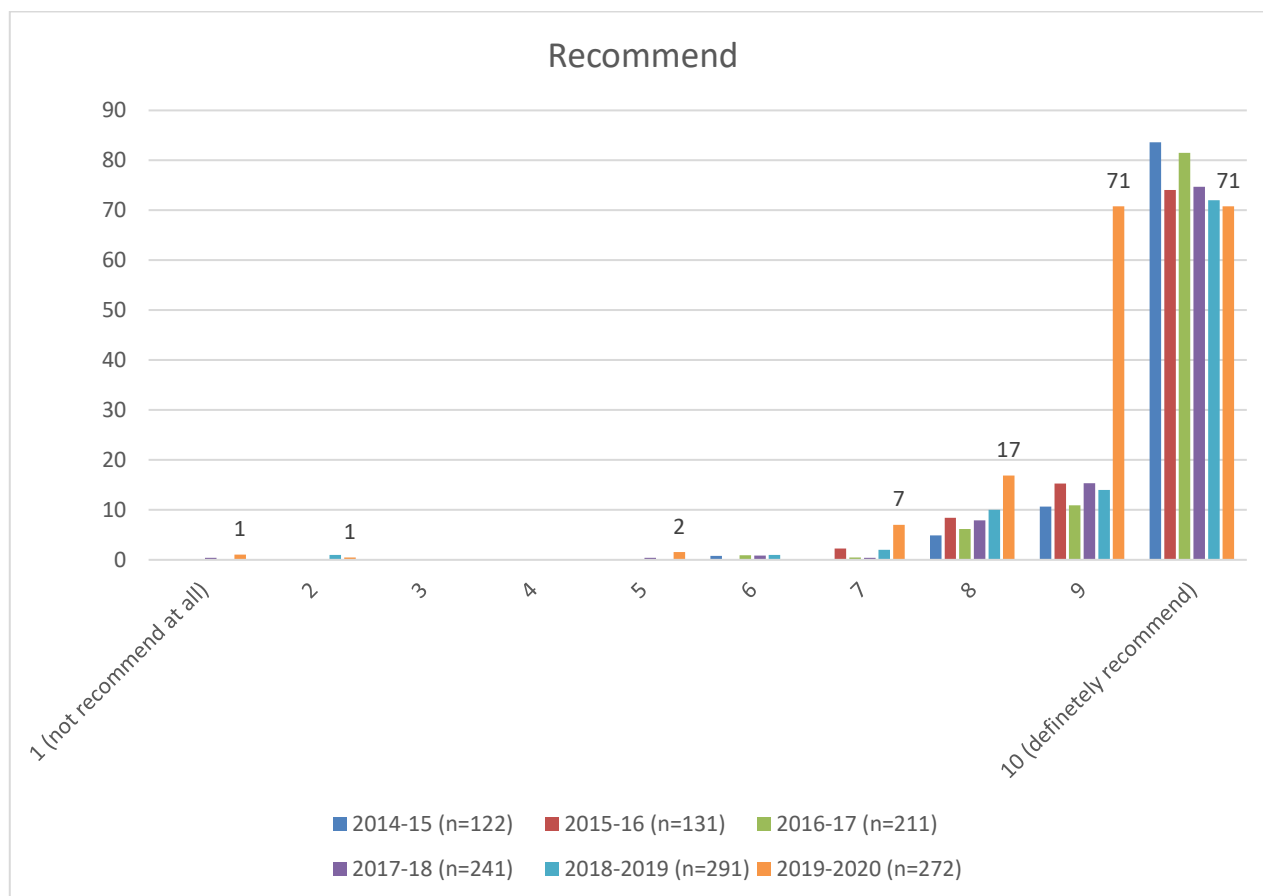
The satisfaction, value and recommendation scores were analysed according to how much a client paid in order to see if there was any correlation between them. There was not; the amount a client paid had no correlation with how highly they rated the service, in particular, how highly they perceived the value of the service.

5.3. Recommend

There were 292 responses from clients rating how strongly they would recommend the ACON service. The **weighted average recommendation rating is 9/10**, with 88% of respondents giving a 'top box' score (9 or



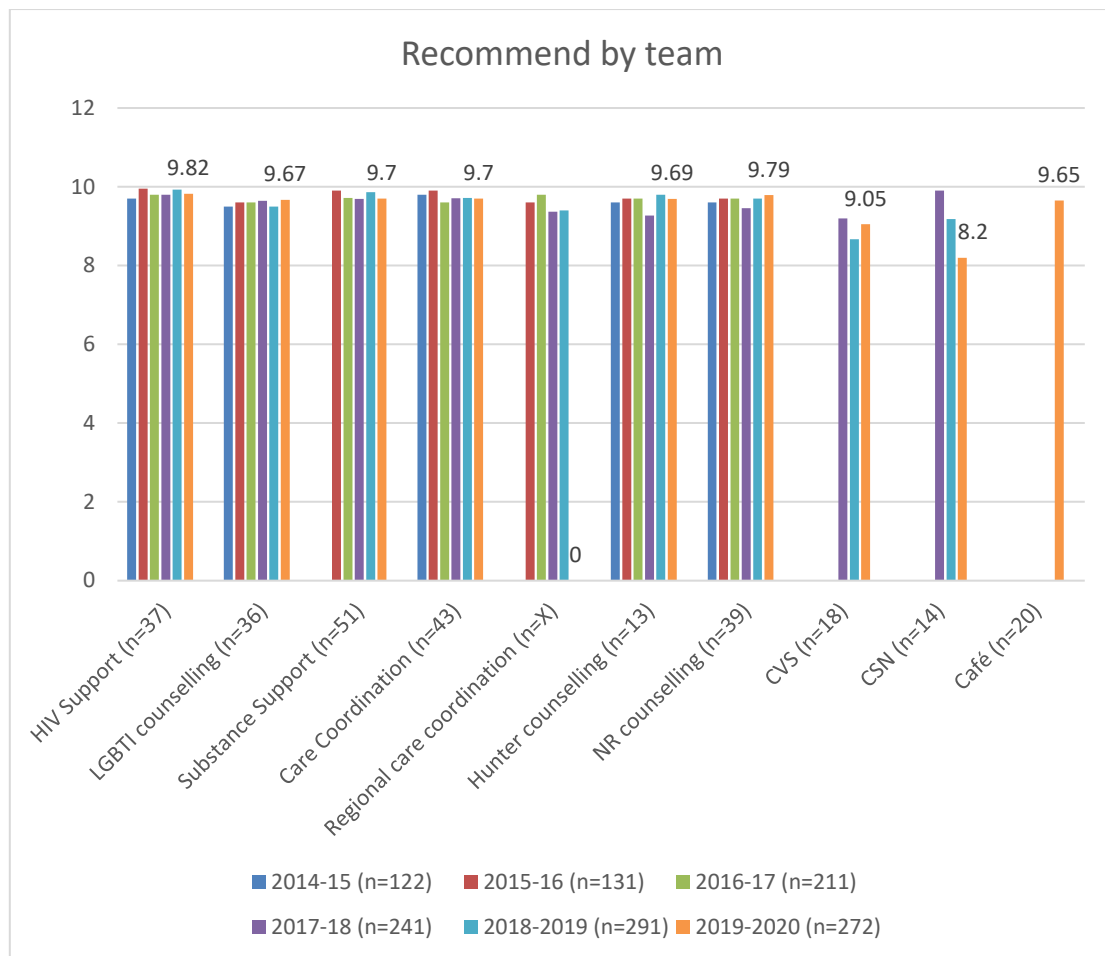
10/10). This compares to an average of 9.4/10 and 86% of respondents giving a 'top box' score in the previous year. The spread of "recommend" scores received are shown in the figure below.



Recommending the Service to Others by client groups

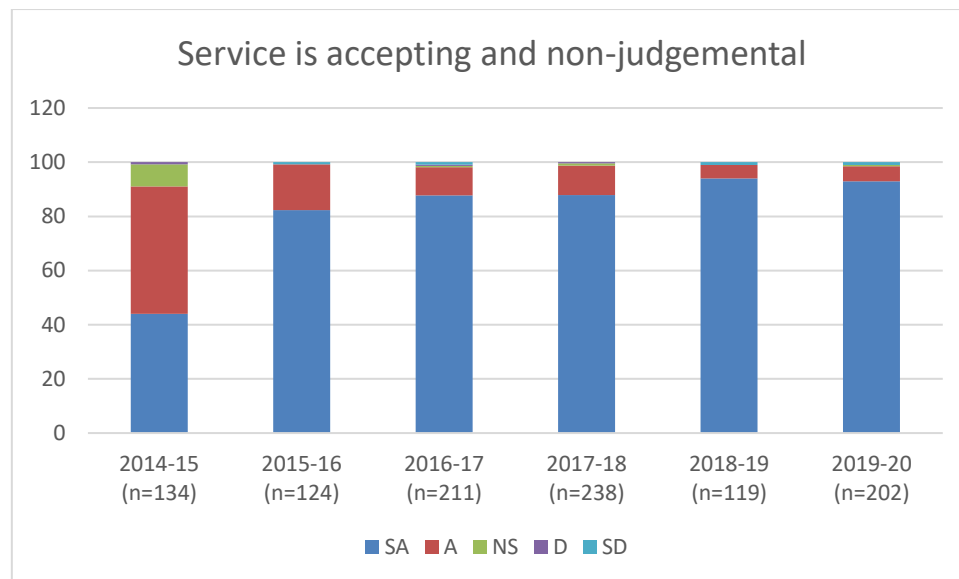
- 100% of Aboriginal clients ranked an 8 or higher when rating whether they would recommend the service to others. 97% of non-Aboriginal clients felt the same way.
- 100% of trans clients ranked an 8 or higher when rating whether they would recommend the service to others. 97% of clients of CIS gendered clients felt the same way.
- 98% of overseas born clients ranked an 8 or higher when rating whether they would recommend the service to others. 95% of Australian born clients feel the same way.
- 99% of clients who do not identify as male ranked an 8 or higher when rating whether they would recommend the service to others. 96% of male clients felt the same way.

Clients were likely to recommend the service they attended to others, as shown in the breakdown of scores per team in the figure below.



5.4. Service was accepting and non-judgemental

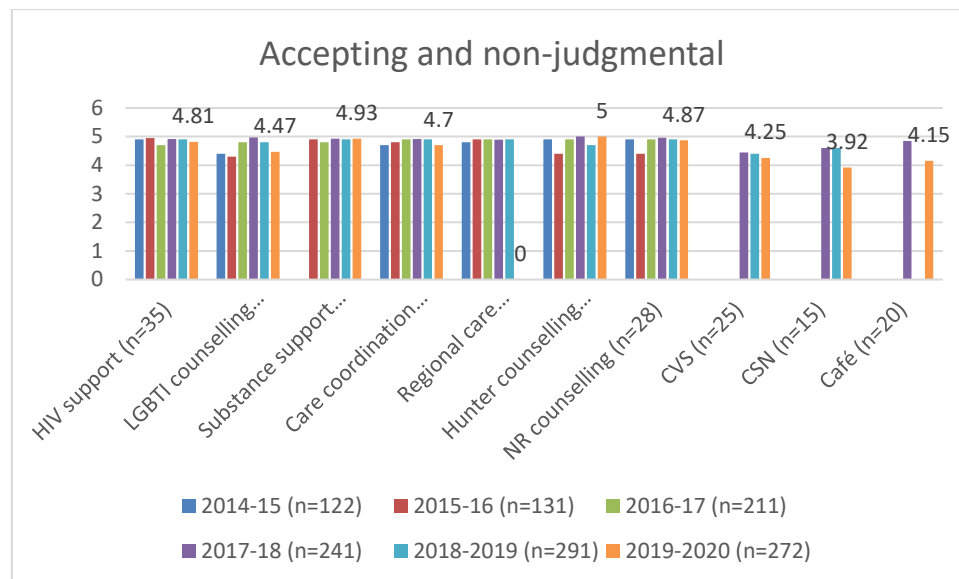
There were 271 responses to the question about whether or not the clients felt the service was accepting and non-judgemental. **The average score was 4.8/5**, the same as the previous year (n=271). The average weighted score for all individual services ranged between 4.4 and 5 out of 5.



Acceptance and Not Feeling Judged by client group observations:

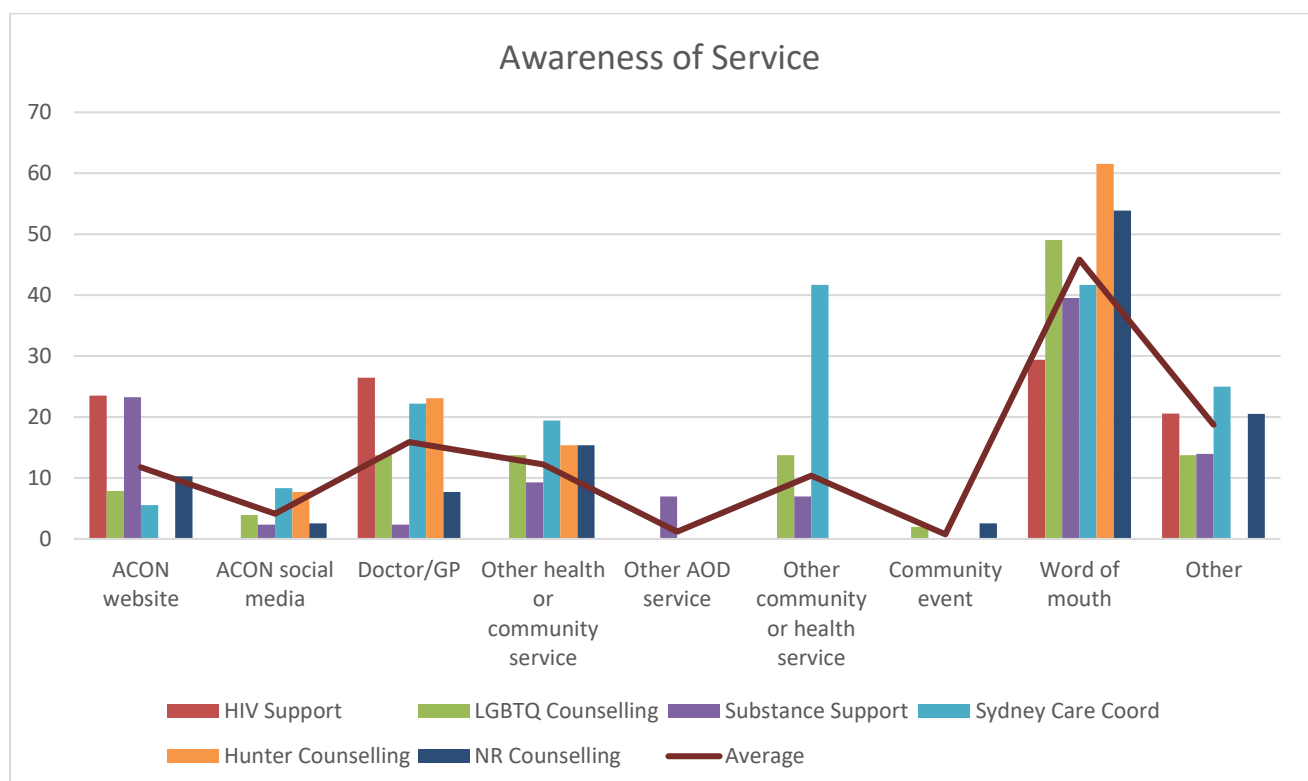
- 100% of Aboriginals strongly agreed that they were accepted and not judged. 85% of people who identified as not being Aboriginal felt the same way.
- 87% of Trans people strongly agreed that they were accepted and not judged. 84% of people who identified as not being Trans felt the same way.
- 83% of overseas born people strongly agreed that they were accepted and not judged. 83% of Australian born people felt the same way
- 86% of people whose gender identity is not male, strongly agreed that they were accepted and not judged. 84% of males felt the same way.

Clients perceived the service as being accepting and non-judgemental, as shown in the breakdown of scores per team in the figure below.



5.5 Method of Awareness

This is the first year this question was asked. Across all services where this question was asked word of mouth was the top response with an average of 45.83%. This was followed by other 19%, the ACON website 11.7% and other community or health service 10.4%.



	HIV Support	LGBTQ Counselling	Substance Support	Sydney Care Coord	Hunter Counselling	NR Counselling	Average
--	-------------	-------------------	-------------------	-------------------	--------------------	----------------	---------



ACON website		23.53	7.84	23.26	5.56	0	10.26	11.7
ACON social media		0	3.92	2.33	8.33	7.69	2.56	4
Doctor/GP		26.47	13.73	2.33	22.22	23.08	7.69	16
Other health or community service		0	13.73	9.3	19.44	15.38	15.38	12
Other AOD service		0	0	6.98	0	0	0	1.2
Other community or health service		0	13.73	6.98	41.67	0	0	10.4
Community event		0	1.96	0	0	0	2.56	0.75
Word of mouth		29.41	49.02	39.53	41.67	61.54	53.85	46
Other		20.59	13.73	13.95	25		20.51	19

6. Perceived Impact Results – Direct Client Services

ACON Client Services introduced outcomes measurements tools in a pilot project at the end of January 2019 to more accurately gauge the impact of service delivery on clients. There are insufficient results at this stage to report client outcomes from these measures.

In the meantime, clients were asked to rate the level at which they agreed or disagreed with the following statements, as a proxy for client self-assessed impact.

- This service has helped me feel that **I understand** my own health needs/mental health
- This service has helped me feel that **I can manage** my own health needs/mental health
- This service has helped me feel that **I have the confidence** to access other services

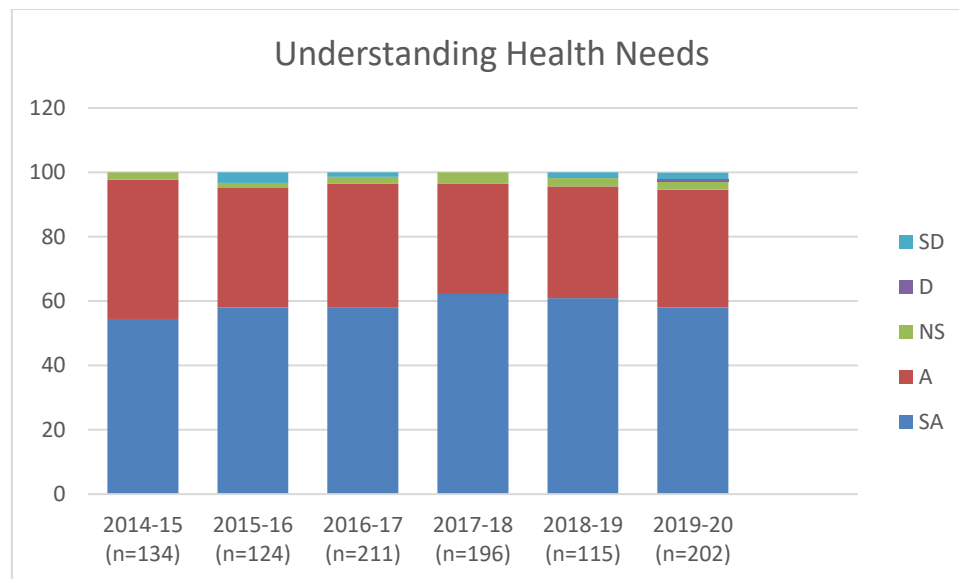
Respondents were presented with a Likert-type scale and asked to select one of five points ranging from Strongly Disagree to Strongly Agree. Clients could also select 'not applicable' for the statement regarding confidence to access other services. Responses were awarded '5' for 'Strongly agree', '4' for 'Agree', '3' for "Not sure", and so on. Therefore, a higher weighted average score (out of 5) indicates a higher level of agreement.

These questions were not asked of CVS and CSN clients as they are less relevant to the goals of home-based services. Instead, CSN and CVS clients were asked questions about whether the volunteer met their needs, whether the ACON staff member provided an appropriate level of support and whether the service improved their quality of life and helped them to feel more connected to their community. These results are shown in section 7 – CSN and CVS Impact results.

6.1. Understanding of own health needs/mental health

There were 220 responses indicating how much clients agree that they 'understand their own health needs'. The weighted average score was 4.7/5. This is compared to an average of 4.6/5 the previous year (n=196). Almost all (92%) respondents agreed or strongly agreed that the service helped them to understand their own health needs or mental health.

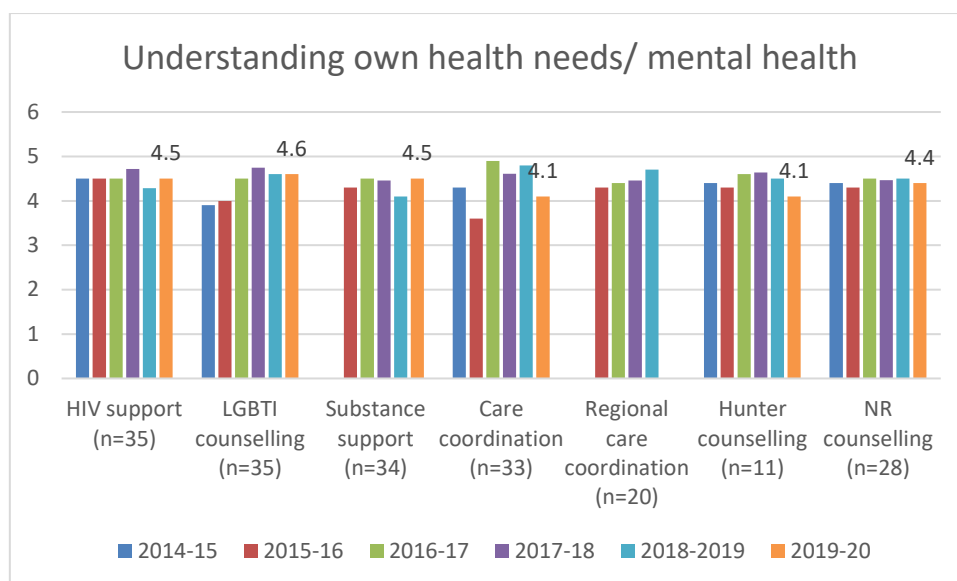




Understanding Clients' Own Physical and Mental Health Needs by client groups:

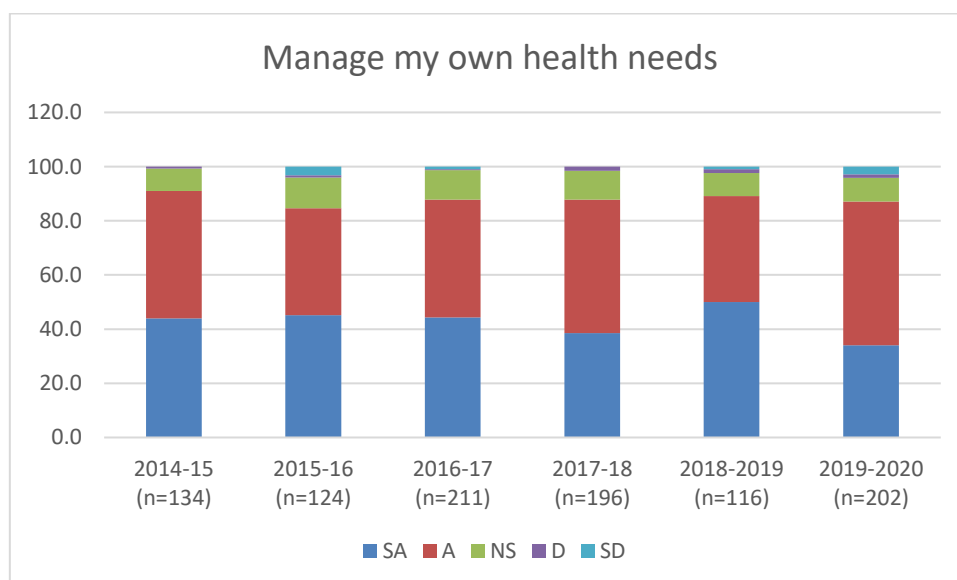
- 100% of Aboriginal clients agreed or strongly agreed that they better understood their physical and mental health needs. 90% of non-Aboriginal clients felt the same way.
- 87% of trans clients agreed or strongly agreed that they better understood their physical and mental health needs. 92% of cisgendered responders felt the same way.
- 91% of overseas born clients agreed or strongly agreed that they better understood their physical and mental health needs. 90% of Australian born clients felt the same way.
- 93% of clients who do not identify as male agreed or strongly agreed that they better understood their physical and mental health needs. 90% of male clients felt the same way.

Results by individual teams demonstrate that there was a strong and consistent perception that the service assisted them to feel that they understand their own health needs and mental health, with all teams achieving a score above 4 out of 5. (see figure below).



6.2. Manage own health needs/mental health

There were 202 responses indicating how much clients agree that they can 'manage their own health needs'. **The weighted average score was 4.1/5**, compared to 4.3 in the previous year (n=196), but below the weighted average score of 4.6 for 'understanding their own health needs'. Whilst 87% of respondents agreed or strongly agreed that the service helped them to understand their own health needs, 86% agreed or strongly agreed that the service helped them to *manage* their own health needs. This trend has remained steady over the years.



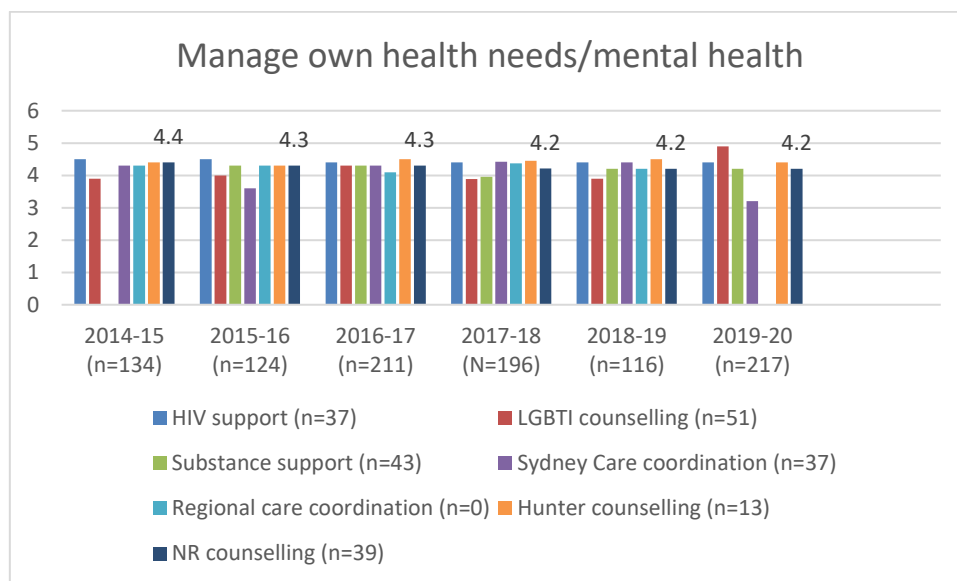
Confidence in Accessing Other Services for client groups

- 75% of aboriginal clients agreed or strongly agreed that they now have confidence in managing their own health needs. 86% of clients who did not identify as aboriginal felt the same way.
- 84% of trans clients agreed or strongly agreed that they now have confidence in managing their own

health needs. 86% of CIS gendered clients felt the same way.

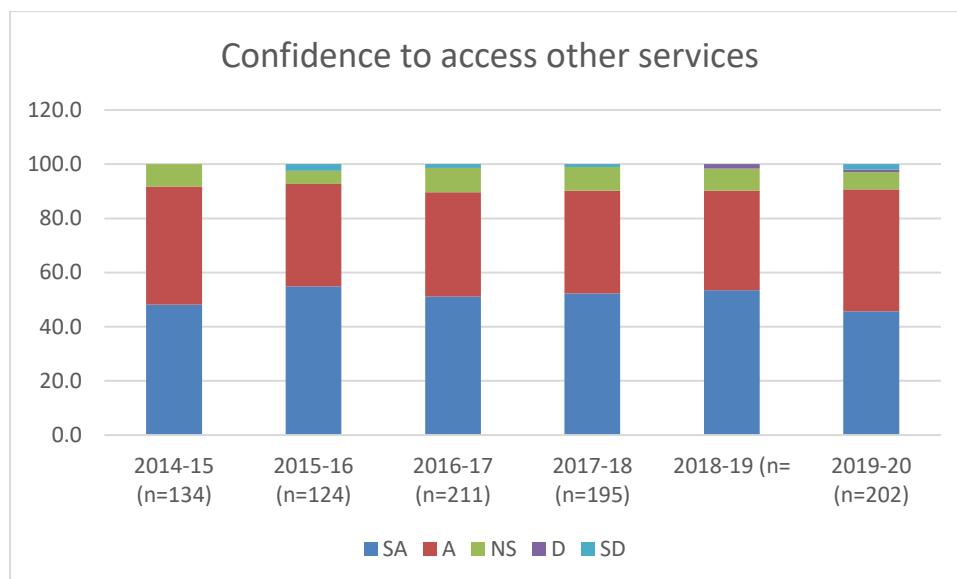
- 84% of overseas born clients agreed or strongly agreed that they now have confidence in managing their own health needs. 84% of Australian born clients felt the same way.
- 83% of clients who do not identify as male agreed or strongly agreed that they now have confidence in managing their own health needs. 87% of male clients felt the same way.

Results by individual teams demonstrate that there was a strong and consistent perception that the service assisted them to feel that they could manage their own health needs and mental health (see figure below).



6.3. Confidence to access other services

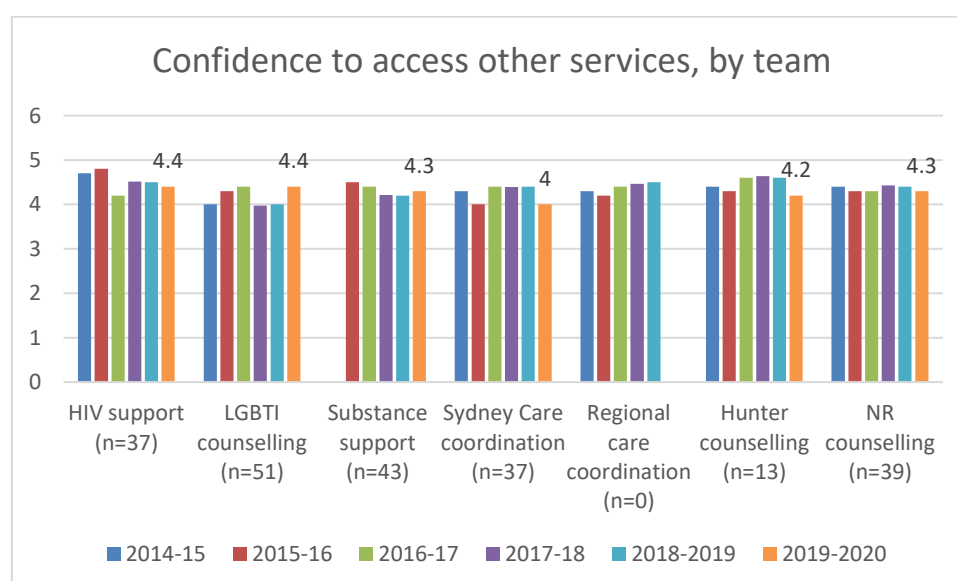
There were 202 responses indicating how much clients agree that the service helped them to be more 'confident to access other services'. The weighted average score was 4.3/5, the previous year 4.4/5 (n=197). 90% of respondents agreed or strongly agreed that they had the confidence to access other services.



Confidence in Accessing Other Services for client groups

- 83% of Aboriginal clients agreed or strongly agreed that they have confidence in accessing other services. 86% of clients who did not identify as Aboriginal felt the same way.
- 84% of Trans people agreed or strongly agreed that they have confidence in accessing other services. 85% CIS Gendered felt the same way.
- 86% of overseas born clients agreed or strongly agreed that they have confidence in accessing other services. 85% of Australian born clients felt the same way.
- 85% of clients who did not identify as male agreed or strongly agreed that they have confidence in accessing other services. 86% of male identifying clients felt the same way.

Results by individual teams demonstrate that there was a strong and consistent perception that they were confident to access other services (see figure below).



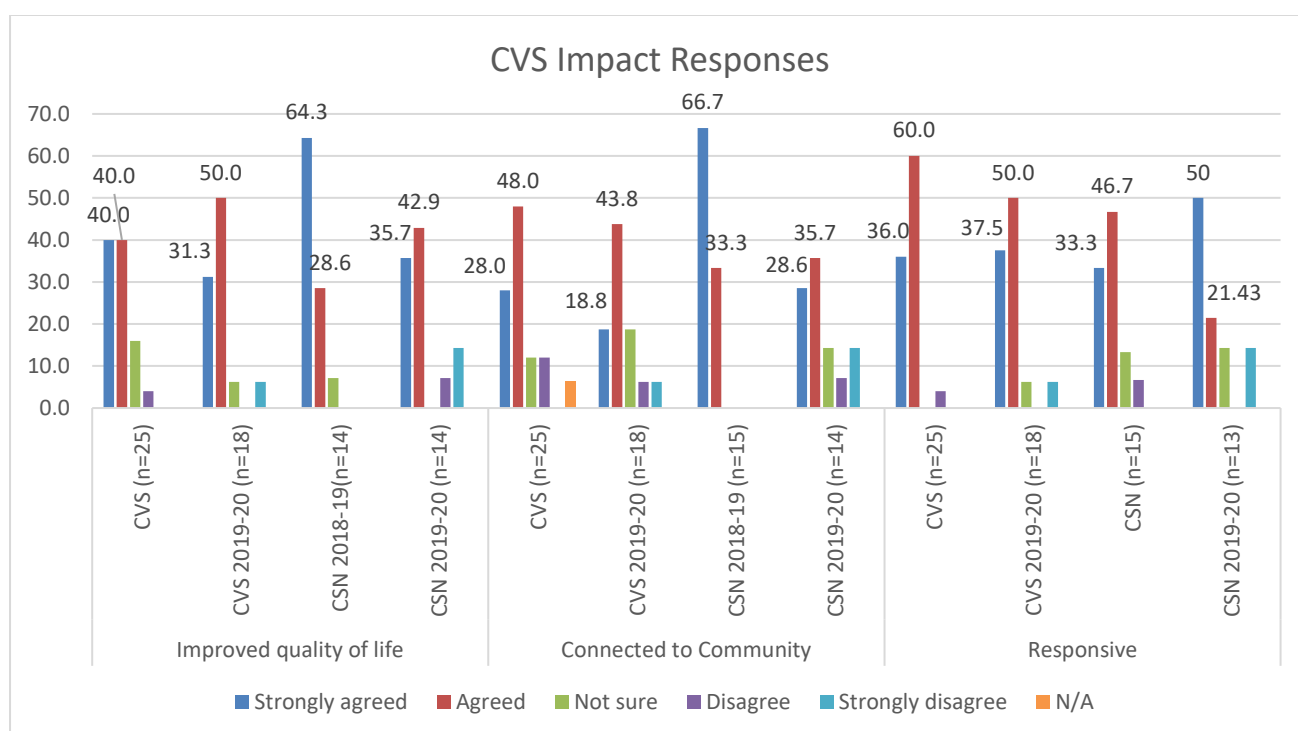
6.4. Community Visitors Scheme (CVS)

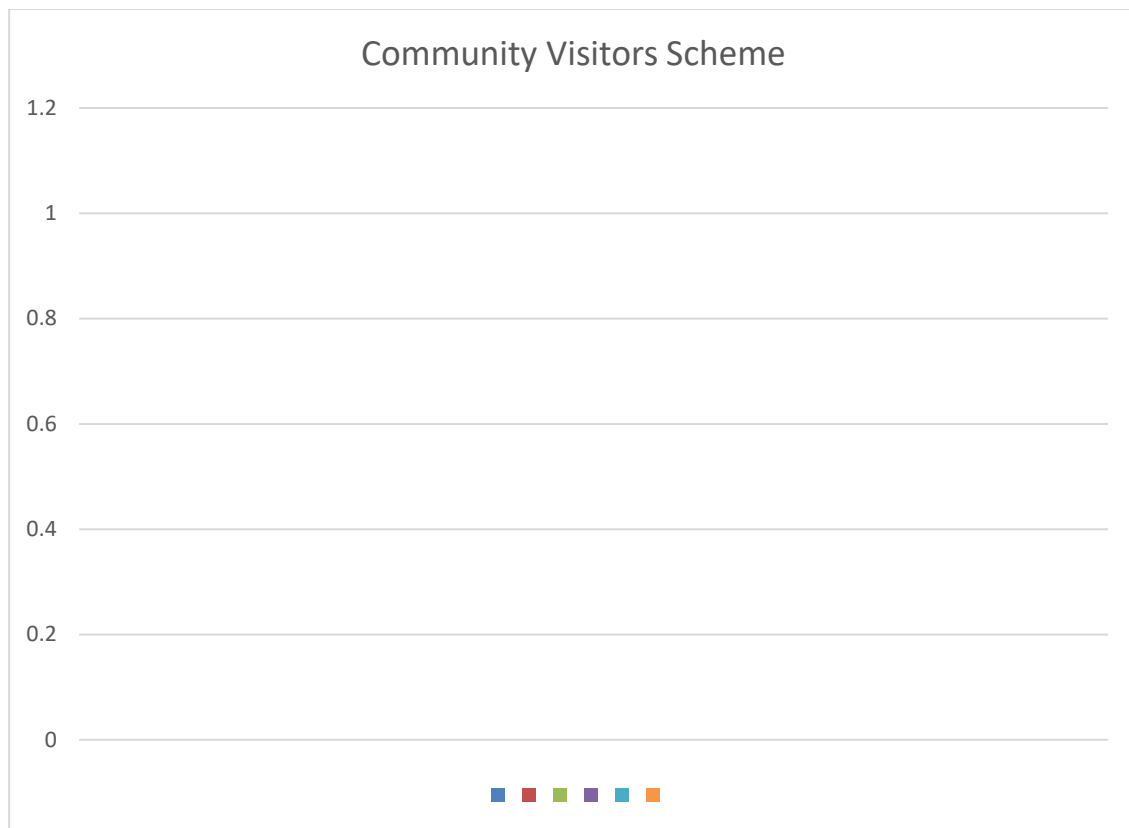
CVS clients were asked different questions due to the nature of the program including:

- This service has improved my quality of life at home
- This service has helped me to feel more connected to my community
- ACON's team is responsive to my needs

Results were overall positive for CVS.

To understand this shift better, we have reviewed the individual responses overall for respondents who reported "not sure", "disagreed" or "strongly disagreed" to the impact statements.





From this review we noted that:

- 2 respondents were overall dissatisfied with the CVS service and rated all questions as the lowest score and reported that they “strongly disagreed” or “disagreed” with all impact statements. They did not provide any further detail

a. This service has improved my quality of life at home

For improved quality of life 80% of respondents reported they ‘strongly agreed or disagreed’ slightly down compared to 82% the previous year.

b. This service has helped me to feel more connected to my community

For CVS assisted in connecting to community 76% ‘strongly agreed or agreed’ compared to 64% the previous year.

c. ACON's team are responsive to my needs



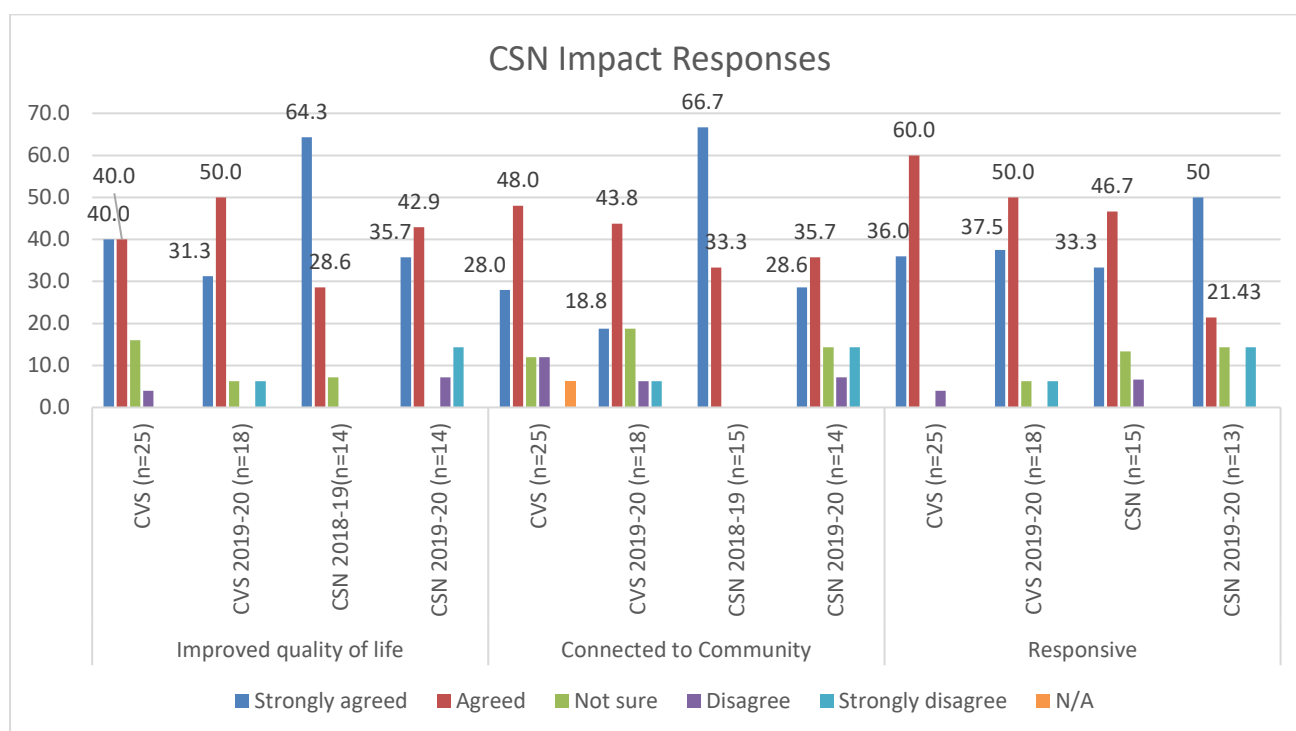
For the service being responsive to needs 87.5% 'strongly agreed or agreed' down compared with 96% the previous year.

There were no comments that gave further insight into the reduced score however it was noted in those scoring lower comments were systemic in nature e.g. commentary on FACs and community housing

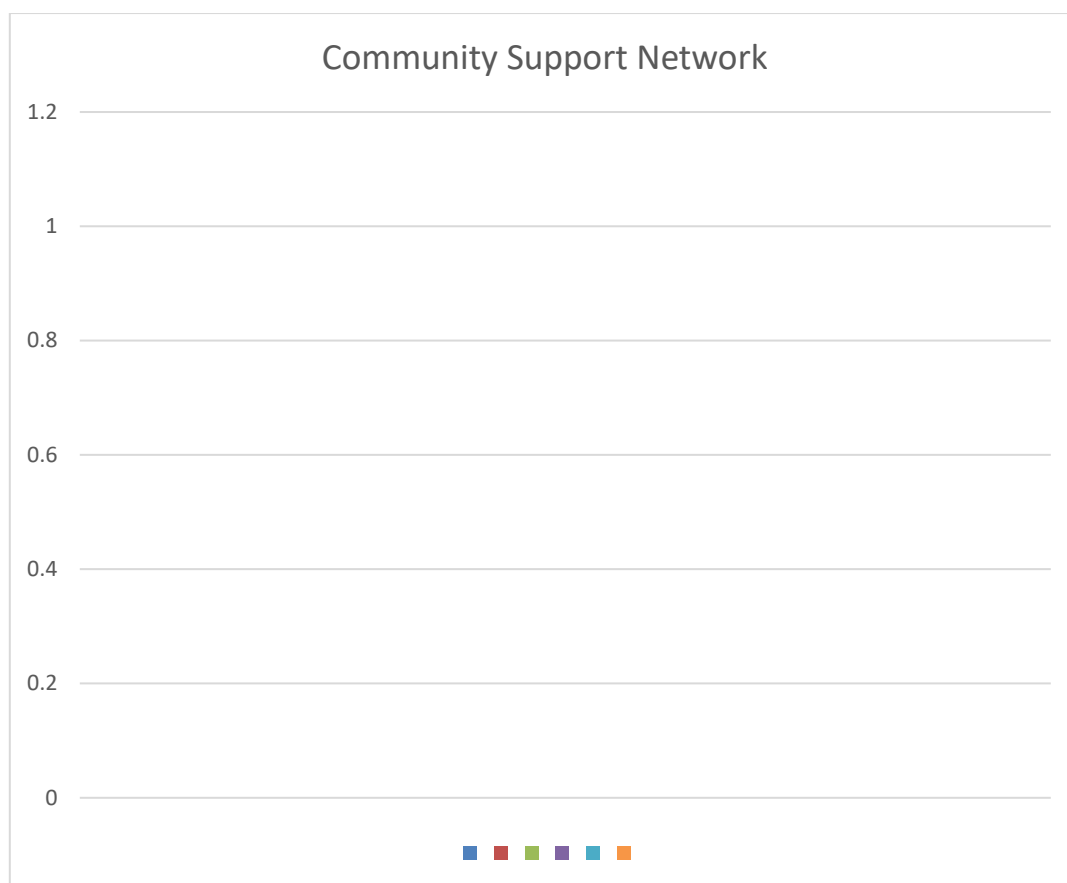
6.5. Community Support Network (CSN)

CSN clients were also asked the extra battery of 3 questions due to the nature of the program including:

- This service has improved my quality of life at home
- This service has helped me to feel more connected to my community
- ACON's team is responsive to my needs



Results were overall positive for CSN, although like CVS there was a decrease shift since last year in the proportion of respondents reporting they "agreed" or "strongly agreed" that the program led to positive impacts, to reporting they are "not sure". To understand this shift better, we have reviewed the individual responses overall for respondents who reported "not sure", "disagreed" or "strongly disagreed" to the impact statements.



One individual who gave a bottom box score for each question left no further comment. They identified as a gay man living with HIV aged 75-83. They did not identify membership with another minority group.

a. This service has improved my quality of life at home

78% of CSN respondents agreed or strongly agreed that the service improved their quality of life at home, a decrease from 88% in 2018-19.

b. This service has helped me to feel more connected to my community

64.5% of CSN respondents agreed or strongly agreed that the service helped them feel more connected to their community, a slight decrease from 67% in 2017-18.

c. ACON's team are responsive to my needs

71.43% of CSN respondents agreed or strongly agreed that ACON's team are responsive to their needs, an increase from 83% in 2017-18.

The individual who left a bottom box score shared that the service should be available to outer suburbs and the regions.



6.6. ACON Meal Service

The ACON Meal Service received 33 responses to their survey. This service is a peer program for people living with HIV and their carers and loved ones. Demographics of the respondents who completed the survey

The main reasons for coming to the ACON meal service were:

Demographics	Number of responses
To enjoy a hot meal	14
To catch up with friends	18
To have a break from home	10
To avoid being lonely	8
To find out what's going on	11
To pick up the gay magazines	13
To get away from my neighbours	2
To combine with another meeting at ACON/NSP/HALC etc	2
Other	2

*Respondents could select more than one response

The ACON Meal Service guest speakers on occasion to share information about local events and services. 94.74% of respondents found the guest speakers to be beneficial, an increase from 78% in 2018-19. Specific topics that respondents enjoyed included Ankali, Surry Hills Local Area Command, Steph's Food Class, BGF and safe sex and health issues. The one suggested future topic was a speaker from MCC Church.

31 respondents provided comments on the aspects of the service they like the best (free text), with the top themes emerging being:

- Good food (8 respondents)
- Friendly staff (8 respondents)
- Friendships/social connection (9 respondents)
- Entertainment (2)

22 respondents provided changes or recommendations for the meal service (free text):

- Food/drink options (1 response) 'better food'
- More guest speakers (1 response)
- Environment (1 response) background music to break the ice

7. General Comments

Clients across all programs were invited to leave additional comments, which were provided by 162 respondents. Almost all of the comments were full of praise for the services, with many singling out a particular worker for commendation. Comments that offered constructive criticism were primarily about a waiting period between the initial intake phone call and the service beginning (with no further details about



the length of the waiting period offered) or requesting a longer service (or more sessions). Below is a sample of the comments.

HIV Support Counselling (n=29 comments)

My counsellor was such an amazing person to speak to, they helped me navigate one of the hardest and lowest parts of my life. I don't think I'd still be here if it wasn't for X and his help and wisdom, he saved my life. During our time together he gave me names for my triggers so i could manage them better, he gave me so many techniques to help my mental health, he gave me things to work on, and helped me access other essential services like a medication review and a referral to Victims of Abuse counselling. Most importantly X helped me rediscover that I do value life and I am worthy of being here and that I am plenty and I contribute to my communities in my own way and that was really helpful. I have been in and out of therapy and counselling for the past 15 yrs and this has been my most positive experience. X was open and accepting of my queerness and transgender identity, it was so comforting to talk to someone who got me as the person i am. I will be forever grateful to X and the services that ACON provide, thank you.

X has been very helpful and kind and handled all issues in respectful and professional way. Thanks, him for giving me some clarity about my futures.

it was very helpful. X was patient and good listener and I really loved to be heard and he gave me a lot of great advices to think in a positive way and going with serenity in life. Thank you for your great work, your help and thank you to share all the good vibes. Thank you ACON.

I have actually enjoyed my sessions, and this is the first time i have ever had counselling i chose ACON over any other service based in its reputation in our community

LGBTI Counselling (n=33 comments)

While I believe I still have a long way to go in terms of my own mental health (re: question 5), the sessions I had at ACON were incredibly valuable to me and I believe the experience wholly induced positive change in my life. I felt extremely safe and comfortable in the ACON rooms and was able to build a rapport with my counsellor quite organically. I felt I could express myself without judgement and could speak freely on all matters; including the nuances of my lifestyle and identity (which can sometimes be difficult to do). I am extremely grateful for the experience and will be sure to recommend the counsellor and the service in the future. Thank you!

I really appreciated the extra sessions provided due to the covid situation and my personal circumstances. The extra sessions gave me an opportunity to work through my challenges and I felt my counsellor had my best interests at heart to suggest extra sessions. Thank you.

I felt the therapy sessions I had were really helpful in my steps of finding myself after abuse, support during the grieving process and steps moving forward to work on.

Well I was impressed from the first time I met X with his calm and incisive manner He is a good listener and obviously very perceptive as he gently guided me back on track when I went off topic and I really valued his intuition and apt insights which helped me greatly to realize my self-worth and to keep batting on with the direction I was basically heading together With some good tools and tips to stay on track

I feel incredibly grateful for the support and care I have received in and incredibly complex and distressing situation. I felt very alone and a bit unsure that what I was experiencing was 'bad enough or serious enough' to be called abuse and trauma. I had been to a LGBTI counsellor just before and she had responded as if this couldn't and wouldn't really occur in a lesbian relationship, especially with two articulate, well educated women. Through this process I have felt supported, heard and validated. I leave better than I was, with a firmer sense that I will be okay and an enormous gratitude that there was a place to come to for help. Thank you



I found the service very helpful in guiding me through a difficult phase. The counsellor was caring and non-judgemental and I believe genuinely interested in my wellbeing.

my counsellor was very understanding and has a keen sense to anticipate what was happening to me mentally. From our first meeting he gave me tools on how to manage myself internally and also informed me on assistances I can get from other institutions to help me with my circumstances. I feel I was seen, understood, believed. It was my constant fear that people did not believe that I was abused, especially when there are no signs of physical abuse. X was very perceptive and helpful. He also kept planting the thoughts in me that I can get my life together and have a better and happy life. I'm sad to have our sessions ended as my challenges have not been concluded yet. But I do hope that all the assistance he's given me will help me to face my challenges. I hope I can make him proud one day. Thank you X! Thank you ACON!

Care Coordination (n=27 comments)

My caseworker did a great job, helped me get on to the disability pension. Also helped me with victims' services. I was treated as a name not a number.

The counselling session made me feel very welcome and helped me unpack my own thoughts in a way I couldn't have done myself. The counselling sessions helped me come to my own conclusions through discussions and access to resources, rather than drawing conclusions for me - a fact I greatly appreciated.

I was scared, disappointed, felt neglected and alone during my hard period of time. X is so patient, caring and understand me so well. Slowly she built my confidence and guide me through my rough time. Thank you so much.

It was a good feeling that X was so quick to get back in touch and be present for me. Most people and organisations even disability ones aren't nearly as good as ACON Thank you

The Social Work service was amazing. She was incredibly helpful in terms of linking me with so many different services, of which I was in great need. Many of these services I certainly did not know existed. I am so so grateful. I was in a despairing situation on many fronts. X most specifically had the ability to empathise. She was extremely able to 'connect' with me, on a very deep level. I suffer from extreme PTSD from multiple past events, so Trust is an extremely important issue for me. I find it very difficult to trust people. I was able somehow to feel safe and able to trust X from the very first session. My intuition certainly proved correct. She is an amazingly skilled and deeply compassionate professional.

X is a thoughtful, kind and experienced advocate. She helped me with legal, health, housing and written communication. She is very respectful of diversity

X exceeded my expectations within ACON in every way imaginable. I had next to no hope of getting any real support and was at my lowest when I met X. Although X is available for limited hours I felt that she had my back at every hurdle. She offered knowledge, support, direction and above all hope. I will never feel alone again just for having met X. I truly believe that she deserves the highest honours, award or accolade that can be awarded to someone of her field. X in my opinion lifts the face of ACON to new heights and I will never be able to thank her enough for all she has done for me. X was the prime coordinator in my life being rebuilt over an exceptionally difficult time. I feel capable of continuing my healing journey with my resources (psychologist and psychiatrist). I always felt supported and safe throughout the process and will be forever grateful for the assistance I have received. I thank X for saving my life.

most service got from ACON from my social worker. she's good and helpful i think no enough room in here to talk about her that's all i can say she save my life over and over again I have mental health problems high level depression and anxiety and paranoid some time i really feel sorry for her because she has to work with me ... all i can say she's amazing and she very tough and very soft as professional



I am glad that I found someone that understands the complex interaction of culture and how it impacts my life.

Substance support (n=16 comments)

X is incredibly insightful, passionate, and supportive. She has genuinely helped me find my success in addressing my drug, alcohol and nicotine use, and how to identify and manage the triggers. I believe that I have made sustainable, long-term, and effective changes in my life because of her intervention and assistance. I cannot thank her enough. I've recommended ACON and Ann Marie on to a number of friends. She is such an asset to the community.

I didn't think I'd like the zoom remote service, but it can be quite convenient as a time saver for travel, not that it's a problem to come to ACON, and I do like face to face more, but zoom is a great option too... if you want to reach small towns and remote communities.

am extremely grateful to X for his help over the last couple of months. X has gently, compassionately and thoughtfully guided me through the many complex and challenges areas relating to my particular issues, and I just feel that I have come so far. I see his genuine care and concern for my well-being, and I have so greatly admired the way he has navigated me through the issues I have brought to him. I would say that I will recommend him to others, but I've already done that with a friend of mine. Thank you X for your help. It's changing my life.

I've found it extremely difficult to be connected with someone who can understand the nature of my addiction and actually help me. My local drug and alcohol service sent me to contact OTP. They rejected me because I don't meet their criteria. I contacted Herbert street about detox and I'm not eligible because of the length of my addiction, and the unique nature of the drug I take. Rapid detox isn't an option. I contacted a GP about supervised dose reduction, and I was given a prescription, but the next day I had to see their specialist and she took away the prescription and said they can't help me at all and hospital is my only choice, yet hospital can't help me as stated. What is a person expected to do in a situation like that. It's been months of seeking help. ACON is at no fault here, but I want to explain my circumstances. Thank you.

I've recommended ACON to other gay men who have been struggling with their drug use and wanted to find a way to slow down or change.

Thank you :) I have been struggling with covid and X noticed that. Even though we are only supposed to meet every 3 months, she suggested we meet weekly for a while. I think that's a good idea. I feel like I have more support now, and that has helped me use drugs for fun, rather than to cope with my sadness and isolation.

I don't fully feel like I understand or can manage my substance use, but this is helping me get there. I'm really happy with the support and resources I have gotten so far, thank you so much for providing this service.

It's really wonderful service and X has helped me improve my life exponentially. Progress has been slower than I hoped but it's been I think more sustainable. I really appreciate that I have been able to have follow up sessions after my initial 10 and that X has checked in with me when I have gone silent for months I have benefited from the systemic approach of the counsellors - it is helpful that staff are aware of transgender and sex work and other marginalised community issues, and have been more sensitive and knowledgeable than previous health professionals I've experienced. My therapist at ACON links me to resources and contextualises my issues within larger societal structures which is helpful for healing and managing my addiction.

Chris really helped me to understand the underlying issues I had with my substance abuse. He made sure to always keep up to date with what I was doing. I feel I am now on the right path cause of him.



I'd just like to say that the counselling I've received from Chris has been fantastic. He's really helped provide perspective around what has triggered my drug use and given me tools to help mitigate circumstances where I might be tempted to continue using. I'd highly recommend ACON and Chris' services to others.

I found that the service provided at ACON had all ways out the my needs and best interest above anything else.

Northern Rivers Counselling (n=28 comments)

I think the best way to describe this is that I have gone through some tough stuff prior with PTSD and now with some of the worst ravages of the financial and emotional problems that have come from Covid 19. I feel way better now than when I arrived back in Australia in May and X has been an enormous contribution to this....thanks indeed Life changing service. Felicity has opened up pathways for recovery I could never imagine. She supported me through life events that could have unravelled my recovery and kept me steady. Such an invaluable resource to our community. Having LGBTIQ counsellors available for our community is life giving!

still using the service. i gave the ratings i did because i did not know where else to go at a time when i needed help desperately. i have found the service very supportive and encouraging. my questions are always answered even in the covid isolation. i fully support this wonderful service 10/10.

I have had some counselling over the past few years with Y mostly, whom I have found excellent. My particular situation needed expertise & X certainly delivered. I was hesitate initially due to seeing a male counsellor but X immediately made me feel comfortable. (I have done some volunteer work with ACON so I do known the team reasonably well) I felt uplifted after my session & had 'more tools' to generate better solutions to my specific issue. A month on they are still working. So appreciate the service offered by ACON, thank you

For the 32 years I have lived /survived/kicked goals I have never felt discussing with anybody (and I mean nobody) these issues & difficulties flowed But with X they felt as THOUGH THEY HAAD TO COME OUT now - and share it no barriers, no judgement, just the honest act What X HAS DONE FOR ME IS ONE OF THE KINDEST, MOST SELFLESS ACTS ONE CAN DO FOR ANOYHER

counselling has changed and is changing my life. It's incredible how a gentle, compassionate listener can bring out one's internal healer. I especially appreciated the non-verbal aspects of our sessions (focussing and talking to different parts of the self from different chairs)

X has given me the chance to negotiate life from a healthier construct and my perspective has changed my relationships and my relationship with myself for the better. I've kept employment and started going to NA which I would have never had done without X's understanding, guidance, direction, kindness and commitment to my recovery. I can't thank ACON enough for creating an accessible service. This service has given me the freedom to be understood on an LGBTIQ cultural level and my history to be understood without bias, judgement or fear. Thank you ACON and thank you, X, for your ongoing commitment and gift you give our community. I am so thankful I picked up the phone to make that call and found X on the other side. I don't think I would be alive today if it wasn't for her. This is an invaluable service that must continue. Our community needs ACON counselling. Our health depends on it. Our lives depend on it. Thank you.

Being poz for 27 years, There's nothing better than a service that understands.... My worker made me feel so safe and accepted.

Hunter Counselling (n=4 comments)



X was amazing to work with. She is very good at her job and in all the years I have accessed mental health care I would say she is one of if not THE best.

It has been absolutely fantastic, the support and information supplied is extremely valuable, thank you guys very much!

I had great help n very friendly at ACON Islington

X was the perfect person for me to talk with.

Community Support Network and Community Visitor Scheme (n=7 comments)

I really appreciate the call from time to time - checking in and I'm forever grateful for the volunteer help when it was needed.

I feel very blessed to have access to a service like this, so I am a lucky guy living in a lucky country.

8 – Quality Results – Peer Programs

Check OUT: LGBTIQ+ Sexual Health Clinic

Check OUT's client satisfaction survey gained ethics approval upon opening in 2018 and has been approved by Family Planning NSW. The survey is sent to all clients via email two days after their appointment is completed. In line with Check OUT's model of trauma-informed care, the delayed email is to ensure clients do not feel pressure to fill out a survey on-site.

The completion rate for the survey in 2019-2020 was 30% (60 out of 205 clients completed the survey).

A summary of the results is provided compared to the previous year, however for full results please see Appendix 2.

The feedback from the survey is overwhelmingly positive for Check OUT. 95% of clients would use Check OUT again and 98% of people would recommend Check OUT to others. 63% of clients had already done so when surveyed.

98% either 'strongly agreed' (88.33%) or 'agreed' (10%) with the statement: 'Overall, I am satisfied with the service provided by Check OUT'.

In response to the question, 'The information given to me at Check OUT about sexual health, STI screening and/or cervical screening was useful', 100% of clients either strongly agreed (88.33%) or agreed (11.67%). Clients were also asked to rate the statements 'I felt comfortable raising my concerns'; 'Talking to the peer before seeing the nurse was useful and made me more comfortable'; 'The service was LGBTIQ+ friendly, safe and non-judgmental'.

All but three answers in to these five questions were 'strongly agree' or 'agree', with only three 'uncertain' responses, indicating a reasonably high satisfaction rate.



While the majority of clients 'strongly agreed' or 'agreed' regarding other elements of the service, we do see some negative responses in regards to the question: 'It was easy to get an appointment that worked for me' (6.67% 'disagree' or 'strongly disagree') and to other questions regarding the location of the service and the opening hours being convenient. This makes sense considering the clinic has only one location (Surry Hills) and is only open for one day a week.

In terms of how clients heard about Check OUT, the feedback strongly indicated that Check OUT's clients are accessing the service via word-of-mouth. 41.67% had heard about the service from a 'Friend / family / community member.' The second highest response was 31.67% who heard about it through ACON.

The main reason that clients chose Check OUT was by far that 'The service was non-judgemental, friendly and warm' (43.33%), followed by 'The service provides LGBTIQ+ peer workers' (21.67%) and 'The service is trans and gender diverse inclusive' (15%).

The peer workers in particular are highly rated by clients, with 100% of clients agreeing with the statement 'Overall, I was satisfied with my Peer consultation' (88.33% 'strongly agree' and 11.67% 'agree').

Really amazing service. I'm super scared of medical procedures and this space made me feel very safe.

The best STI check I have ever had. Went above and beyond to provide time and answers to my numerous questions. I am incredibly happy with the service.

Phenomenal service. So great for me.

I really appreciated the sex positivity - it was incredibly different from going to a GP.

I had put off cervical screening and was 4 years overdue. The consultations made it so easy, it was really affirming and trauma informed. This service needs to be expanded in the future as it is much needed.

It was amazing to go to have somewhere to go that did not make assumptions or judgements about my sexuality, sexual history and or partners. For the first time I felt able to just truly be me without fear of negative responses or being judged or discriminated against.

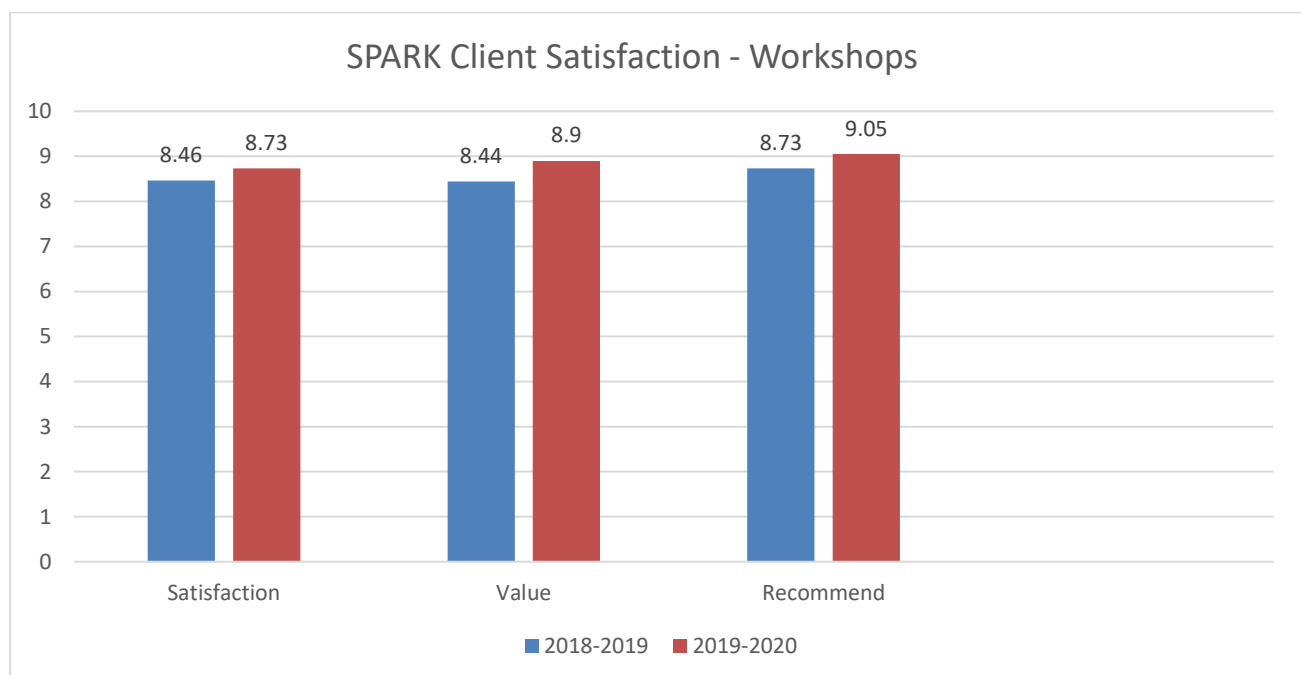


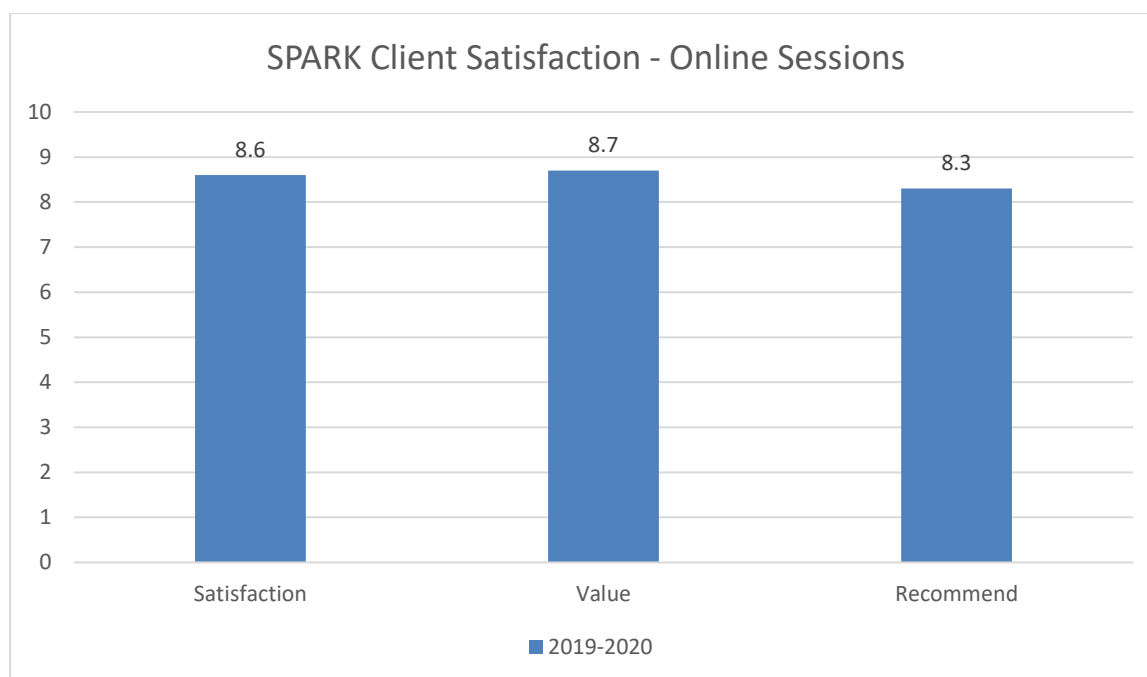
8. Gay and Bisexual Men's Peer Groups

Satisfaction, value and recommendation were the three main quality questions asked across ACON's peer education work, alongside a number of other questions to elicit a more detailed understanding of how participants experienced their programs to ensure client's needs are being met.

Spark (Young Peer Groups)

The Young Gay Men's Project conducted 7 face-to-face workshops in the first 6 months of the 2019-2020 financial year, collecting data from 71 participants (2018-2019, n= 87 participants). Face-to-face workshops included Start Making Sense, Adult Themes and Right Stuff and were only run in the first half of the financial year due to COVID-19. In response to COVID-19, a series of online sessions were developed. The Young Gay Men's Project conducted 4 COVID KiKi sessions and 1 Side by Side session, collecting data from 40 participants. The below graphs illustrate the responses to the three net promoter score (NPS) questions for the face-to-face workshops and the online sessions. It should be noted that the results below are out of a rating of 10 points.





We saw a marginal increase in scores across each of the satisfaction indicators. Although these increases are marginal, all face-to-face workshops were changed from 6-week to 4-week programs. It is good to see that these changes have had a positive impact on the satisfaction levels of our participants. The program continued to provide community members with a safe space where participants could learn, discuss, debate and bond over shared lived experiences. Participants emphasised this in their feedback with one participant stating, “It was so nice to have a space where I could share my experiences of being gay with other guys. I was able to learn from them!” This was echoed by another participant who wrote, “Even though other people had different opinions, I still learnt a lot from what they had to say.”

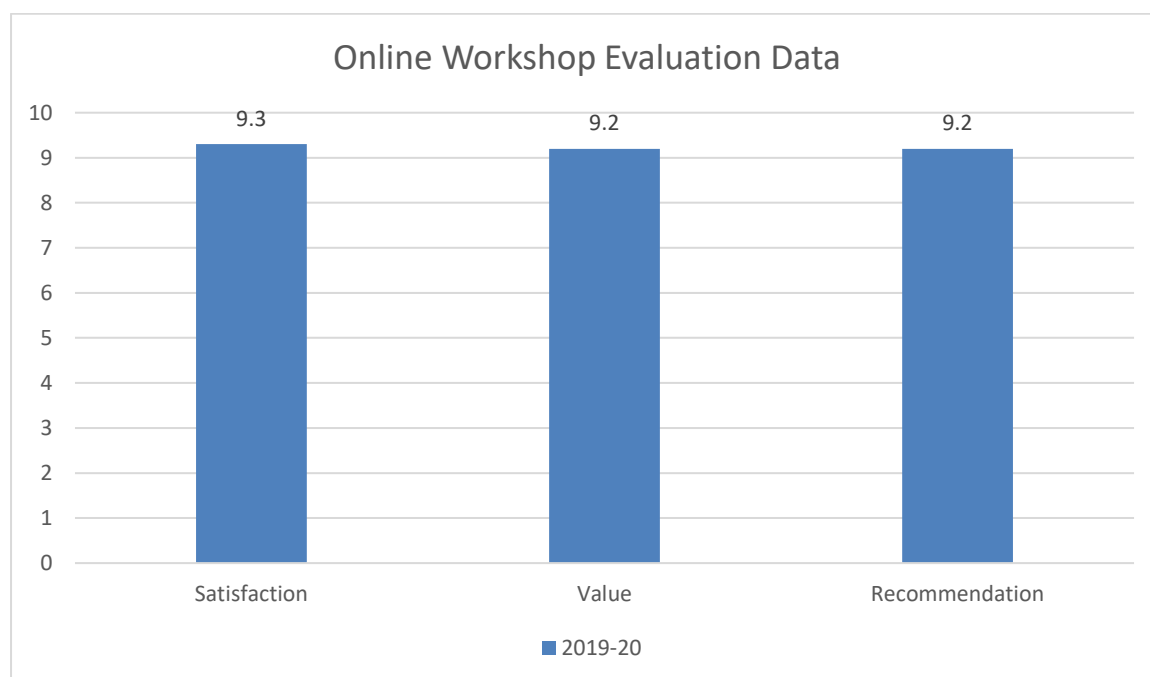
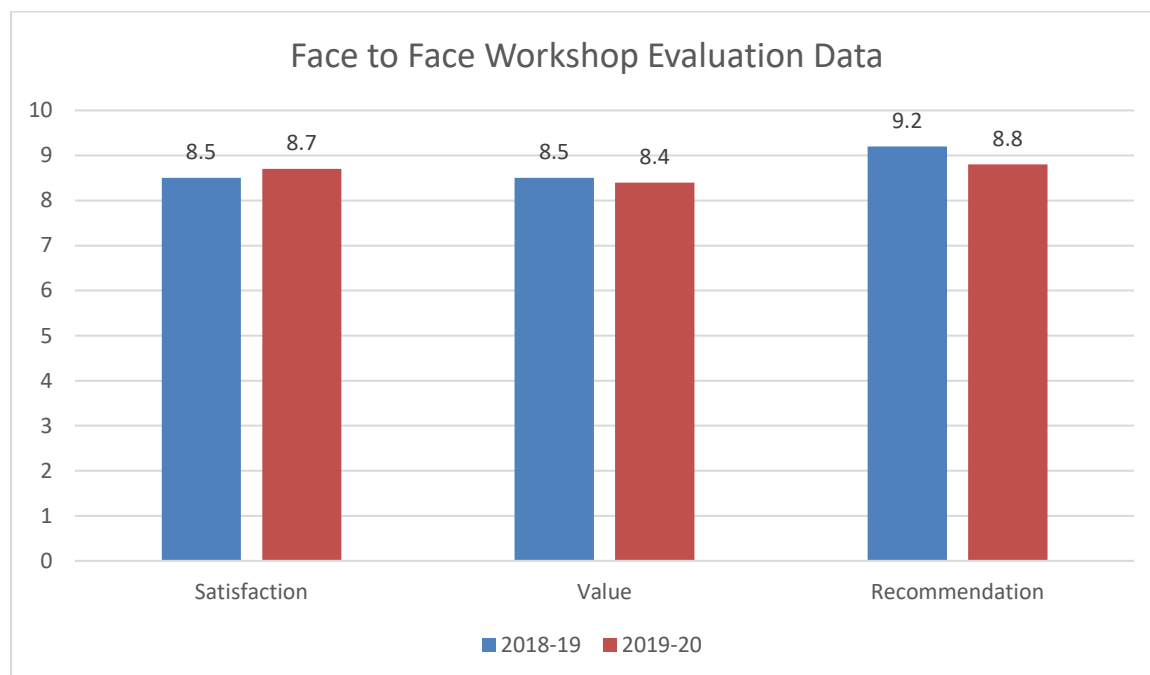
The NPS’s for the online sessions demonstrate that they were well received and essential during this difficult time for our community. The need for connection proved to be the most important part of these sessions, “It was really enjoyable and is great to feel connected to others.” This was echoed by other participants, “To hear how other people are trying to stay positive despite the circumstances and to see their smiley faces was the best!” Lastly, participants were also happy to have a space to talk about sex during lockdown, “the discussion about sexual enjoyment during quarantine where we can share ideas was so good.”

All Ages Peer Education

ACON’s Peer Education all age’s program uses the same reporting conventions as ACON’s SPARK program (Young Gay Men’s Project) and is in its fourth year of consistent data collection. The areas of interest were satisfaction, value, and recommendation. This year the program’s data set also includes Start Making Sense: Middle Eastern Group as this has been converted to an all ages program.



A total of 10 workshops were delivered (7 face to face, 3 Online) with 92 participants. (n= 46 in 2018-19)



Feedback Received



This year we saw an improvement in satisfaction amongst participants from the previous year and a near identical result to value. Although marginal, the continued downward trend in value indicates that content revision may need to be performed on workshops and conclude this as the main reason for a reduced recommendation value.

The net promoter score for the online session echo's the result of SPARK's online sessions. The feedback received indicates that of those who attended appreciated having a space to connect to community and to share different ideas of wellbeing. One participant said, "I enjoyed the opportunity to meet other people and get some differing perspectives on how to take care of ourselves during these difficult times."

9. A[START] workshops

ACON continues its delivery of peer workshops for gay men recently diagnosed with HIV within the past two years. Previously known as Genesis the program was rebranded to be in line with ACON's HIV branding. Three workshops were facilitated during this financial year with a total of 21 participants (n=16 in 2018-19) before workshops were put on hold due to COVID and individual peer support was instead provided. Of these participants two were supported to attend from regional NSW and six spoke another language other than English at home. None of the participants were Aboriginal or Torres Strait Islander.

The age break-down was as follows:

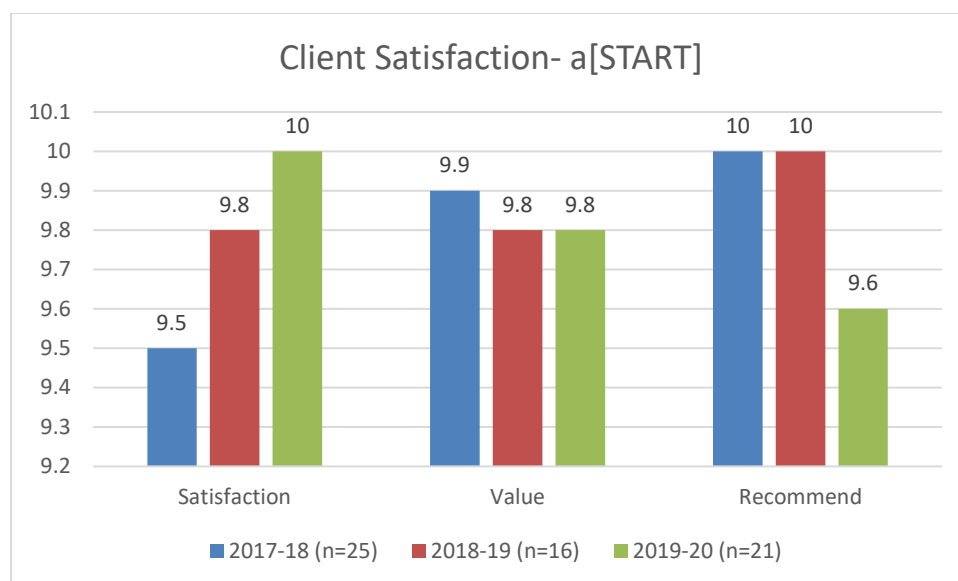
18-29	30-39	40-49	50-59	60-69
7	10	2	2	0

Numbers of participants continue to be steady but reflect an overall reduction compared to in the past. to This trend remains consistent from our previous report and furthers supports our previous reflection that with continued reduction in new transmissions within NSW, the program for recently diagnosed gay men continues to make adjustments to its program delivery in response to the needs of the client group.

With this in mind this is the second year of operating a peer to peer or one to one model and is heavily tailored to the individual needs of the presenting clients. This program component is named Peer Navigation.

Genesis records data in a similar fashion to both the SPARK and Peer Education programs with questions covering satisfaction, value, recommendation. The results compared to last year were as follows:





Participants were also asked how comfortable they were engaging in the topics with the average score of 4.76/5 and for the quality of the presenter's knowledge scored 4.83/5.

Appendix 1: History of the Client Satisfaction Survey

The Client Satisfaction Survey has been conducted annually since 2005 within the Client Services Division, with a report provided to the ACON Board in May each year. Following a review in 2012, a number of flaws in the methodology were identified. Also, previously the satisfaction data were only collected during a finite period of between four and six weeks each year.

A new process for asking satisfaction questions, collecting the data and analysing them in a more robust and timely manner was developed as part of the Planning, Evaluation and Knowledge Management (PEKM) framework.

This new process was rolled out towards the end of the 2013-2014 financial year across a number of services in the Community Health and Wellbeing and Regional Services divisions. For this reason, there was no report presented to the board in May 2014. The first report using this new methodology was 2014-15 and was presented to the board in May 2015, and every year since 2018 in August to align with the financial year.

In 2019-20 at the request of the ACON Board we introduced client demographics. The decision was made to put these at the end of the survey as optional asking responders to tell us a little more about themselves in order to understand how we can improve our services.



HIV Support Counselling
n= 35 (23)

Demographics	Proportion
Age	
18-24	0
25-34	26.9
35-44	43.48
45-54	21.74
55-64	4.35
65-74	4.35
75-84	0
85+	0
Gender	
Male	91.3
Female	4.35
Non-binary/gender fluid	0
Different Identity	4.35
Assigned at birth	
Male	100
Female	0
Sexuality	
Gay/Lesbian or homosexual	77.27
Straight or heterosexual	0
Bisexual	4.55
Queer	9.09
Different identity	0
Prefer not to answer	4.55
Other	4.55

Intersex	
Yes	0
No	21
Prefer not to say	2
Overseas Born	
Yes	44
No	56
Aboriginal or Torres Strait Islander	
Aboriginal	4.35
Torres Strait Islander	0
Aboriginal and Torres Strait Islander	0
No	95.65
HIV Status	
HIV+	47.83
HIV-	43.48
I do not know	8.7
Disability	
Yes	86.96
No	13.04
Awareness	
ACON website	23.53
ACON social media	0
Doctor/GP	26.47
Other health or community service	
Community event	0
Word of mouth	29.41
Other	20.59

LGBTQ Counselling**n= 51 (38(+))**

Demographics	Proportion
Age	
18-24	18.42
25-34	36.84
35-44	26.32
45-54	7.89
55-64	5.26
65-74	2.63
75-84	2.63
85+	0
Gender	
Male	76.32
Female	13.16
Non-binary/gender fluid	5.26
Different Identity	5.26
Assigned at birth	
Male	81.55
Female	18.42
Sexuality	
Gay/Lesbian or homosexual	78.95
Straight or heterosexual	0
Bisexual	10.53
Queer	5.26
Different identity	5.26
Prefer not to answer	0

Intersex	
Yes	5.26
No	78.95
Prefer not to say	15.79
Overseas Born	
Yes	46
No	54
Aboriginal or Torres Strait Islander	
Aboriginal	10.53
Torres Strait Islander	0
Aboriginal and Torres Strait Islander	0
No	89.47
HIV Status	
HIV+	5.41
HIV-	94.59
I do not know	0
Disability	
Yes	84.21
No	15.79
Awareness	
ACON website	31.37
ACON social media	7.84
Doctor/GP	3.92
Other health or community service	13.73
Community event	1.96
Word of mouth	49.02
Other	13.73

Substance Support**n= 43**

Demographics	Proportion
Age	
18-24	2.7
25-34	43.24
35-44	32.43
45-54	10.81
55-64	10.81
65-74	0
75-84	0
85+	0
Gender	
Male	72.97
Female	21.62
Non-binary/gender fluid	2.7
Different Identity	2.7
Assigned at birth	
Male	75.68
Female	24.32
Sexuality	
Gay/Lesbian or homosexual	81.08
Straight or heterosexual	0
Bisexual	5.41
Queer	5.41
Different identity	0
Prefer not to answer	2.7
Other	5.41

Intersex	
Yes	2.7
No	94.59
Prefer not to say	2.7
Overseas Born	
Yes	30
No	70
Aboriginal or Torres Strait Islander	
Aboriginal	2.7
Torres Strait Islander	0
Aboriginal and Torres Strait Islander	0
No	97.3
HIV Status	
HIV+	10.81
HIV-	89.19
Disability	
Yes	81.08
No	19.92
Awareness	
ACON website	23.26
ACON social media	2.33
Doctor/GP	2.33
Other health or community service	9.3
Other AOD service	6.98
Other community or health service	6.98
Word of mouth	39.53
Other	13.95

Sydney Care Coordination**n= 37 (37)**

Demographics	Proportion
Age	
18-24	3.45
25-34	10.34
35-44	24.14
45-54	41.38
55-64	17.24
65-74	3.45
75-84	0
85+	0
Gender	
Male	72.41
Female	17.24
Non-binary/gender fluid	3.45
Different Identity	6.9
Assigned at birth	
Male	86.21
Female	13.79
Sexuality	
Gay/Lesbian or homosexual	75.86
Straight or heterosexual	0
Bisexual	3.45
Queer	10.34
Different identity	6.9
Prefer not to answer	3.45

Intersex	
Yes	6.9
No	93.1
Prefer not to say	0
Oversees Born	
Yes	40
No	60
Aboriginal or Torres Strait Islander	
Aboriginal	13.79
Torres Strait Islander	0
Aboriginal and Torres Strait Islander	0
No	86.21
HIV Status	
HIV+	31.03
HIV-	62.07
I do not know	6.9
Disability	
Yes	62.07
No	37.93
Awareness	
ACON website	5.56
ACON social media	8.33
Doctor/GP	22.22
Other health or community service	19.44
Community event	0
Word of mouth	41.67
Other	25

Hunter Counselling**n= 13 (13)**

Demographics	Proportion
Age	
18-24	15.38
25-34	46.15
35-44	0
45-54	30.77
55-64	7.69
65-74	0
75-84	0
85+	0
Gender	
Male	46.15
Female	7.69
Non-binary/gender fluid	46.15
Different Identity	0
Assigned at birth	
Male	69.23
Female	30.77
Sexuality	
Gay/Lesbian or homosexual	23.08
Straight or heterosexual	15.38
Bisexual	18.38
Queer	30.77
Different identity	7.69
Prefer not to answer	0
Other	7.69

Intersex	
Yes	0
No	100
Prefer not to say	0
Overseas Born	
Not asked	
Aboriginal or Torres Strait Islander	
Aboriginal	0
Torres Strait Islander	0
Aboriginal and Torres Strait Islander	0
No	100
HIV Status	
HIV+	33.33
HIV-	66.67
I do not know	0
Disability	
Yes	69.23
No	30.77
Awareness	
ACON website	0
ACON social media	7.69
Doctor/GP	23.08
Other health or community service	15.38
Community event	0
Word of mouth	61.54
Other	0

Northern Rivers Counselling**n= 39 (31)**

Demographics	Proportion
Age	
18-24	0
25-34	19.35
35-44	22.58
45-54	35.48
55-64	16.13
65-74	0
75-84	0
85+	0
Gender	
Male	38.71
Female	48.39
Non-binary/gender fluid	6.45
Different Identity	6.45
Assigned at birth	
Male	48.39
Female	51.61
Sexuality	
Gay/Lesbian or homosexual	51.61
Straight or heterosexual	3.23
Bisexual	16.13
Queer	25.81
Different identity	0
Prefer not to answer	0
Other	3.23

Intersex	
Yes	0
No	96.77
Prefer not to say	3.23
Overseas Born	
Not asked	
Aboriginal or Torres Strait Islander	
Aboriginal	3.23
Torres Strait Islander	0
Aboriginal and Torres Strait Islander	0
No	96.77
HIV Status	
HIV+	23.33
HIV-	76.67
I do not know	0
Disability	
Yes	51.61
No	48.39
Awareness	
ACON website	10.26
ACON social media	2.56
Doctor/GP	7.69
	15.38
Community event	2.56
Word of mouth	53.85
Other	20.51

Community Support Network**n= 14 (13)**

Demographics	Proportion
Age	
18-24	0
25-34	0
35-44	0
45-54	0
55-64	38.46
65-74	38.46
75-84	23.08
85+	0
Gender	
Male	100
Female	0
Non-binary/gender fluid	0
Different Identity	0
Assigned at birth	
Male	100
Female	0
Sexuality	
Gay/Lesbian or homosexual	72.73
Straight or heterosexual	0
Bisexual	9.09
Queer	0
Different identity	0
Prefer not to answer	9.09
Other	9.09

Intersex	
Yes	0
No	90.91
Prefer not to say	9.09
Culturally and linguistically diverse	
Yes	8
No	92
Aboriginal or Torres Strait Islander	
Aboriginal	9.09
Torres Strait Islander	0
Aboriginal and Torres Strait Islander	0
No	90.91
HIV Status	
HIV+	90.91
HIV-	9.09
I do not know	0
Disability	
Yes	0
No	100
Awareness	
ACON website	23.53
ACON social media	0
Doctor/GP	26.47
Community event	0
Word of mouth	29.41
Other	20.59

Community Visitors Scheme**n= 18 (16)**

Demographics	Proportion
Age	
18-24	0
25-34	0
35-44	0
45-54	0
55-64	12.5
65-74	37.5
75-84	25
85+	25
Gender	
Male	100
Female	0
Non-binary/gender fluid	0
Different Identity	0
Assigned at birth	
Male	100
Female	0
Sexuality	
Gay/Lesbian or homosexual	94.12
Straight or heterosexual	0
Bisexual	0
Queer	0
Different identity	0
Prefer not to answer	0
Other	5.88

Intersex	
Yes	5.56
No	88.9
Prefer not to say	5.56
Culturally and linguistically diverse	
Yes	8
No	92
Aboriginal or Torres Strait Islander	
Aboriginal	5.88
Torres Strait Islander	88.14
Aboriginal and Torres Strait Islander	5.88
No	88.89
HIV Status	
HIV+	37.5
HIV-	56.25
I do not know	6.25
Disability	
Positive	31.25
Negative	68.75

Community Support Network**n= 14 (13)**

Demographics	Proportion
Age	
18-24	0
25-34	0
35-44	0
45-54	0
55-64	38.46
65-74	38.46
75-84	23.08
85+	0
Gender	
Male	100
Female	0
Non-binary/gender fluid	0
Different Identity	0
Assigned at birth	
Male	100
Female	0
Sexuality	
Gay/Lesbian or homosexual	72.73
Straight or heterosexual	0
Bisexual	9.09
Queer	0
Different identity	0
Prefer not to answer	9.09

Intersex	
Yes	0
No	90.91
Prefer not to say	9.09
Overseas born	
Yes	8
No	92
Aboriginal or Torres Strait Islander	
Aboriginal	9.09
Torres Strait Islander	0
Aboriginal and Torres Strait Islander	0
No	90.91
HIV Status	
HIV+	90.91
HIV-	9.09
I do not know	0
Disability	
Yes	0
No	100
Awareness	
ACON website	23.53
ACON social media	0
Doctor/GP	26.47
Community event	0
Word of mouth	29.41
Other	20.59

Café**N=20 (20)**

Demographics	Proportion
Gender	
Male	100
Female	0
Non-binary/gender fluid	0
Different Identity	0
Assigned at birth	
Male	100
Female	0
Sexuality	
Gay/Lesbian or homosexual	84.1
Straight or heterosexual	0
Bisexual	5.26
Queer	0
Different identity	0
Prefer not to answer	6
Intersex	
Yes	5.56
No	88.9
Prefer not to say	5.56

Overseas Born	
Yes	72.23
No	27.77
Aboriginal or Torres Strait Islander	
Aboriginal	5.56
Torres Strait Islander	0
Aboriginal and Torres Strait Islander	55.65
No	88.89
HIV Status	
HIV+	66.67
HIV-	33.33
I do not know	0
Hepatitis C status	
Positive	0
Negative	100
I do not know	0

Appendix 2: Demographics of Client Satisfaction Responders Broken Down By Service

The data below represents the total demographic proportions cross all programs. It is represented this way as the numbers are otherwise small. We have therefore provided some access data which is more representative for each service.

The data below represents the total proportions cross all programs. It is represented this way as the numbers are otherwise small. We have therefore provided some access data which is more representative for each service.

HIV Support Counselling n= 35 (23)

Demographics	Proportion
Age	
18-24	0
25-34	26.9
35-44	43.48
45-54	21.74
55-64	4.35
65-74	4.35
75-84	0
85+	0
Gender	
Male	91.3
Female	4.35
Non-binary/gender fluid	0
Different Identity	4.35
Assigned at birth	
Male	100
Female	0
Sexuality	
Gay/Lesbian or homosexual	77.27
Straight or heterosexual	0
Bisexual	4.55
Queer	9.09
Different identity	0
Prefer not to answer	4.55
Other	4.55
Intersex	
Yes	0
No	21
Prefer not to say	2
Overseas Born	
Yes	44

LGBTQ Counselling n= 51 (38)

N=51 (58)

Demographics		Proportion
Age		
18-24		18.42
25-34		36.84
35-44		26.32
45-54		7.89
55-64		5.26
65-74		2.63
75-84		2.63
85+		0
Gender		
Male		76.32
Female		13.16
Non-binary/gender fluid		5.26
Different Identity		5.26
Assigned at birth		
Male	81.55	100
Female	18.42	0
Sexuality		
Gay/Lesbian or homosexual		78.95
Straight or heterosexual		0
Bisexual		10.53
Queer		5.26
Different identity		5.26
Prefer not to answer		0
Other		0
Intersex		
Yes		5.26
No		78.95
Prefer not to say		15.79
Overseas Born		
Yes		46

No	56
Aboriginal or Torres Strait Islander	
Aboriginal	4.35
Torres Strait Islander	0
Aboriginal and Torres Strait Islander	0
No	95.65
HIV Status	
HIV+	47.83
HIV-	43.48
I do not know	8.7
Disability	
Yes	86.96
No	13.04
Awareness	
ACON website	23.53
ACON social media	0
Doctor/GP	26.47
Other health or community service	
Community event	0
Word of mouth	29.41
Other	20.59

Substance Support n= 43

Demographics	Proportion
Age	
18-24	2.7
25-34	43.24
35-44	32.43
45-54	10.81
55-64	10.81
65-74	0
75-84	0
85+	0
Gender	
Male	72.97
Female	21.62
Non-binary/gender fluid	2.7
Different Identity	2.7
Assigned at birth	
Male	75.68
Female	24.32
Sexuality	

No	54
Aboriginal or Torres Strait Islander	
Aboriginal	10.53
Torres Strait Islander	0
Aboriginal and Torres Strait Islander	0
No	89.47
HIV Status	
HIV+	5.41
HIV-	94.59
I do not know	0
Disability	
Yes	84.21
No	15.79
Awareness	
ACON website	31.37
ACON social media	7.84
Doctor/GP	3.92
Other health or community service	13.73
Community event	1.96
Word of mouth	49.02
Other	13.73

Sydney Care Coordination n= 37 (37)

Demographics	Proportion
Age	
18-24	3.45
25-34	10.34
35-44	24.14
45-54	41.38
55-64	17.24
65-74	3.45
75-84	0
85+	0
Gender	
Male	72.41
Female	17.24
Non-binary/gender fluid	3.45
Different Identity	6.9
Assigned at birth	
Male	86.21
Female	13.79
Sexuality	



Gay/Lesbian or homosexual	81.08
Straight or heterosexual	0
Bisexual	5.41
Queer	5.41
Different identity	0
Prefer not to answer	2.7
Other	5.41
Intersex	
Yes	2.7
No	94.59
Prefer not to say	2.7
Overseas Born	
Yes	30
No	70
Aboriginal or Torres Strait Islander	
Aboriginal	2.7
Torres Strait Islander	0
Aboriginal and Torres Strait Islander	0
No	97.3
HIV Status	
HIV+	10.81
HIV-	89.19
I do not know	0
Disability	
Yes	81.08
No	19.92
Awareness	
ACON website	23.26
ACON social media	2.33
Doctor/GP	2.33
Other health or community service	9.3
Other AOD service	6.98
Other community or health service	6.98
Community event	0
Word of mouth	39.53
Other	13.95

Hunter Counselling**n= 13 (13)**

Demographics	Proportion
Age	
18-24	15.38
25-34	46.15

Gay/Lesbian or homosexual	75.86
Straight or heterosexual	0
Bisexual	3.45
Queer	10.34
Different identity	6.9
Prefer not to answer	3.45
Other	0
Intersex	
Yes	6.9
No	93.1
Prefer not to say	0
Oversees Born	
Yes	40
No	60
Aboriginal or Torres Strait Islander	
Aboriginal	13.79
Torres Strait Islander	0
Aboriginal and Torres Strait Islander	0
No	86.21
HIV Status	
HIV+	31.03
HIV-	62.07
I do not know	6.9
Disability	
Yes	62.07
No	37.93
Awareness	
ACON website	5.56
ACON social media	8.33
Doctor/GP	22.22
Other health or community service	19.44
Community event	0
Word of mouth	41.67
Other	25

Northern Rivers Counselling**n= 39 (31)**

Demographics	Proportion
Age	
18-24	0
25-34	19.35



35-44	0
45-54	30.77
55-64	7.69
65-74	0
75-84	0
85+	0
Gender	
Male	46.15
Female	7.69
Non-binary/gender fluid	46.15
Different Identity	0
Assigned at birth	
Male	69.23
Female	30.77
Sexuality	
Gay/Lesbian or homosexual	23.08
Straight or heterosexual	15.38
Bisexual	18.38
Queer	30.77
Different identity	7.69
Prefer not to answer	0
Other	7.69
Intersex	
Yes	0
No	100
Prefer not to say	0
Overseas Born	
Not asked	
Aboriginal or Torres Strait Islander	
Aboriginal	0
Torres Strait Islander	0
Aboriginal and Torres Strait Islander	0
No	100
HIV Status	
HIV+	33.33
HIV-	66.67
I do not know	0
Disability	
Yes	69.23
No	30.77
Awareness	
ACON website	0
ACON social media	7.69

35-44	22.58
45-54	35.48
55-64	16.13
65-74	0
75-84	0
85+	0
Gender	
Male	38.71
Female	48.39
Non-binary/gender fluid	6.45
Different Identity	6.45
Assigned at birth	
Male	48.39
Female	51.61
Sexuality	
Gay/Lesbian or homosexual	51.61
Straight or heterosexual	3.23
Bisexual	16.13
Queer	25.81
Different identity	0
Prefer not to answer	0
Other	3.23
Intersex	
Yes	0
No	96.77
Prefer not to say	3.23
Overseas Born	
Not asked	
Aboriginal or Torres Strait Islander	
Aboriginal	3.23
Torres Strait Islander	0
Aboriginal and Torres Strait Islander	0
No	96.77
HIV Status	
HIV+	23.33
HIV-	76.67
I do not know	0
Disability	
Yes	51.61
No	48.39
Awareness	
ACON website	10.26
ACON social media	2.56



Doctor/GP	23.08
Other health or community service	15.38
Community event	0
Word of mouth	61.54
Other	0

Doctor/GP	7.69
Other health or community service	15.38
Community event	2.56
Word of mouth	53.85
Other	20.51

Community Support Network**n= 14 (13)**

Demographics	Proportion
Age	
18-24	0
25-34	0
35-44	0
45-54	0
55-64	38.46
65-74	38.46
75-84	23.08
85+	0
Gender	
Male	100
Female	0
Non-binary/gender fluid	0
Different Identity	0
Assigned at birth	
Male	100
Female	0
Sexuality	
Gay/Lesbian or homosexual	72.73
Straight or heterosexual	0
Bisexual	9.09
Queer	0
Different identity	0
Prefer not to answer	9.09
Other	9.09
Intersex	
Yes	0
No	90.91
Prefer not to say	9.09
Overseas Born	
Yes	8
No	92
Aboriginal or Torres Strait Islander	
Aboriginal	9.09

Community Visitors Scheme**n= 18 (16)**

Demographics	Proportion
Age	
18-24	0
25-34	0
35-44	0
45-54	0
55-64	12.5
65-74	37.5
75-84	25
85+	25
Gender	
Male	100
Female	0
Non-binary/gender fluid	0
Different Identity	0
Assigned at birth	
Male	100
Female	0
Sexuality	
Gay/Lesbian or homosexual	94.12
Straight or heterosexual	0
Bisexual	0
Queer	0
Different identity	0
Prefer not to answer	0
Other	5.88
Intersex	
Yes	5.56
No	88.9
Prefer not to say	5.56
Overseas Born	
Yes	8
No	92
Aboriginal or Torres Strait Islander	
Aboriginal	5.88



Torres Strait Islander	0
Aboriginal and Torres Strait Islander	0
No	90.91
HIV Status	
HIV+	90.91
HIV-	9.09
I do not know	0
Disability	
Yes	0
No	100
Awareness	
ACON website	23.53
ACON social media	0
Doctor/GP	26.47
Community event	0
Word of mouth	29.41
Other	20.59

Torres Strait Islander	88.14
Aboriginal and Torres Strait Islander	5.88
No	88.89
HIV Status	
HIV+	37.5
HIV-	56.25
I do not know	6.25
Disability	
Positive	31.25
Negative	68.75

Café
N=20 (100)

Demographics	Proportion
Gender	
Male	100
Female	0
Non-binary/gender fluid	0
Different Identity	0
Assigned at birth	
Male	100
Female	0
Sexuality	
Gay/Lesbian or homosexual	84.1
Straight or heterosexual	0
Bisexual	5.26
Queer	0
Different identity	0
Prefer not to answer	6
Intersex	
Yes	5.56
No	88.9
Prefer not to say	5.56
Overseas Born	
Yes	72.23



No	27.77
Aboriginal or Torres Strait Islander	
Aboriginal	5.56
Torres Strait Islander	0
Aboriginal and Torres Strait Islander	55.65
No	88.89
HIV Status	
HIV+	66.67
HIV-	33.33
I do not know	0
Hepatitis C status	
Positive	0
Negative	100
I do not know	0

Appendix 3: Access Data Collective and Broken Down By Service

The data below represents the Occasions of Service data access data across programs and broken down for counselling programs and care coordination. It is important to note that all services have exceeded KPIs and operates at close to capacity.

a) Demographics of responders across all counselling and care coordination programs

All Counselling and Care Coordination Programs

HIV Status	OOS	%	Aboriginal or Torres Strait Islander	OOS
Negative	6,972	68	Aboriginal	433 4
Positive	2,770	25	Aboriginal & Torres Strait Islander	33
Unknown	251	2	No	6,304 57
(blank)	1,152	10	(blank)	4,375 39
Grand Total	11,145		Grand Total	11,145

Sexuality	OOS	%	Aboriginal or Torres Strait Islander	OOS
Bisexual	1,083		Aboriginal	433 3
Different Sexuality	167		Aboriginal & Torres Strait Islander	33 3
Gay	6,565		No	6,304 55
Lesbian	670		(blank)	4,375 39



Other	379	Grand Total			11,145
Queer	642				
Straight/Heterosexual	359				
Uncertain	254				
(blank)	1,026				
Grand Total	11,145				
Country of Birth	OOS	%			
Australia	6,447				
Overseas Born	4,698				
Grand Total	11,145				
		Gender Identity	OOS	%	
		Different Identity	469	4	
		Female	2,139	20	
		Male	8,022	72	
		Non-binary	515	4	
		Grand Total	11,145		
		Trans / CIS Gendered	OOS	%	
		CIS Gender	9,099	82	
		Not CIS Gender	2,046	18	
		Grand Total	11,145		

b) HIV Support Counselling Occasions of Service

- 41% of occasions of service are for clients that are HIV positive
- 79% of occasions of service are for clients that are gay
- 3% of occasions of service are for clients that are Aboriginal or Torres Strait Islander
- 9% of occasions of service are for clients that are not CIS Gender
- 84% of occasions of service are for clients that are male
- 13% of occasions of service are for clients that are over 55

HIV Support Counselling		Aboriginal or Torres Strait Islander	
HIV Status	OOS		OOS
Negative	541	Aboriginal	29
Positive	427	Aboriginal & Torres Strait Islander	1
Unknown	44	No	800
(blank)	20	(blank)	202
Grand Total	1,032	Grand Total	1,032
		Financial Year	2019-20

Sexuality	OOS	Gender Identity	OOS
Bisexual	59	Different Identity	4
Gay	812	Female	99
Lesbian	35	Male	907
Other	30	Non-binary	22
Queer	32	Grand Total	1,032
Straight/Heterosexual	9		
Uncertain	27		
(blank)	28		
Grand Total	1,032		

Country of Birth	OOS	Trans / CIS Gendered	OOS
Australia	624	CIS Gender	941
Overseas Born	408	Not CIS Gender	91
Grand Total	1,032	Grand Total	1,032

c) LGBTQ Counselling

- 4% of occasions of service are for clients that are HIV positive
- 3% of occasions of service are for clients identify as heterosexual
- 8% of occasions of service are for clients that identify as Aboriginal or Torres Strait Islander
- 15% of occasions of service are for clients that are not CIS Gender
- 73% of occasions of service are for clients that are male
- 24% of occasions of service are for clients that are for clients over the age of 45

Note this program is for people who do not meet the criteria of our funded programs and are able to contribute to the cost of the service. We prioritise lower income clients and people living with HIV who are



unable to attend appointments during business hours. A Hardship policy applies for these clients. The service is operated by fully qualified and registered volunteers with a coordinator who also carries a caseload.

LGBTQ COUNSELLING

HIV Status	OOS
Negative	903
Positive	40
(blank)	58
Grand Total	1,001

Sexuality	OOS
Bisexual	116
Different Sexuality	25
Gay	583
Lesbian	85
Other	13
Queer	60
Straight/Heterosexual	34
Uncertain	23
(blank)	62
Grand Total	1,001

Country of Birth	OOS
Australia	456
Overseas Born	545
Grand Total	1,001

Aboriginal or Torres Strait Islander	OOS
Aboriginal	87
No	727
(blank)	187
Grand Total	1,001

Aboriginal or Torres Strait Islander	OOS
Aboriginal	87
No	727
(blank)	187
Grand Total	1,001

Gender Identity	OOS
Different Identity	33
Female	178
Male	755
Non-binary	35
Grand Total	1,001

Trans / CIS Gendered	OOS
CIS Gender	845
Not CIS Gender	156
Grand Total	1,001



d) Regionals Care Coordination Occasions of Service

- 33% of occasions of service are for clients that are HIV positive
- 40% of occasions of service are for clients that are gay
- 3% of occasions of service are for clients that are Aboriginal or Torres Strait Islander
- 32% of occasions of service are for clients that are not CIS gender
- 54% of occasions of service are for clients that are male
- 26% of occasions of service are for clients that are over 55

Note this program is for people who have multiple complex healthcare needs. We prioritise those living with HIV or at risk as this is funded by ACON's Core Grant, however this is recognition that there are limited service options regionally. The client population is not consistent in attendance in the regions and tend to come forward for episodic support. We have found conducting client satisfaction surveys with this client population challenging and so completions rates over the years are inconsistent. Additionally, in 2019-20 we had new staff.

Regional Care Coordination

HIV Status	OOS
Negative	768
Positive	471
Unknown	42
(blank)	166
Grand Total	1,447

Sexuality	OOS
Bisexual	203
Different Sexuality	45
Gay	582
Lesbian	95
Other	102
Queer	61
Straight/Heterosexual	113
Uncertain	31
(blank)	215
Grand Total	1,447

Country of Birth	OOS
Australia	1,022
Overseas Born	425
Grand Total	1,447

Aboriginal or Torres Strait Islander	OOS
Aboriginal	40
No	315
(blank)	1,092
Grand Total	1,447

Gender Identity	OOS
Different Identity	90
Female	365
Male	905
Non-binary	87
Grand Total	1,447



Country of Birth	OOS
Australia	1,022
Overseas Born	425
Grand Total	1,447

Trans / CIS Gendered	OOS
CIS Gender	983
Not CIS Gender	464
Grand Total	1,447

e) Substance Support Occasions of Service

- **17%** of occasions of service are for clients that are HIV positive
- **72%** of occasions of service are for clients that are Gay
- **5%** of occasions of service are for clients that are Aboriginal or Torres Strait Islander
- **11%** of occasions of service are for clients that are not CIS Gender
- **74%** of occasions of service are for clients that are male

Note this program is for people who are concerned about their substance use and wish to reduce associated harms, cut down or quit. We also offer support to partners, family and friends. We prioritise those living with HIV or at risk as per the research and the intention of this program when first funded. We do little promotion for this service except in the lead up to summer and Mardi Gras and following. This service run at close to capacity and until this year has not been adequately funded to cover program costs and so supplemented by the HIV Core Grant. We are however aware of the need to promote to women and trans and gender diverse communities. This service is funded by CESP HN and in the past had smaller contributions from North Sydney PHN and South Western Sydney PHN however these were not sustainable. For three years we also had Commonwealth NGOTP transition funds for regional NSW though this was not successful in reaching need and generating demand and not refunded in an ongoing way, though CESP HN has dedicated an additional 0.2 FTE to provide a referral pathway for people outside of their region.

Substance Support

HIV Status	OOS
Negative	1,653
Positive	500
Unknown	56
(blank)	232
Grand Total	2,441

HIV Status	OOS
Negative	1,653
Positive	500
Unknown	56

Aboriginal or Torres Strait Islander	OOS
Aboriginal	82
Aboriginal & Torres Strait Islander	21
No	1,867
(blank)	471
Grand Total	2,441

Gender Identity	OOS
Different Identity	76



(blank)	232
Grand Total	2,441

Country of Birth	OOS
Australia	1,399
Overseas Born	1,042
Grand Total	2,441

Female	369
Male	1,878
Non-binary	118
Grand Total	2,441

Trans / CIS Gendered	OOS
CIS Gender	2,156
Not CIS Gender	285
Grand Total	2,441

f) Regionals Counselling Occasions of Service

- 22% of occasions of service are for clients that have an HIV status that is unknown or unreported to ACON
- 6% of occasions of service are for clients that are heterosexual
- 2% of occasions of service are for clients that are Aboriginal or Torres Strait Islander
- 32% of occasions of service are for clients that are not CIS Gender
- 45% of occasions of service are for clients that are male
- 19% of occasions of service are for clients that are over the age of 55

Note this program is for LGBTQ people requiring counselling support. We prioritise those living with HIV or at risk, and people who have lower socio-economic ability to access private options. This service is funded by ACON's Core Grant, however there is recognition that there are limited service options regionally.

Regional Counselling

HIV Status	OOS
Negative	1,258
Positive	401
Unknown	41
(blank)	438
Grand Total	2,138

Aboriginal or Torres Strait Islander	OOS
Aboriginal	42
No	422
(blank)	1,674
Grand Total	2,138

HIV Status	OOS
Negative	1,258
Positive	401
Unknown	41
(blank)	438

Gender Identity	OOS
Different Identity	198
Female	703
Male	1,080
Non-binary	157
Grand Total	2,138



Grand Total	2,138
Country of Birth	OOS
Australia	1,360
Overseas Born	778
Grand Total	2,138

Trans / CIS Gendered	OOS
CIS Gender	1,429
Not CIS Gender	709
Grand Total	2,138