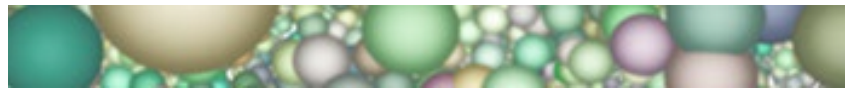# EVALUATION OF THE HEALTHWEST PARTNERSHIP WORKFORCE MUTUALITY ACCELERATOR PROGRAM: FINAL REPORT

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Acknowledgement of country

Avise la fin Consulting acknowledges the Traditional Owners of all the lands and waters upon which we are privileged to live and work.

We recognise the strength, resilience and capacity of First Nations peoples, whose cultures are among the oldest living cultures in human history. We recognise and respect their cultural heritage, beliefs and relationship with the land and waters, which continue to be important to First Nations people living today.

We pay our respects to Elders past, present and emerging. We extend that respect to First Nations people reading this report.

Always was, always will be, First Nations lands and waters.
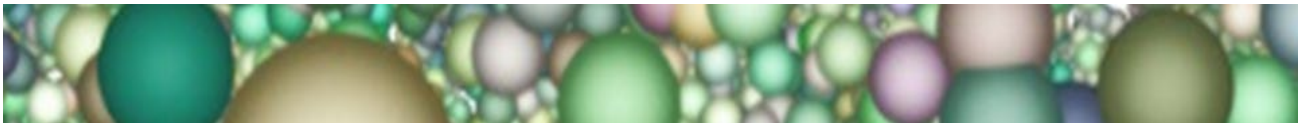
With thanks

Avise la fin Consulting gratefully acknowledges the staff of HealthWest, their consultant partners in this program and HealthWest member organisations participating in the Accelerator Program for their contributions to this evaluation. We thank them for the open willingness with which they offered their perspectives and insights into their experience of the program.

In particular, we would like to thank Gail O'Donnell, Anna Vu, Tanya Sofra, Deb Tan and Kate Baker from HealthWest for their participation in the design of this evaluation and at key points during its implementation, as well as for their participation in evaluation consultations. Their commitment to the program was evident even in the final days of HealthWest's life.

EXECUTIVE SUMMARY

Overview of HealthWest and this evaluation

About HealthWest

HealthWest Partnership (HealthWest) is a member-based Victorian Primary Care Partnership, which aims to improve the health and wellbeing of people in five local government areas in Melbourne's west; HealthWest build relationships that enable change. HealthWest has established collaborative networks of health, local government and community services, many of which are its members, to work together to promote good health and provide coordinated and well-connected services to local populations. The community it serves is one of significant diversity and growth.

HealthWest has a strong role in capability building – of organisations, communities and individuals. *Economic Inclusion for Health* has been one major stream of its work, with a strong focus on improving access and equity. Some of the earlier work in this stream related to fostering workforce mutuality in its member organisations, and successive programs and projects have built on this work.

About the Accelerator Program

The Workforce Mutuality Accelerator Program (the Accelerator Program), was the most recent and final initiative in HealthWest's *Economic Inclusion for Health* stream, providing an opportunity for member organisations to participate in a funded capability building program that would assist them to improve workforce diversity, inclusion and mutuality in their organisation. The HealthWest team designed a flexible and responsive program, based on learnings from other recent capability building initiatives they had conducted, as well as their previous work in this stream.

HealthWest identified three potential options that organisations might undertake in the Accelerator Program, while being open to organisations suggesting their own project. Options were:

1. collecting baseline data about the diversity of their workforce and workforce mutuality using a pre-existing cultural diversity data-mapping platform
2. participating in leader coaching with a consultancy which focuses on innovating for inclusion and creating systemic change within organisations to build a culture of inclusion
3. working collaboratively with community members to design and test recruitment strategies, supported by the same consultancy as that in Option 2
4. an alternate initiative that would support the organisation's diversity and inclusion journey.

Following a thorough application process, HealthWest offered six member organisations the opportunity to work with one of two expert Consultant Partners. Three organisations were recruited into leader coaching programs, two into hybrid co-design projects and one organisation to the workforce data mapping project.

Two projects were completed at the time of final evaluation interviews, with the remaining projects being completed in late-May or early June 2022.

HealthWest staff have not seen the final outcomes of their work, as the Victorian Government defunded PCPs as of June 2022 and HealthWest closed at the end of April 2022. It is to their credit that their pre-planning enabled the program to be completed in their absence.

About this evaluation

HealthWest contracted Avise la fin Consulting to work with them to develop an evaluation framework and subsequently conduct an evaluation of the Accelerator Program. The primary purposes of the evaluation were to:

- identify progress towards achieving the Accelerator Program's goals and objectives
- assess the degree to which achievements are fit-for-purpose for the participant organisations
- clarify and validate the program model, and identify opportunities to strengthen the model for future application
- identify other opportunities for improvement in the program's implementation and outputs.

The evaluation framework identified four key questions to guide the evaluation, based on the stated purposes. Findings against each of these questions are included in the report.

The evaluation covers all three capability building options in which member organisations' representatives participated.

The main method used to collect data was by pre- and post-program semi-structured interviews of HealthWest staff, Consultant Partner representatives and organisational representatives who had participated in the program. Additional data was gathered through a review of HealthWest program documentation and other documentation which gave context to the evaluation, and strengthened our understanding of the program.

It is acknowledged, however, that the timing of the evaluation is sub-optimal, as the program had not yet been completed for all organisations, and the closure of HealthWest meant some aspects we had intended to explore were no longer possible (e.g. establishing value for money criteria with the HealthWest team).

Summary of findings

Evaluation question 1: To what degree did the flexible program design approach engage member organisations and meet their needs?

HealthWest's program logic for the Accelerator Program was based on sound evidence of the types of activities which achieve sustained systemic, structural and cultural change for improving workforce mutuality. Program staff implemented the Accelerator program in line with the program logic, notwithstanding that it is less clear how organisations will share learnings upon program completion.

The program logic and agile approach to implementation meant that HealthWest staff were able to use their knowledge of what works in this space, as well as their knowledge of member organisations' level of maturity in their diversity and inclusion work, to persuasively encourage organisations towards a beneficial goal that was achievable within the constraints of program timeline and budget. Organisational participants found the application process efficient, simple and engaging. One learning for future implementation was for the applicant organisation and the commissioning agent to have an honest and in-depth conversation about why a program such as this was strategically important for the organisation, and why now, as a factor in decision-making about selection.

The final step in the recruitment process was to match organisations into the program option that would best meet their needs. For those undertaking clearly defined projects, this was more easily seen – for example, an organisation needing support to reframe position descriptions for lived experiences workers, to better reflect the value of lived experience to the organisation and to create more equitable recruitment experiences.

It is of note that all six organisations had already undertaken a substantial body of work around inclusion and diversity and many had established strategic directions, even though they might be less clear about how to work towards their diversity and inclusion goals. The Accelerator Program was well-targeted to assist in developing, refining or revising strategy, and this was the specific purpose of the leader coaching option.

Early in the Accelerator Program, HealthWest staff worked closely with organisations and their Consultant Partners to foster optimal engagement of the twenty-four organisational representatives participating directly in the program. Consultant Partners valued the opportunity to learn more about each of the organisations with whom they were working, and developing trusting relationships with them. Participants found the partnership approach set them up well for the positive, well-facilitated program to come, and the Consultant Partners to be highly professional and knowledgeable project managers, skilled, responsive and flexible facilitators of change, and valued for the expert intersectional diversity and inclusion lens they brought to the work.

Evaluation question 2: To what degree has the program been of value to participant members and to other potential beneficiaries (e.g. other member organisations, other program developers)?

The leader coaching program is designed for work with executive level participants, and ideally involves the whole executive group. One organisation, however, negotiated to have a blend of executive and middle/project managers, as they believed this would maximise benefit for their organisation. Each coaching participant refines and tests a goal that requires executive leadership to effect change, with the success measure for the program being the extent to which goals are achieved. Although focused on activating change in workforce diversity and inclusion, the model used in the coaching program equips leaders to apply the process to other areas of their work; it is a highly translatable skill which incorporates accountability for actionable change.

Participants had varied opinions about the ideal program duration for maximising program effectiveness; it was noted that the timing of recruitment meant some organisations experienced a tighter timeframe than others.

Less executive involvement was noted in the project-based options, outside of executive sponsorship and resourcing.

All participants found the program highly valuable, and encouraged other organisations to take up opportunities such as this should they become available in the future. In the leader coaching program, participants particularly valued learning sound process discipline, while developing their capability around diversity and inclusion work and the ability to apply and prioritise this thinking in future work. They were more confident in implementing strategy to good effect. Some spoke of the space that the program had created to have real conversations about challenges they face; others spoke of having a much clearer roadmap for their diversity and inclusion work.

Others participating in the project-based options valued the quality and utility of program outputs, as well as learnings from a program that took them on quite a different journey than previously experienced. Outputs from each project were, respectively:

- a revised position description template for lived experiences roles, and associated implementation guide
- a report to guide improvements to recruitment processes to build a more diverse and inclusive workforce
- a comprehensive workforce diversity report and recommendations for enhancing mutuality in the organisation's workforce.

The first two of these projects used a well-designed and highly-engaging hybrid consultation model that these organisations can apply in future projects. Participants valued the intentioned focus on employment from diverse communities, and the expert input that enabled efficient use of their time and resources, while achieving the desired outputs.

All participants found the program responsive to their needs, and could provide examples of flexible and timely responses from their Consultant Partners to ensure maximum value from the program. One excellent example given came from the workforce diversity data mapping project, where considerable collaborative effort was involved in refining the wording of a single question in the data collection survey. The Consultant Partner commented they had never undertaken that number of revisions before, to ensure it was exactly the right question for the organisation at this time.

As a result of the Accelerator Program, all participants believe they can be more authentic and credible in their diversity and inclusion work, and integrating this into day-to-day operations. The comment from one participant, *'We came out massive winners in this'*, perhaps reflects the impact of the program for all. Many, however, were mindful that sustainable outcomes would only be achieved if they were able to embed organisational change to systems, structures and culture. To the end, a small number of participants have negotiated further fee-for-service or pro bono work with their Consultant Partner.

The main barrier to program success was time, with participants acknowledging competing priorities in the face of change on multiple fronts. Many saw this could translate into a challenge for future diversity and inclusion work as well, especially when the prevailing culture of segments within the organisation may see this work as an 'add-on', rather than as core work for their organisation. Organisations also identified that valuable improvements could be undermined if key people leave the organisation, especially where accountability for change had not been invested in key roles or the change had not been embedded into systems, structures and culture.

HealthWest, organisational participants and Consultant Partners all spoke of the importance of buy-in and accountability from the Board and Executive, to enable opportunities to be taken up, to commit resources to progressing the work, to provide the authorising environment and to ensure improvement is embedded into systems, structures and culture. The collaborative approach between the three partners in the program was also a strong enabler.

Organisations recognised the importance of strategic readiness to take advantage of opportunities such as this as they arise, and a clear alignment of the opportunity with the organisation's strategic directions. Organisations who had already done a considered body of work in diversity and inclusion were thought to be much better placed to participate in these initiatives, and to gain more from them. In the coaching program, participants noted the involvement of their CEO was critical to enabling change decisions in the moment.

All commented on the importance of communications between parties throughout the program, and the expertise of the Consultant Partners as enablers for optimal benefit.

Participants and Consultant Partners were asked about unintended outcomes, and cited several positive unexpected outcomes. In the project involving position descriptions, participants gained valuable depth of insight into the complexity of role design that they had not anticipated. In the leader coaching program, the consultant was surprised at the speed at which many participants moved from not knowing how to approach a task, to being able to apply the new process in their work, and forward thinking to how they could maintain focus on this work. Participants considered that the calibre of the Consulting Partners with whom they worked as the catalyst for better than expected results.

Consultant Partners too experienced unexpected change. One consultant noted that, although their consultancy is focused on diversity and inclusion related work, they had not thought so deeply about the concept of workforce mutuality, or applied it so explicitly in their work to date. They reported that they now more frequently and intentionally use the term and concept in their discussions and work with other clients.

Evaluation question 3: To what degree were program objectives met?

All organisations have achieved their stated goals or made substantial progress towards achieving them, the latter more so for people in the leader coaching program. All agreed that the learnings from the program exceeded their expectations.

It was not immediately evident to Consultant Partners at program commencement where organisations were positioned in terms of work already completed towards workforce diversity and inclusion, or the maturity of the organisation's thinking. One consultant recommended further work be done in the application stage, to articulate how and why organisations could benefit from the program, enabling program/project scoping to better situate new work within the existing body of work.

HealthWest had identified in their program logic four short-term outcomes from the Accelerator Program, two relating more closely to the leader coaching option and two oriented towards the project-based options. Evaluation findings support that all short-term outcomes have been achieved to a substantial degree, given the timeframe. One short-term outcome will be fully achieved, that of the participating organisation having baseline data about diversity and mutuality in their workforce.

Time permitting, it would have been of benefit to have tailored metrics for each of the program options, to give more objective measures of progress. All organisations reported that work towards medium-term outcomes was, at a minimum, in the early planning stages; some organisations had quite clear ideas about how this new work would occur.

Evaluation question 4: To what extent did the agile approach taken enable HealthWest and program participants to achieve results within the program parameters of time and budget?

Although clear criteria had not been established to evaluate value for money for this program, Consultant Partners and organisations were asked their perceptions of whether HealthWest might consider the Accelerator program good value for money. There is no doubt that all considered this to be great value for money. Organisations described a number of reasons why they thought this: its reach into the whole executive team in organisations in leader coaching program; the significant impact project outcomes will have on organisations; new ways of thinking through complex matters that can be applied more broadly; strategies for thinking through the 'how' of future strategies; best practice modelling of community consultation; and, outputs and learnings that can be easily adapted across other parts of the organisation, and externally. All reported a greater appreciation of the value of diversity and a deeper understanding of intersectional inclusion. The benefit of a tailored capability building program was evident.

One of HealthWest's short-term outcomes was to engage executive managers in building a culture of inclusion in their organisation, and for them to have the ability to drive change to achieve this. The Accelerator program has achieved this, attracting three of the six organisations, and 17 of 24 program participants, into the leader coaching option.

Use of program resources was seen to be efficient and effective. In only one case was a component of the program, a short staff webinar, not used; however, it was thought that the comprehensive communications strategy that was implemented overcame this omission.

HealthWest's agile approach to planning and implementing the Accelerator Program was appreciated by both Consultant Partners and participating organisations. Organisational participants who had not previously worked with HealthWest indicated that they would have been keen to do future work with HealthWest, had the opportunity presented. Organisations

appreciated the in-depth exploration of need in the recruitment stage, and acknowledged that this assisted in refining their thinking about how best to progress their work. HealthWest staff also noted the agile approach was useful, given the uncertainty facing the organisation, in enabling them to make best use of resources in the time available.

The Accelerator Program was managed well, notwithstanding some changes in HealthWest personnel involved with the project. Regular meetings with Consultant Partners and frequent touchpoints with participating organisations ensured that program activities progressed on schedule. HealthWest's planning ensured that the program could be completed, even after HealthWest had closed. One organisation commented that this had been *'a really great benchmark for what a project should be like'*.

Conclusion

This has been a most successful program, given operational constraints. HealthWest combined their vision for a new way of working to build organisational capability in workforce diversity, inclusion and mutuality with careful recruitment of the partners who would conduct the Accelerator program, and considered selection of member organisations who were best placed to take advantage of the opportunity this program offered to them. The Accelerator program was designed based on sound evidence, resulting in a compelling program logic.

As a result of the Accelerator Program, organisations have had the opportunity to work with consultants who specialise in equity, diversity and inclusion, and to benefit from their expertise. It seems likely that these relationships will continue and expand over time and across the west, as program outcomes become known.

While the benefits may differ for each of the participating organisations, the intent to build capability has been achieved. For each organisation, new knowledge and new ways of thinking and developing strategy have emerged, abilities that participants can apply across their future diversity and inclusion work, and beyond.

Participating organisations acknowledge that they will need to take further steps to ensure that the changes they are implementing as a result of the Accelerator Program are embedded into culture, systems and structures, and have committed to build on the outcomes they have achieved to date.

As a swansong, the Accelerator Program has indeed been a remarkable program, and HealthWest are justified in being proud of the results achieved.

Recommendations

Recommendations relating to Evaluation Question 1: Engaging member organisations

Future **commissioning agents** for similar multi-stream projects should consider clear and transparent selection criteria, complemented by associated questions in the application process. Consider strategic intent and strategic timing as two of the selection criteria.

Commissioning agents might consider an additional step in the program activities to ensure a thorough understanding of potential product offerings (in terms of goals, process and risks at a minimum), to improve program referrals to Consultant Partners.

Based on the evaluation, project products (e.g. case studies) and other project learnings, **commissioning agents** should review and update the program logic.

Recommendations relating to Evaluation Question 2: Program benefits

Commissioning agents and **Consultant Partners** might consider a follow-up session as an integrated part of the program package, to assist organisations to reflect on progress and learnings and to support sustainable change.

Organisational participants should look for early opportunities for broad consultation to support optimal project scoping.

Recommendations relating to Evaluation Question 3: Meeting program objectives

Future **commissioning agents** should seek clear statements from organisations about perceived benefits for the organisation, to enable accurate and timely scoping of projects and identify the quantum of support needed.

Future **commissioning agents** should consider the benefit of extending program evaluation to cover, at a minimum, embedded cultural and systems change, and seek evidence on work towards medium-term outcomes. A 6-12 month review process could be considered.

Commissioning agents and **Consultant Partners** are encouraged to work collaboratively to develop program metrics that would meet their mutual needs.

Recommendations relating to Evaluation Question 4: Value for money and efficiency

Commissioning agents need to ensure that Consultant Partners are well oriented, to ensure efficient project planning that meets participant organisations' needs and goals.

Organisations participating in the project are encouraged to strengthen their learning and share resources through establishing an Accelerator Program Community of Practice.

Independent of any formalised promotion of program outcomes and learnings, **participating organisations** are encouraged to take the initiative in promoting their achievements toward workforce mutuality, and sharing their learnings.

Consulting Partners are encouraged to seek other opportunities to collaborate in capability building initiatives in the west.

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INTRODUCTION

This section of the report describes the commissioning agency, HealthWest Partnership (HealthWest), the Workforce Mutuality Accelerator Program (the Accelerator Program), and the context in which the program and its evaluation takes place. It also includes an explanation of terms and acronyms used in this report.

HealthWest Partnership

HealthWest is one of 28 Primary Care Partnerships (PCPs) operating in Victoria up until June 2022. Operating since 2020, PCPs aimed to improve the health and wellbeing of Victorians through establishing collaborative networks of health, local government and community services, working together to find better ways to promote health and provide coordinated health and wellbeing services. PCPs act as change agents, embedded within the communities they serve and building trusted relationships to drive transformative change.

HealthWest works with a range of health, local government and community service organisations across five local government areas in western metropolitan Melbourne. HealthWest and its members serve diverse communities which feature multiple intersecting cultural identities, including First Nations, ethnicity, age, socio-economic status, education, ability, faith, sex, gender identity, sexual orientation and more.

In recent years, HealthWest has increased its focus towards population health in several major areas of work – Prevention, Access and Equity, and Systems Integration. One of HealthWest's key project streams has been that of *Economic Inclusion for Health*, a stream within Access and Equity work. Several projects in this stream have built on their early work on workforce mutuality, having recognised that this rich community diversity is not represented in the health and community services workforce in the region, and acknowledging the importance of economic and social inclusion in enabling better health and wellbeing outcomes for people and communities.

Unlike several PCPs in other parts of the state, the work and workforce of HealthWest did not transition into the recently formed Victorian Public Health Unit in this region. HealthWest formally ceased operations at the end of April 2022, while this evaluation was still in progress.

The Accelerator Program

The subject of this evaluation, the Workforce Mutuality Accelerator Program (the Accelerator Program), was the most recent initiative in HealthWest's *Economic Inclusion for Health* stream. The Accelerator Program provided an opportunity for HealthWest member organisations to participate in a funded capability building program that would assist them to improve diversity, inclusion and mutuality in their workforces.

Program strategy

HealthWest used a different planning and implementation strategy for this program, based on learnings in this project stream to date and the outcomes of other recently completed capability building projects. HealthWest made a considered decision on the focus and methodology of this final project, acknowledging that member organisations were at very different stages in the maturity of diversity and inclusion systems and culture, and that HealthWest could enable greater impact and transformational change if it were able to support logical next steps for a smaller number of organisations, rather than a broad brush, 'one size fits all' approach. HealthWest believed their approach would enable stronger, more collaborative partnering in shaping a discrete project for each organisation, to gain maximum benefit.

HealthWest staff completed a program logic framework to guide the work of the Accelerator Program (see Appendix 1, p. 50); the program logic was utilised in the planning of this evaluation.

Agile methodology was used in program planning and implementation, enabling the HealthWest team to adapt their approach based on learnings from each iterative cycle. HealthWest staff held regular reflection sessions during each cycle (stage) of the program and maintained an Agile record as planning and implementation progressed; this record included, for each cycle:

- the aim of the cycle being tested, and any key questions relating to this
- the method/s to be used
- measures of success
- outcomes
- learnings, to inform the next cycle.

Three Agile cycles had been completed while HealthWest staff were still employed.

Program partners

To optimise outcomes, HealthWest considered it was important to engage partners who had product offerings that would benefit the work of member organisations as well as recognised expertise in equity, diversity, inclusion and mutuality. It was also critical that the partners were keen to work with HealthWest to tailor their product offerings to meet HealthWest and member needs.

HealthWest engaged two Consultant Partners to provide inputs into this program. HealthWest had pre-existing knowledge of one consultant, from its early work on workforce mutuality, and valued the capacity of the program they offered to enable data-informed decision-making on diversity, inclusion and workforce mutuality. An opportunistic encounter with personnel from a second consultancy in the early days of their thinking about the Accelerator Program resulted in further discussions about the fit of their product offerings, and their ability and capacity to provide two different types of the capability building initiatives in the program. This Consultant Partner was subsequently engaged for the Accelerator Program.

It is noted that these Consultant Partners were not widely known in the west, and that they had limited knowledge of the health and community services sector; both had worked predominantly with for-profit organisations prior to their engagement in this program.

HealthWest entered into service agreements with both consultancies, relevant to the services and products required for successful program participants.

Participant recruitment

HealthWest invited member organisations to submit an expression of interest (EOI) for the Accelerator Program, to participate in a project relating to one of the following options:

1. collecting baseline data about the diversity of their workforce and workforce mutuality using a pre-existing cultural diversity data-mapping platform
2. participating in leader coaching with a consultancy which focuses on innovating for inclusion and creating systemic change within organisations to build a culture of inclusion
3. working collaboratively with community members to design and test recruitment strategies, supported by the same consultancy as that in Option 2
4. nominating an alternate initiative that would support the organisation's journey.

Nine organisations expressed interest in the Accelerator Program initially, with two additional organisations being considered as later entries.

The next step in the EOI process, a detailed interview with applicant representatives to develop a better understanding of the potential fit with the program options, helped identify where each organisation was positioned in their diversity and inclusion journey, and clarified what organisations believed was needed to progress.

HealthWest developed a number of selection criteria and related questions at this time, to inform an application process and further discussions with organisations. These selection criteria and questions enabled a more considered assessment which was broadly based on HealthWest's own expertise in workforce inclusion and mutuality, their knowledge of the applying organisations and the organisation's own understanding of their position on the journey towards embedded and systemic inclusion and workforce diversity. These in-depth discussions meant that, for some, the organisation then applied for a different option than that for which they originally expressed interest. From this, final decisions were made about the organisations that were to be offered a place, and in which program option.

This resulted in the recruitment of six HealthWest member organisations to the Accelerator Program, each supported by one of the Consultant Partners:

- participants from three organisations undertaking leadership coaching – participants came from local government, a state-wide service and a regional service
- one state-wide service collecting baseline data about workforce diversity and mutuality
- two large community-based service providers working on hybrid recruitment co-design projects.

No Option 4 applications were approved.

Prior to commencing, one organisation withdrew from the program, citing unexpected and significant leadership changes in the organisation at that time. Another state-wide service was recruited in their place; however the time taken to complete the recruitment process meant that this organisation commenced their leadership coaching later than other organisations, and with contracted timelines for completion.

Each organisation participating in the program signed a Memorandum of Understanding with HealthWest, which outlined the organisation's obligations in terms of planning, participation, scheduling activities with the consultant, managing risk, participating in the evaluation and any agreed case study, and consenting to sharing findings with other organisations in the west.

Program implementation

Each organisation met with HealthWest representatives and their Consulting Partner prior to the program commencing, to ensure all parties were clear on roles and responsibilities, and how the program would operate.

Program descriptions for each of the three options are described briefly in Table 1 below.

Table 1: Accelerator Program options

OPTION	BRIEF PROGRAM OUTLINE
Leader coaching	The program involved a three-month coaching sprint for senior leaders to establish a focused change effort for a diversity and inclusion process.
	All organisations participating in this option nominated a number of senior leaders to participate in the coaching program, ranging between four and seven participants from each organisation. Seventeen participants from the three organisations participated in this initiative.
	The Consultant conducted a separate meeting with each individual participant prior to commencing coaching sessions, to gain an understanding of the leader and their aspirations, and to outline how the program would work in more detail.
	Each organisational group had three two-hour virtual group coaching sessions with the Consultant over a 2–3 month period; a GROWTH coaching model (Campbell, 2016) was used in these sessions. Individual out-of-session contact was readily available for optional, additional support between group sessions. A Trello Board[1] was established to foster communications between participants and the Consultant, and to share progress and resources.
	During the coaching program, each individual participant creates and refines a measurable, achievable and realistic diversity and inclusion goal (and where possible begins to action this goal), based on developing a better understanding of the challenges and barriers they might face, and

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[1] Trello is a software application that allows teams to communicate and collaborate on tasks and projects, measure productivity and record results. See https://trello.com/en

OPTION	BRIEF PROGRAM OUTLINE
	collaboratively problem solving through creating options and exploring tactics. Participants are accountable to the Consultant and to each other for completing all goal setting tasks required; individuals provide updates and seek feedback from their colleagues and the Consultant at each session.
	The coaching model aims to establish a clear and structured process for developing and implementing plans to achieve nominated goals, which participants can then apply to other areas of their work.
	Note: At the time of final interviews for this evaluation, two organisations had yet to complete their final group coaching session.
Collecting and utilising baseline workforce diversity data	The program aims to provide baseline data on diversity in an organisation's workforce, and to compare this with the diversity of their community, giving a measure of workforce mutuality.
	Two representatives from one organisation worked with a consultant to plan for and collect workforce data through a short, engaging, anonymous survey, which was managed by the Consultant. The organisation had the option to add further customised questions to a pre-existing question set, which they did. Organisations are also able to remove pre-set questions, where appropriate.
	The Consultant worked collaboratively with the organisation to develop and implement a communication strategy to maximise survey uptake and ensure staff felt safe to participate fully and honestly. This complements and integrates with the organisation's own communications about its diversity and inclusion strategy.
	The Consultant and their colleagues analyse the data and provides real-time dashboards and a final comprehensive report on findings against a range of items under seven pillars of diversity.
	The report can be used by organisational leaders, as well as human resource/diversity and inclusion practitioners, to plan for change in their organisation, to improve diversity, mutuality and inclusion.
	Note: At the time of final interviews for this evaluation, the survey was just closing and final data analysis was to commence. The report is due to be provided to the participating organisation in late June.
Hybrid recruitment design project	This option was based on learnings from an earlier *Community Conversations* project (HealthWest, 2021), which recommended that organisations should improve their job-seeking processes so that people from diverse backgrounds can confidently and equitably participate in employment opportunities.
	Each of the participating organisations identified a goal for enhancing inclusion in a recruitment process: • one organisation sought support to revise their position descriptions for lived experience roles and develop a guiding document for implementing the new position descriptions in practice

OPTION	BRIEF PROGRAM OUTLINE
	• one organisation sought support to strengthen diversity and inclusion in its workforce planning, through reviewing its recruitment and selection processes, and providing recommendation for improvement.
	The Consultant worked with each organisation to design and implement a project which involved high levels of internal stakeholder engagement in a series of iterative processes, to achieve their chosen goals. Each organisation held a number of rounds of consultation sessions, co-facilitated by nominated staff and the Consultant.
	At the conclusion of the program, the two organisations will have the following outputs, respectively: • an inclusive position description and guide for implementation (a generic form of this was to be made available to other organisations through HealthWest) • a report to guide enhanced inclusion in workforce planning. *Note: At the time of final interviews for this evaluation, the second organisation had yet to receive their report; however they were expecting delivery in early June.*

HealthWest had an expectation and sought a commitment that the selected organisations would seek ways share the learnings from the Accelerator Program with other organisations in the west, and to advance their work in this space after the program was completed.

Terminology

The following terms and acronyms are used in this report.

TERM OR ACRONYM	EXPLANATION
Accelerator Program	HealthWest's Workforce Mutuality Accelerator Program, the subject of this evaluation.
Agile	Agile project management is an iterative approach to project management that focuses on breaking down large projects into more manageable tasks (sometimes called sprints or cycles), which are completed in short iterations throughout the project life cycle. Teams that adopt the Agile methodology are said to complete work faster, adapt better to changing project requirements, and optimize their workflow.
Consultant Partners	The two consultancies contracted to provide services in the Accelerator Program, and their consultant personnel.
Diversity	Diversity is about what makes each of us unique and includes our backgrounds, personality, life experiences and beliefs, all of the things that make us who we are. Diversity is also about recognising, respecting and valuing differences based on ethnicity, gender, age, race, religion, disability, sexual orientation and sex characteristics, while also acknowledging the influence of individual unique characteristics and

TERM OR ACRONYM	EXPLANATION
	experiences, such as communication style, career path, life experience, educational background, geographic location, income level, marital status, parental status and other variables that influence personal perspectives.[2]
Economic inclusion	Economic inclusion refers to equality of opportunity for all members of society to participate in the economic life of their country as employers, entrepreneurs, consumers and citizens.[3]
HealthWest	HealthWest Partnership, a Primary Care Partnership in western metropolitan Melbourne and the commissioning agent for the Accelerator Program and its evaluation.
Identity	Identity refers to characteristics that have been socially constructed such as, but not limited to, sex, gender, sexual orientation, gender identity, ethnicity, nationality, migration or visa status, religion, age, ability (encompassing physical, neurological, cognitive, sensory, intellectual or psychosocial impairment and/or disability) and socioeconomic status
Inclusion	Inclusion is not a strategy to help people fit into the systems and structures which exist in our society; it is about transforming those systems and structures to make it better for everyone. Inclusion is about creating a better world for everyone. [4] Empowering access to opportunity, addressing structural inequalities, tackling unconscious bias and developing inclusive organisations.[5]
Intersectionality	Intersectionality describes how systems and structures interact on multiple levels to oppress, and to create barriers and overlapping forms of discrimination, stigma and power imbalances based on characteristics such as Aboriginality, gender, sex, sexual orientation, gender identity, ethnicity, colour, nationality, refugee or asylum seeker background, migration or visa status, language, religion, ability, age, mental health, socioeconomic status, housing status, geographic location, medical record or criminal record.[6]
PCP	Primary Care Partnership.
Workforce mutuality	Workforce mutuality describes the extent to which the diversity of an organisation or a sector's workforce reflects the diversity of the community it serves. Workforce mutuality is not the same as workforce diversity. The workforce of an organisation can be highly diverse, and yet it may still not reflect the diversity of the community it serves (HealthWest, 2020).

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[2] Victorian Government definition, from the Department of Premier and Cabinet's Diversity and Inclusion Strategy 2019-2021.
[3] Bettcher & Mihaylova (2015), as cited in HealthWest Partnership (2021)
[4] Diane Richler, past President, Inclusion International
[5] Victorian Government definitions of Inclusion and Intersectionality are used here, from Family Safety Victoria's Everybody Matters: Inclusion and Equity Statement (2018)
[6] Ibid.

EVALUATION DESIGN

This section of the report details the purpose and context of the evaluation, key deliverables and methods and processes undertaken to elicit findings.

Purpose

The primary purposes of this evaluation are to:

- identify progress towards achieving the Accelerator Program's goals and objectives
- assess the degree to which achievements are fit-for-purpose for the participant organisations
- clarify and validate the program model, and identify opportunities to strengthen the model for future application
- identify other opportunities for improvement in the program's implementation and outputs.

The evaluation focuses on the appropriateness, efficiency and effectiveness of the inaugural Accelerator Program, recognising that this is a pilot of a novel approach to HealthWest's work in this area.

Context and scope

HealthWest initiated discussions about this evaluation as they were planning the Accelerator Program, and commissioned the evaluation in January 2022. Staff actively participated in the evaluation design process. Key elements of the evaluation framework are included in this section of the report. The evaluation framework built on HealthWest's aims for the project, and utilised the program logic they had developed to guide implementation planning.

This evaluation covers all three capability building options in which organisational representatives participated. The evaluation does not, however, investigate longer-term outcomes, impact or sustainability of the Accelerator Program, due to the timing of the evaluation.

The evaluation does not explore HealthWest's agile approach methodology, outside of its impact on program implementation; nonetheless, this report compliments work done by HealthWest itself, to evaluate and learn from their reflections on using such an approach.

Due to uncertainty about HealthWest's future, both the Accelerator Program and this evaluation were scheduled to be completed by end of June 2022, to enable HealthWest to manage the program through to completion. Notwithstanding that HealthWest closed at end April 2022, the program and the evaluation have continued under the auspice of the HealthWest Management Group and the arrangements put in place by staff prior to HealthWest's closure.

It is also acknowledged that the timing of the evaluation is sub-optimal, as some organisations are yet to complete their program with their Consultant Partners, and the products arising from the program have yet to be finalised in some cases.

We acknowledge that some aspects of the intended evaluation were unable to be completed. For example, further work was to be undertaken with HealthWest to establish criteria to measure value for money, however staff priorities changed in the face of an earlier than anticipated closure.

Evaluation questions

A number of evaluation questions were identified to guide this evaluation; these questions and the associated areas of focus were further refined during the final stages of evaluation planning with the HealthWest team. The evaluation questions are:

1. To what degree did the flexible program design approach engage member organisations and meet their needs?
2. To what degree has the program been of value to participant members and to other potential beneficiaries (e.g. other member organisations, other program developers)?
3. To what degree were program objectives met?
4. To what extent did the agile approach taken enable HealthWest and program participants to achieve results within the program parameters of time and budget?

The areas of focus for each evaluation question are included in Table 2 below.

Table 2: Areas of focus for each evaluation question

EVALUATION QUESTION	DOMAIN	AREAS OF FOCUS
1. To what degree did the flexible program design approach engage member organisations and meet their needs?	Appropriateness	• Fit-for-purpose program logic • Clarity of scoping need/problem to be addressed • Utility of selected option for participant organisations • Optimal engagement of participants
2. To what degree has the program been of value to participant members and to other potential beneficiaries (e.g. other member organisations, other program developers)?	Effectiveness	• Fitness of program for Executive level participants • Value of program to key stakeholders • Program responsiveness to participant needs • Barriers and enablers of program benefits • Unintended outcomes
3. To what degree were program objectives met?	Effectiveness	• Goal achievement for participant organisations • HealthWest short-term objectives achieved

EVALUATION QUESTION	DOMAIN	AREAS OF FOCUS
4. To what extent did the agile approach taken enable HealthWest and program participants to achieve results within the program parameters of time and budget?	Efficiency	• Value for money • Efficient and effective use of program resources • Use of agile approach to achieve timely results • Capacity to engage senior organisational leaders in change • Quality of program governance and management

Methodology

Approach

The evaluation has both formative and summative elements, and is underpinned by the following theoretical approaches:

- **Utilisation-focused evaluation** – to ensure that the knowledge produced by the evaluation is as useful as possible to the primary intended users. The evaluator will consult with HealthWest management and staff in confirming the evaluation framework, to ensure the evaluation purposefully focuses on areas most important to key stakeholders, and that data collection methods and tools are fit-for-purpose and practical to implement with the groups and settings identified.

- **Realist evaluation** – to answer the question "What works, for whom, in what respects, to what extent, in what contexts, and how?" within the constraints of implementing a pilot program and the time limitations. We worked in a participatory way with HealthWest and project stakeholders to explain 'how' the outcomes were caused, and the influence of context, as well as to build an understanding of the 'reasoning' of actors in response to the resources or opportunities provided by the program.

- **Cultural safety and inclusion** – applying an intersectional cultural safety lens to this work. This informs how diverse people are approached, informed about and engaged in the evaluation.

- **Beneficiary assessment** – focusing on assessing the value of an intervention as perceived by the (intended) beneficiaries, thereby aiming to give voice to their priorities and concerns.

Design Principles

These design principles inform the way in which the evaluator worked with HealthWest to plan and implement the evaluation.

Co-design approach in partnership with HealthWest – to ensure that the methods and findings are fit-for-purpose.

Efficiency – to enable HealthWest to gain most value from its budget with the timeframe available, and to minimise time impost on stakeholders.

Ethical practice – with particular attention to ensuring that all evaluation information is managed with the highest level of confidentiality, that free and informed consent processes are applied, and that stakeholders who participate are engaged in affirming ways.

Shared learning for key HealthWest staff – providing opportunities to reflect on findings and contribute to evaluation recommendations.

Credibility of evaluation findings – based on the independence and subject matter expertise of the evaluator, a sound range of evidence, and rigorous analysis.

Stakeholders

Key stakeholders in the evaluation were:

- HealthWest management
- HealthWest program staff
- Program participants (from the six member organisations recruited into the Accelerator Program)
- Personnel from the Consultant Partners conducting capability building activities with participants.

For clarity, the following table identifies the activities in which various stakeholder groups were to be engaged in the evaluation.

Table 3: Stakeholder involvement

Stakeholder group	Evaluation design process	Interviews	Program records	Program metrics	Resource utilisation data	Reflection session & feedback on report[7]
HealthWest Executive Officer	✓	✓			✓	✓
Accelerator Program lead and staff	✓	✓	✓			✓
Program participants		✓				
Consultant Partners		✓	✓	✓		

Data collection

The evaluation has a strong qualitative component. To provide a detailed understanding of the implementation of the Accelerator Program from the perspectives of the different stakeholder groups, a series of pre- and post-program semi-structured interviews were conducted. These were to be supplemented by metrics from HealthWest's Consultant Partners, where these were available. The evaluator reviewed HealthWest program records

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[7] Due to the closure of HealthWest prior to the completion of the evaluation, this step has not been possible.

and engaged HealthWest staff for additional input as required. Figure 1 summarises the proposed data sources and methods for the review.

Figure 1: Proposed data sources and methods
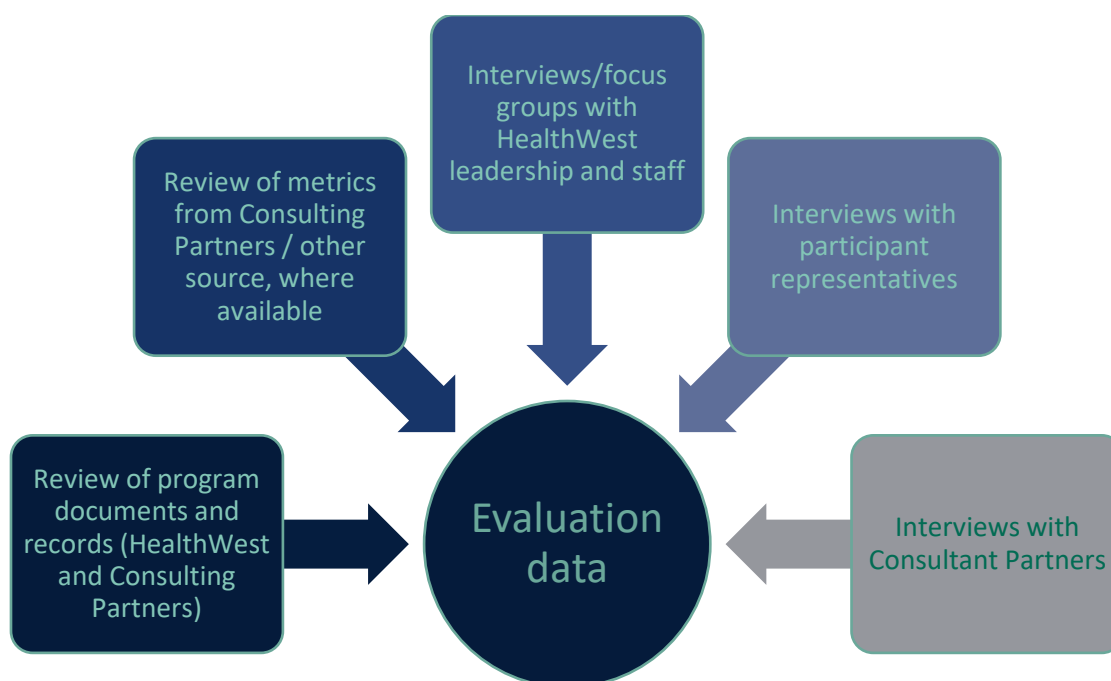
Given the pandemic constraints, interview activities occurred virtually, by videoconference.

Further details about data collection methods and timing are included in Table 4 below.

Table 4: Data collection - description and schedule

METHOD	DESCRIPTION
Review of program documents	Review and analysis of HealthWest program documentation, to inform a sound understanding of the model, partnerships, processes and resourcing.
Initial interview with HealthWest program manager/team	In Feb 2022, the evaluator conducted a baseline interview with HealthWest program staff, by videoconference.
Initial interviews with project participants	In Mar-Apr 2022, the evaluator conducted baseline interviews with program participant representatives from four participating organisations, by videoconference, to establish expectations, understanding of program and needs. One organisation, who joined to program later, completed an equivalent questionnaire. One organisation was unable to engage in the initial interviews in the timeframe required.
Initial interviews with Consultant Partners	In early Mar 2022, the evaluator conducted three baseline interviews with the Consultant Partner personnel, by videoconference, to establish program aims and processes, and data collection/metrics

METHOD	DESCRIPTION
Interim interview with HealthWest Program Lead	In Apr 2022, the evaluator conducted a further interview with HealthWest's Program Lead and their Evaluation Project Manager to discuss progress, and identify program changes and learnings. This became the final interview with HealthWest for the evaluation.
Review of program records	In Apr-May 2022, the evaluator reviewed program records and identified emergent themes (e.g. unintended outcomes, barriers and enablers, program fidelity).
Post-program interviews with program participants	In May 2022, the evaluator conducted interviews with representatives of all participating organisations, by videoconference, to investigate processes, outputs, outcomes and learnings.
Post-program interviews with Consultant Partners	In May 2022, the evaluator conducted four interviews with involved Consultant Partners' personnel, by videoconference, to investigate program fidelity, outputs and achievements, and improvement recommendations.
Interview/focus group with HealthWest program team	As HealthWest had closed, a final planned interview to explore both formative and summative elements of the evaluation was not possible. Progress to date was explored in the Apr 2022 meeting with Program staff.
Review of outcomes data/other metrics, where available	No summary statistical data was available from HealthWest's Consultant Partners.
Reflections meeting with Health West team	As HealthWest has closed, this reflection session was not possible.

Data analysis and synthesis

Qualitative data from all sources has been aggregated and analysed, and emergent themes identified. The evaluator has synthesised the results to identify evaluation findings and recommendations (see Section 3 of this report for Findings). It had been planned that findings and recommendations were to be sense-tested through a reflections session with HealthWest management and staff at the conclusion of the evaluation; however the closure of HealthWest prevented this and the evaluator regrets this lost opportunity to add value to this report.

The evaluation does not seek to:

- Separately evaluate the success of each of the organisational initiatives undertaken
- Rank the pilot organisations with respect to their progress in the program pilot.

Governance

Avise la fin Consulting provided regular email updates on evaluation progress to the nominated HealthWest key contact, Kate Baker, Evaluation Project Manager.

Gail O'Donnell, Executive Officer of HealthWest, had project oversight responsibility for the evaluation.

Governance and quality assurance were provided through:

- Regular monitoring and reporting of progress to HealthWest
- Regular review of risks
- Early and prompt action to address any emerging issues
- HealthWest evaluation contact and management providing feedback and sign off on key project documentation and deliverables.

Governance

FINDINGS

Findings are presented in this section according to the Evaluation Questions posed in the evaluation framework. Several Evaluation Questions have specific areas of focus; where this is the case, findings are described under each area of focus. A summary of findings and recommendations for each Evaluation Question are presented after the findings for that Evaluation Question. Recommendations may apply to future commissioning agents, consultants involved in program streams or organisations participating in like programs.

Evaluation question 1: Engaging member organisations

> To what degree did the flexible program design approach engage member organisations and meet their needs?

Fit-for-purpose program logic

HealthWest identified the statement of purpose for the program to be that: *'The Workforce Mutuality Accelerator Program aims to increase the capacity of HealthWest Partnership member organisations to achieve greater workforce mutuality within their organisations'.*

HealthWest, through their considered body of work in this area, have a cogent understanding of the need for programs such as this, and the potential for such programs to create transformational and sustained systematic, structural and cultural change. All program offerings aimed to address at least one of the beneficial activities cited in evidence to support the program logic: engaging managers in solving the problem, exposing them to people from different groups, and encouraging social accountability for change (Dobbin and Kalev [2016], cited in HealthWest [2021]).

Program inputs, activities and outputs have been consistent with the program logic, notwithstanding that it is unclear how program participants will share learnings, beyond this evaluation and any case studies that arise from the program being shared through the Victorian PCP web based repository (once it is established). Although participant organisations gave in principle agreement to sharing their learnings, none had clear plans for how they would do this beyond their own organisation; it seems likely that HealthWest would have needed to drive this process.

Clarity of organisation need

Most participating organisations had identified several needs for support to achieve organisational change, and the recruitment process for the program helped them to refine their ideas into a manageable project. Many were really clear that they had identified a need that aligned with the Accelerator Program activities, for example:

- Support for senior leaders to clarify their vision, goals and strategy for improving diversity and inclusion in the workplace, based on earlier work done by the organisation

- Equipping leaders to ensure they are able to provide safe, high-quality support to a diverse workforce
- Reviewing position descriptions with lived experiences staff to ensure that recruitment documentation and processes are not disfranchising potential applicants with diverse identities
- Reviewing recruitment processes and enhancing the skills of hiring staff to recruit a diverse workforce, to strengthen the organisation's workforce planning
- Recognition of a gap in organisational knowledge about the diversity of its workforce, and needing better information to inform diversity and inclusion decision-making.

Some needs were beyond the scope of the Accelerator Program resources, or inconsistent with the program's capability building ethos (e.g. inviting a consultant in to review the organisation's diversity and inclusion work). After preliminary discussions with HealthWest program staff, other organisations recognised that they needed to do further work internally before they were adequately positioned to take up an opportunity such as this.

These early EOI conversations between HealthWest project staff and potential applicants were critical for engagement. They created opportunities for program staff to use their knowledge of what works in this space, as well as their knowledge of the organisations' level of maturity in their diversity and inclusion work, to persuasively encourage organisations towards a beneficial goal that was achievable in the program.

Following these first conversations, HealthWest program staff recognised the need for objective selection criteria to inform their decision-making, and included specific questions in the application process that followed, for those organisations that seemed most likely to proceed.

One organisation commented that it would have preferred to have a one-step application process instead of the two-step process used, though all agreed that the conversations were useful and the process was relatively simple and time-efficient, when compared with other grant or proposal processes.

Towards the end of the program, one organisation made the following recommendation to others considering such a program in future.

> Be clear on the 'why' – why is this important for our organisation, and why right now? How does it advance our strategic intent?

> (Organisational participant)

This question would be useful to include in the application process.

Utility of selected option for participant organisations

The final step in the selection process focused on ensuring the selected option had a good fit with each organisation's goals. For those undertaking clearly defined projects, this was more easily seen. For example, an organisation that employs a significant workforce with lived experiences saw the need to review their position descriptions (PDs) to ensure they were

accessible, that they enabled a positive and equitable recruitment experience and that the PD and the recruitment process demonstrated the value the organisation placed on lived experiences.

> *The work was about how they build their position descriptions to reflect the priority of lived experience within their recruitment process – then have an operating document to guide them, that they can share with leadership.*

> *(Consulting Partner)*

Another organisation had a goal around strengthening diversity and inclusion in their workforce planning framework, with a focus on recruitment processes for this project. For them the pathway was less clear, and initially they saw further training as the preferred way to achieve this. The Accelerator Program reshaped their thinking about this, leading towards a series of internal consultations to frame the work, and provide them with actionable insights and progressive small-scale pieces of work to achieve their goals. People and Culture and Business Partner representatives were involved in co-facilitating the project with their Consulting Partner.

> *We want to grow our appreciation of difference, and different ways of thinking as well.*

> *(Organisational participant)*

The organisation applying to undertake a workforce mapping project had clear goals; they saw this project as an excellent fit with their work to define their organisational strategy and were appreciative of a timely opportunity they could not have pursued without HealthWest's support.

> *We are open to what we will find; it will give us sharper picture of the reality of our identity. This will inform our direction for an organisational strategy for equity and inclusion.*

> *(Organisational participant)*

While those organisations participating in leader coaching may not have started with clear goals, organisational and individual goals were in some cases defined, and certainly refined and strengthened through the coaching process. All who participated came to the program with clear ideas about their broad direction. This was framed for many through existing organisational plans and strategies, such as a *Gender Equality Action Plan*, but needed support, for example, for taking a more intersectional approach, or addressing implementation challenges. Broadly, these organisations were aware of their need to progress workforce diversity and inclusion, had some capacity to make change and pragmatically, saw this as a way to manage recruitment challenges. The program provided, for one organisation, *'a space to reflect on things in deep way and with a specialist to assist this reflection and learning process, and to help translate learning and reflection into action'.*

Optimal engagement of participants

The people involved from HealthWest were such a positive contributing factor. Their approach and the conversations we had were great; it made is so much easier. They were across the possible challenges for us.

(Organisational participant)

In the early stages of HealthWest staff making supported referrals into program options, one Consulting Partner commented that HealthWest may not have realised the full potential of the coaching program to effect change; this may have influenced participant organisations perceptions as they commenced the program. The consultant further noted that this issue was addressed once HealthWest became more aware of early work with the first organisation, and their early results.

Consultant Partners considered that buy-in from the participating organisation's Chief Executive Officer (CEO) was critical for positive engagement and success, especially for the leader coaching program. Consultant Partners indicated the need to quickly build trust, and gain a sound understanding of what organisations and leaders have done, where they are now and how they operate (as individuals and as a leadership group). In leader coaching, initial discussions with each of the participants individually was a key way to optimise engagement; the knowledge gained guided how the coaching was tailored for that group.

One organisation pondered whether it would have been of greater benefit to have co-designed their coaching program with the consultant, although was equivocal about this.

In the defined projects, Consultant Partners considered it important to involve people who are participants in the change journey, and these participants needed to have a level of awareness about change and preparedness to lead and manage change. Again, individual interviews were used to optimise early engagement and guide project planning.

The trust aspect was emphasised in the data mapping project as well. An added layer of sensitivity is required for the data mapping work, from both the Consulting Partner and the organisational leads, given the level of trust required in providing sensitive personal data to a third party.

Participants found the early approach taken by their Consultant Partners established a partnership approach and set a positive pattern for efficient, well-facilitated interactions and activities. Participants appreciated that their Consultant Partners took time to listen and learn about their organisation and its culture, were very organised and professional and shared useful resources in accessible ways. Participants also appreciated that, due to COVID-19 impacts, their Consultant Partner demonstrated flexibility and responsiveness, along with a preparedness to step in to ensure program tasks progressed in as timely a way as possible. Examples were given of consultants doing more initial drafting of documents from consultation notes, adjusting schedules at short notice or taking on a greater co-facilitation role in consultations when their organisational partners fell ill. In one project, organisational participants were particularly appreciative of their Consultant Partner following up on

concerns for some staff who appeared to have been negatively impacted during a consultation forum.

All participants valued that Consultant Partners could bring an expert intersectional diversity and inclusion lens as well as their project-specific knowledge and skills to the project they were co-managing.

> *(Our Consultant Partner) was able to relate really well with non-corporate teams in the not-for-profit environment.*
>
> *(Organisational participant)*

Midway through the program, HealthWest program staff noted the volume of work that had been undertaken in a relatively short timeframe, and the value of having an independent person holding organisations to account, and supporting momentum – an achievement HealthWest did not have capacity for internally.

Recommendations relating to Evaluation Question 1: Engaging member organisations

Future commissioning agents for similar multi-stream projects should consider clear and transparent selection criteria, complemented by associated questions in the application process. Consider strategic intent and strategic timing as two of the selection criteria.

Commissioning agents might consider an additional step in the program activities to ensure a thorough understanding of potential product offerings (in terms of goals, process and risks at a minimum), to improve program referrals to Consultant Partners.

Based on the evaluation, project products (e.g. case studies) and other project learnings, commissioning agents should review and update the program logic.

Evaluation question 2: Program benefits

> To what degree has the program been of value to participant members and to other potential beneficiaries (e.g. other member organisations, other program developers)?

Fitness of program for Executive level participants

Coaching

The leader coaching program is based on a model refined over time by the Consultant Partner and is designed for working with executive level participants. For optimal outcomes, program participants need to have positional, decision-making power in their organisation, and coaching ideally involves all executives of the organisation, including the CEO. In this way macro-level change in enabled. Hence HealthWest were encouraged to promote this at the most senior levels of organisations.

Due to internal changes in one organisation, adjustments were made to the group mix, which included two representatives from middle manager level, working alongside their Acting CEO and four executives. Participants saw this as a plus, as it gave an opportunity for different perspectives to emerge, and potentially identified different actions to achieve goals.

The model aims to engage the whole organisational group as an ongoing community of practice, managing change and achieving strategic goals. The design is quite flexible, with elements of teaching, applying learning, seeking feedback, small group discussion and decision-making – *'making sure everyone has their space, and everyone being accountable to the whole group'*.

In the coaching, participants are asked to nominate and refine a goal that requires executive leadership to effect change; their goal needs to be selective and diversity and inclusion oriented, so that participants can learn more about what works for them, and why. Success is determined by the extent to which participants move towards goal achievement.

> *Coaching worked well with the six people. We know each other quite well, so it was a safe space; that is important in this type of work, especially as you are being challenged at times, so need a safe space for this.*

> *(Organisational participant)*

One organisation reflected that, in hindsight, they would like to have been more prepared for the program prior to it commencing, to consolidate their thinking about why diversity and inclusion work was strategically important to them. They suggested that this would have enabled greater clarity in setting and committing to their goals, and more confident to progress once the coaching program finished.

For those whose work has not previously involved deep thinking about diversity and inclusion, the Consultant's expectations were perhaps a little more confronting than for those who had greater exposure to the concepts through current or previous roles.

> *I loved how (the consultant) prepared us for what we would be talking about, sending resources and agenda beforehand. The first session was fantastic, the second session not as good, because I was not clear about whether we were all clear about our commitments and what next steps are, for each of us. A recap would have been good.*

> *(Organisational participant)*

For some the time seemed a bit rushed, although the discipline this engendered was acknowledged. Others found the timing to be sufficient to apply learnings to their thinking; several endorsed a longer program, and suggested a follow-up check-in several months later to reflect on progress and embed accountability. There appeared to be a diverse range of opinions about timing between sessions.

In summary, all participants reiterated the value of the coaching program at the executive level.

Project-based options

For the other projects in the Accelerator Program, less executive involvement was noted. While executive sponsorship or endorsement enabled the projects to occur, there was little direct involvement at the executive or CEO level as the projects rolled out. Participants had a clear understanding of why direct executive level involvement was not necessary for success. The role of executive was also more likely to come into play when the results of the projects were presented for authorisation to effect change. One notable exception was the data mapping exercise, where the CEO had an active and significant role in communications about the project over its life cycle.

> *We chose this data mapping project because of the collaboration and the whole roll out of the program. It matched our interests and needs with their expertise. It feels like someone walking along side you, not leading you.*
>
> *(Organisational participant)*

Value of program to key stakeholders

In planning this program, HealthWest hoped that organisations would value being given a place to start, and the opportunity to be challenged by an independent subject matter expert. HealthWest was keen to see space held for ongoing diversity and inclusion work in the participating organisations, and that these organisations would have a more nuanced understanding of equity, diversity and inclusion than they might have had otherwise, or achieved so soon. HealthWest also acknowledged that this program opened up new business opportunities for their Consultant Partners.

Coaching

Consultant Partners considered the peer-to-peer design of the coaching program to be of value, noting that this was often the first time executive teams come together to work on something that is core to culture, which is not transactional. They have the time and safe space to develop peer connections, have honest conversations, talk about issues and problems and find ways to resolve and move to actions. In the process, leaders became more tolerant of each other's styles and behaviours, and more flexible. They built leadership connections. They can be more agile. Teams valued being able to ask their CEO in the moment, get a response, and be able to progress/advocate for action. For one organisation in the program with a new CEO, there was added value in the CEO learning about how the Executive team thought and behaved, and they in turn learning about the CEO's thinking, leadership and management styles. Consultants observed early indicators of leadership change, even in the shortened timeframe of this program.

Participants valued a number of outcomes from the coaching program, including:
- enabling sound process discipline – and for some, a reality check, in terms of containing aspirations and timelines
- deeper capability, experience and subject matter expertise in diversity and inclusion, and the capacity to apply a diversity and inclusion lens in future work and thinking
- a wealth of customised resources

- an external, expert and objective view of where the organisation is positioned in its diversity and inclusion work
- improved capability in influencing others in the organisation
- greater confidence that they will implement strategy to good effect.

One participant noted that, while they acknowledged the importance of the work and had had some preliminary discussions with staff, the program enabled them to make this work more of a priority for the future.

For others, the program provided them with more tangible outcomes. For example, one organisation will use the learnings in developing their strategic Diversity and Inclusion Plan, involving the whole leadership group in examining and modifying their practice and process.

> *The next step for us is to focus on building a more inclusive workplace and from there, we can be more authentic in expanding our ability to work with diverse stakeholders outside our organisation. We are hoping this program will help make the next steps clearer and give us a sense of the roadmap beyond for the longer term as well.*
>
> *(Organisational participant)*

One participant related to their Consultant Partner that *'this was the first time they had had real conversations, learning how others in the Executive think, having their CEO accessible and hearing them out - actually getting to know each other, and about others' lived experiences'*.

Projects

Consultant Partners believe that participants value the resources and support most, commenting that *'these sorts of issues are usually put on back burner because of time constraints – this elevates it, with specialist expertise and focus'*. Participants receive targeted outputs in terms of documents to guide them forward.

One organisation noted that wider consultation during the scoping phase of their project led to better outcomes, and would build in more and earlier consultation to better define the scope of future work in this area. This also enabled them to build on and test understandings in subsequent consultations.

Participants noted that they value:
- using insights to help identify their gaps and find different actions to address these than they might have considered previously
- the different journey they have undertaken in the project, and the learnings from that
- the opportunity to complete a piece of work in a more time-efficient way, and with expert input, than they might otherwise have done
- the experience of using a well-designed consultation model effectively to inform change, and give weight to longer-term change
- the opportunity to focus on employing people from their diverse community
- peer support

- the opportunity for local community members to be involved for better decision-making.

One organisation offered the following insight.

> *The project does not need to be fancy; it can just start with a space for conversation, and reflection. It is not the project to undertake if there is not psychological safety in place. … so staff can feel they can contribute. This is where having (the consultant) come in is really useful, as they are so skilled in facilitating.*

> *(Organisational participant)*

Participants believe they can be more credible in their diversity and inclusion work, and integrating this into day-to-day operations, demonstrating that *'we are doing what we say will do'*.

For one organisation, they were able to establish an increased level of trust with their lived experiences staff and believe that this, in turn, will improve their capacity to engage these staff in further co-design work, based on this project and its success.

One organisation added that this was *'a chance to work on something that has an extended outreach, with learnings for organisations beyond ourselves'*.

This following comment is notable, in that it came from an organisation that completed a very different project to the one in which they originally expressed interest.

> *We came out massive winners in this.*

> *(Organisational participant)*

Workforce data mapping

The Consultant Partner considered having data to make informed decisions to be the predominant value of this project. They noted that having anthropologists, linguists, gender equity consultant, maths specialist and more providing input into data analysis meant that the findings had much richer application for the participating organisations, as each applied their specialist lens to the data.

The organisation had hope that their workforce might be reflective of client base, although they would celebrate their rich diversity regardless. The data will inform their thinking on the recruitment and retention of more diverse cohorts of workers, as well as informing other business cases arising from the data. They valued the impact the data would have on future policy work, and affirmed their intention to use the data to set new goals for next 2-5 years, about what they want to be.

> *Just do it! HealthWest were persistent, very clear, encouraged lots of conversations that helped us make our choice.*

> *(Organisational participant)*

Concerns

Most prevalent of a small number of concerns expressed was that of embedding change and sustainability. Some organisations had clear steps in mind for how they would embed newly learned practice – for example, through making dedicated space in Executive meetings to progress thinking and learning about diversity and inclusion.

While not a negative as such, one organisation expressed concern about identifying where they needed to put more effort, and the level of buy-in from others in the organisation; nonetheless, they were confident that buy-in would occur over time.

Adding value

Perhaps most telling about the value of this work is that a number of organisations will benefit from negotiating additional support from their Consultant Partner after the Accelerator Program is finished. For some, Consultant Partners are providing pro bono hours; other organisations have engaged in further fee-for-service work. How this additional support will be used include, for example, extra workshops to support implementation with a broader number of staff or checking in on implementation progress after a period of time.

Program responsiveness to participant needs

One Consultant Partner noted that they made small changes to the coaching program to meet HealthWest's needs; one of these was about the timeframe for the program, which was more compressed than they would normally offer. They also noted that the project-based work was different to their usual product offerings and they recruited specifically for this work. It is noteworthy that participating organisations spoke highly of the calibre of the newly-recruited consultant who worked with them, given such a short project establishment time.

Participants commented on the flexibility of the Consultant Partners to make changes in the moment, to ensure that everyone was sharing a common understanding of the work. An example of this was returning to previous work to ensure SMART[8] goals were understood by, and identified for, all participants.

Others noted the flexibility of their Consultant Partner to ensure that all activities occurred in a timely way; for example, when COVID-19 prevented an organisational participant from co-facilitating a consultation, the consultant stepped in to ensure the consultation could still occur at the scheduled time. One of the positive outcomes of this was that future consultations were less siloed in their presentation. Overall, organisations involved in discrete projects reported high levels of responsiveness from a co-design perspective.

In the workforce data mapping project, the Consultant Partner noted the high level of specificity with which the organisation approached the additional questions in their survey. Having done considerable work in lesbian, gay, bisexual, trans and gender diverse and intersex (LGBTI) inclusion, the organisation wanted to explore this in more depth with current staff. Collaboratively, they worked through more than ten iterations of the question before

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[8] SMART goals – specific, measurable, achievable/attainable, relevant and time-based/time-bound.

finding the best wording – the consultant reported *'by a mile, this was the most work on one question I have ever done!'* It gave a strong indication of the rigour the organisation was applying, to gain the richest data possible to inform their future work.

Barriers and enablers of program benefits

Barriers

The most significant barrier, as with many projects, relates to time and competing priorities, which played out as:

- lacking or difficulty finding time in the busy-ness of business as usual
- coping with change on multiple fronts, and optimising timing with respect to other organisational change or consultation processes
- the capacity of the organisation to enable participation, or find the required resources
- limited staff availability for consultations, and potentially back-fill constraints
- addressing a culture of prioritising service delivery above what might be perceived by some to be 'add-ons'.

Both organisations and Consultant Partners identified funding/resourcing as a barrier, and praised HealthWest for making this opportunity available.

Progress in this area was seen to be blocked or slowed when organisations see diversity and inclusion as a 'like to have' rather than a 'must have'; cultural change is needed to ensure that diversity is valued and that inclusion is an integral part of being a quality organisation, all day, every day. Staff may be slower to engage in projects such as this, if a culture of inclusion is not explicit and owned by all.

Consultant Partners identified that organisational culture and strategic readiness could be both enablers and barriers. Where organisational culture had not embraced diversity and inclusion, this had the potential to derail the program, as did a lack of organisational readiness to take considered and deliberate next steps.

Several participants expressed concern about the challenge of sustaining progress, and embedding the work into the systems and culture of the organisation, once the program was completed. Some organisations had already committed to strategies to address this.

Another barrier to sustainable change in this area relates to staff turnover and having 'diversity champions' in organisations; where action is person-dependent, and not embedded in roles, systems and culture, considerable ground can be lost when key people leave the organisation. This can act to exacerbate poor buy-in across the organisation.

Whilst not a barrier as such, some organisations recognised the challenge of ensuring that learning is shared across their leadership, and the organisation more broadly.

Finally, it was noted by one person that one's own leadership style can be a barrier to achieving change.

Enablers

Both organisational participants and Consultant Partners spoke of the importance of buy-in from the Board and Executive, to enable opportunities to be taken up, to commit resources to progressing the work, to providing the authorising environment and to ensuring improvement is embedded into systems, structures and culture.

Consultant Partners found HealthWest's collaborative approach and committed relationship building acted as a strong enabler, promoting high levels of trust and enabling a robust exchange of ideas.

Organisations recognised the importance of readiness, to take advantage of opportunities such as this as they arise, and a clear alignment of the opportunity with the organisation's strategic directions. Organisations who had already done a considered body of work in diversity and inclusion are much better placed to participate in these initiatives, and to gain more from them. Organisations spoke of how the development of key organisational documents, such as a *People Strategy* or a *Gender Equity Action Plan*, positioned them well to respond to a program like this, and to use it skilfully to progress towards or achieve their next strategic goals. Other organisations had made this project an explicit published initiative in their strategy.

Although the pandemic has created other issues for organisations, it has also helped to create a more flexible workforce, able to operate from different locations with greater ease than before e.g. videoconferencing while working from home. This flexibility allowed more people to engage in consultations, meetings or other program activities within their busy schedules.

Human-centric program design enabled the coaching program to be efficient and more impactful; the group approach is designed to reduce consultant dependence and increase internal accountability. Interactions were short, sharp and very focused; participants were encouraged to *'pick an area and stick to it, focus in on it, and really do it well'*. Activities could go as fast or slow as they needed, while retaining a sense of mobility, of moving forwards, but not pushing participants beyond what they can manage.

Participants and consultants noted that, in having the CEO on board, there was no hiding and immediate decisions about next steps were possible.

> We had help with the planning and goal setting piece to focus our effort effectively and to shift from the conceptual to the practical.
>
> *(Organisational participant)*

Participants in the discrete projects noted having a narrow project scope, in a project that aligns well with where the organisation is going, as a strong enabler, with the added benefit of discouraging scope creep.

They noted the importance of effective, targeted and timely communications across the project's life cycle as vital for success. For several, the weekly catch up with the Consulting

Partner was very helpful and ensured issues were addressed early, queries and concerns were easily and quickly resolved and activities could progress as scheduled.

> *Buy in from staff has been significant – this is meaningful to them. Lots of people spoke freely of their experience … and people felt empowered to do so.*

> *(Organisational participant)*

Another commented on an issue that can be both a barrier and an enabler. As an enabler, for staff coming from perspective of privilege, it is important to have that different lens of a non-privileged perspective to recognise and learn from. The organisation felt this was important to assist in breaking down biases, both conscious and unconscious.

> *Support from Board and senior and leadership, a strong Equity and Inclusion committee, and endorsement from across the organisation. HealthWest have held our hand as we started, then let go when we found our feet.*

> *(Organisational participant)*

Several organisations spoke of the funding provided by HealthWest as a key enabler. Some organisations indicated they did not have the resources to undertake this initiative themselves; others valued that external funding gave them permission to proceed without having to negotiate organisational politics in order to secure resources.

One Consulting Partner suggested that innovators in organisations, given the appropriate authorising environment, could act as key enablers; there is a cautionary note here, however about organisational change becoming person-dependent, if systemic, structural and cultural change is not sustained.

Unintended outcomes

One Consultant Partner commented that, while they always hope for action and transparency, they were surprised at how quickly the participating groups were able to achieve this, perhaps a testament to the careful selection of participants for the program. While they design for it, consultants do not always know if it will happen, *'that change from people not knowing how to approach the task, to looking forward to keep prioritising this work'*.

On participant organisation spoke of the 'crazy workload', and that there was little bandwidth for this work. For them there was an increased focus in the coaching on how they could make space for new thinking and new ways of working, to keep diversity and inclusion on their agenda.

Another participant added that participation had been both a challenge and welcome.

> *Unlike a training option, this has been a good space to delve into the messiness, so we appreciated that this has been mentoring; we would not have gotten there if it had been just training. … Holding us more accountable, really challenging us to think things through.*

> *(Organisational participant)*

For one of the project-based organisations, participants gained an important insight about the complexity of role design. In their project, they explored how actual role design can support lived experiences workers, and how to design the role to deliver on intended outcomes. They commented on the ease and speed with which their Consulting Partner gained an understanding of their organisation, and how their work together had resulted in a product that needed much less socialising in their organisation that they had anticipated.

Another participant expressed pleasant surprise at the calibre of the consultant working with them, someone so highly knowledgeable, passionate and driven to help them succeed. They felt it was an excellent match-up. They also indicated that the Business Partners in their organisation were perhaps more involved that they had expected to be, which may have resulted from the consultant's approach to the work.

> *Even participating in the evaluation has been good – it has given us a time to reflect on what we have done … and achieved.*
>
> *(Organisational participant)*

Unanticipated change was noted for one of the Consultant Partners also. Although their consultancy is focused on diversity and inclusion related work, one consultant noted that they had not thought so deeply about the concept of workforce mutuality, or applied it so explicitly in their work. They reported that they now more frequently use this language and concept more deliberately in their discussions and work with other clients.

Recommendations relating to Evaluation Question 2: Program benefits

Commissioning agents and Consultant Partners might consider a follow-up session as an integrated part of the program package, to assist organisations to reflect on progress and learnings and to support sustainable change.

Organisational participants should look for early opportunities for broad consultation to support optimal project scoping.

Evaluation question 3: Meeting program objectives

To what degree were program objectives met?

Goal achievement for participant organisations

The earlier discussion about program value reinforced that organisations, and HealthWest itself, have achieved their goals. Each of the project-based initiatives have achieved the outputs the sought, and more. Those participating in the leader coaching program have a set of clear and achievable goals they are working towards, and a structure and process that can be applied to future work in this and other areas of business.

One Consultant Partner was concerned that their project-based work with the organisation appeared to overlap with a piece of work the organisation had already completed to a high standard; the organisation, however, saw this additional step was of great value to them in mapping out a detailed strategy to improve recruitment processes. The consultant reinforced that this was only first steps in a longer implementation journey for these organisations.

This could perhaps be ameliorated by the suggestion from another consultant who recommended that, if such a program was to be commissioned in the future, organisations should be pushed more to identify clearly how they could benefit from the project, enabling them to scope and prioritise the work better..

It was also highlighted that, for workforce data mapping to have best effect, the mapping needs to be repeated in 1-2 years. This had two benefits:

- organisations were primed to gain more useful insights when repeating the data collection
- organisations were able to test the outcomes from any strategies they had implemented in the intervening period to improve mutuality and inclusion in the workplace.

HealthWest short-term objectives achieved

HealthWest identified a number of short- and medium-term outcomes in their program logic for the Accelerator Program, as shown in Table 5. HealthWest had a reasonable expectation that organisations could provide evidence of sound steps towards systems and structural change and demonstrate reflections on changing mindsets and culture within their organisation towards greater inclusion of a more diverse workforce – that is, cultural change to improve workforce mutuality.

Table 5: Short- and medium- term outcomes

Short-term outcomes	Medium-term outcomes
Executive managers have increased knowledge, skills, and confidence to build a culture of inclusion within their organisations.	There is a greater culture of inclusion within organisations and readiness for implementing workforce mutuality strategy.
Executive managers have increased strategy and accountability in building a culture of inclusion within their organisations.	Organisations are using diversity and mutuality data to inform the development of strategies and practices.
Organisations have baseline data about diversity and mutuality in their workforce.	Organisations are implementing and trailing new recruitment practices.
Recruitment processes are made more accessible through collaborative design processes with community members.	There is evidence on effective mechanisms for increasing workforce mutuality within organisations.
	Evidence is shared across the sector and supports advocacy for workforce mutuality.

Findings in this evaluation support that all short-term outcomes have been achieved to a reasonable degree, given the timeframe. One short-term outcome will be fully achieved, that

of having baseline data about diversity and mutuality in their workforce, for the organisation who participated in that stream of the program. It would have been of benefit to have tailored metrics for each of the program streams, to give a more objective measure of progress.

Sound intent to progress their work towards achieving medium-term outcomes was expressed by all organisations, and several had clear ideas about how this will occur. In different circumstances, it would have benefited if HealthWest had been able to conduct follow-up assessments with participant organisations in 6-12 months, to evaluate the extent to which change has been embedded in systematic ways in their organisations and whether medium- and longer-term outcomes were achieved.

Recommendations relating to Evaluation Question 3: Meeting program objectives

Future commissioning agents should seek clear statements from organisations about perceived benefits for the organisation, to enable accurate and timely scoping of projects and identify the quantum of support needed.

Future commissioning agents should consider the benefit of extending program evaluation to cover, at a minimum, embedded cultural and systems change, and seek evidence on work towards medium-term outcomes. A 6-12 month review process could be considered.

Commissioning agents and Consultant Partners are encouraged to work collaboratively to develop program metrics that would meet their mutual needs.

Evaluation question 4: Value for money and efficiency

To what degree did the flexible program design approach engage member organisations and meet their needs?

Value for money

As noted in the methodology, the early closure of HealthWest precluded further work to determine clear criteria from which to ascertain value for money. In the absence of that work, HealthWest program team suggested one possible project comparison, an Evaluation Capability Building Project in Primary Prevention conducted by HealthWest in 2021. The project team considered the funding for the two programs to be comparable, and the number of participants were estimated to be similar. The significant difference that they expected was the greater depth of participation in the Accelerator project, given its tailoring to the unique needs of each participating organisation, and the resulting increased ability to effect change in these organisations.

Both organisational participants and their Consultant Partners were asked whether they considered the Accelerator Program to have been good value for money and why. All responded positively. One Consulting Partner commented: *'Absolutely, in terms of what they are trying to achieve. Absolutely, in what I saw in terms of outcomes'.*

Organisational participants had a range of criteria by which they adjudged value for money.

Very good value for money, as it reached all leadership in the organisation.

(Organisational participant)

The fact that organisations had not had to utilise their own funds for the program meant that allocated funding towards inclusion could be directed elsewhere.

Fantastic value for money – if this goes well, and the outcomes are what we want it to be, this can make a significant difference to the organisation, and to staff.

(Organisational participant)

Another organisation commented that it was hard to measure such matters, nonetheless, offered the following success criteria about their participation in the program:

- It progressed and challenged our thinking
- It built our capability as an organisation to think through these complex matters
- Are we thinking in a more informed way? Yes
- Has it helped us thinking through the process? Yes.
- Are we able to transfer our learnings to other complex matters? We believe so.
- And … We now have a useful framework for thinking through the 'how' of every strategy we develop.

Yes. Valuable to the point where we would pay for this ourselves. We had previously paid for help to get to this point in our strategy, but this has helped us in a very different, more productive way.

(Organisational participant)

Two organisations made favourable comparisons with other consultancies they had commissioned in recent times, in terms of deliverables and indirect outcomes, such as organisational learning. The value of a tailored capability building model was evident.

Two organisations suggested that, given the outputs they achieved exceeded their expectations, this was a valid measure of value for money for HealthWest. They also suggested that the knowledge and insights gained by other organisations from any case studies resulting from the program would be further value for money, indicating that they believed such case studies would resonate with many community service organisations and not-for-profits.

*We have a better understanding of how we fit into, and connect with, our community. Taking stock of who we are has given us more insight – **almost priceless**. It has given us framework for strategic imperatives.*

(Organisational participant)

Capacity to engage senior organisational leaders in change

The leader coaching involved a greater number of participants (n=17) than other streams, and attracted senior leaders more so than other streams; it is designed specifically for executive level staff. One organisation reported that the level of engagement in the work was positional; it may be that those with little bandwidth at this time were a little less engaged than others whose role had significant responsibility for diversity and inclusion strategy. Other challenges arose for those wanting to engage other organisational leaders in a time of flux, to be part of the change process.

The project-based stream in the program, beyond having executive buy-in for the work, did not engage senior leaders to any great extent. The exception to this may be leadership in People and Culture (P&C). The organisation redesigning role descriptions noted that early engagement with the P&C team had been problematical and, due to circumstances beyond their control, the P&C lead had limited input to the project; however such was the quality of the resulting outputs, and the rationale presented for change, P&C quickly took ownership and championed adapting position descriptions across the whole organisation. The project team noted that the final steps in the process were to engage program leads in the change process.

The organisation undertaking workforce mapping had strong support from Board, CEO and senior leaders, with the CEO managing key communications across the organisation throughout, the Senior Leadership Team promoting and advocating for the project and the Board willingly participating in the survey.

Efficient and effective use of program resources

Consultant Partners were asked about resource usage, and specifically about any under-utilisation or inefficient use of resources. There is no evidence to suggest that resources were not used efficiently, or to good effect.

In the coaching program, they found Trello to be a useful and efficient tool to connect with, and share resources with, program participants.

In project-based work, the consultant noted they would have found detailed organisational data useful to inform thinking; however the depth of data they were seeking was not available for use.

In the data mapping project, the consultant advised that a short webinar that is usually offered to support staff engagement was not offered in the case; time pressures may have played a role here. Nonetheless, it is not known if this webinar might have improved the current healthy response rates to the staff survey even further, given the range of other communication strategies they had collaboratively established and implemented.

Other feedback relating to use of resources related to timelines. While Consultant Partners were aware of the need to complete the program by the end of June, they would have preferred a more flexible and extended timeline, for best effect. This would also have

provided time and space to introduce more program metrics to support evaluation and learnings for both HealthWest and the Consultant Partners.

Use of agile approach to achieve timely results

Consultant Partners commended HealthWest for their approach and professionalism. They found their engagement to be efficient and effective.

Recruitment processes

One Consultant Partner appreciated that the partnership with HealthWest performed to some extent like an extended marketing partnership, with HealthWest curating participant recruitment and screening, which the consultants would usually have had to do themselves. This led to a more efficient engagement process for the consultant, while reassuring HealthWest that they had achieved an effective selection process and sound matching of organisation to program stream.

Most participants endorsed the approach taken to recruit organisations into the program as being fit-for-purpose.

> *A really positive process – it made you really think about why you need this particular support.*
>
> *(Organisational participant)*

Although one organisation commented that they had no previous comparison to draw from, they felt the sound partnership approach would have encouraged them to work with HealthWest again, had the opportunity presented. The simpler approach and limited scope of the application documentation was a stark contrast to other more labour-intensive proposal processes organisations were often required to undertake.

Only one organisation found the timing of the application process challenging, coming close to the end of year; the process for them felt a little disjointed.

Organisations appreciated the conversations with HealthWest to refine thinking about choosing the option that seemed likely to have the greatest organisational impact, given how far along the path towards effective diversity and inclusion practice the organisation was, or how new this thinking was.

HealthWest staff noted that using an agile approach was useful, given the uncertainty around their tenure as a PCP, even though they did not regard themselves as experts in its use.

Quality of program governance and management

Project oversight was provided by HealthWest's EO, with day-to-day management by the Strategic Projects Manager, and then the Prevention Manager; project operations were covered by their Evaluation Projects Manager once the program had commenced.

As previously noted, one Consultant Partner was unknown to HealthWest prior to this program. One of their team reflected that, had there been more time, it would have been of benefit to build in more orientation activities to ensure that HealthWest staff had a thorough

understanding of the consultants' product offerings that were intended for use in the program. They suggested this might be a useful step to avoid the risk of mixed messages to program participants at the referral stage.

HealthWest met regularly with the Consultant Partners, both management and consultants, until late April; Consultant Partners found these meetings quite helpful. Consultant Partners expressed slight concern that HealthWest would close while the program was still underway, but were reassured by the structures and processes put in place by HealthWest to cover their absence, to enable the program to be completed and program outputs achieved. Consultants reported that HealthWest staff were very approachable and supportive in helping consultants deliver on outcomes. They commended HealthWest on their sound governance processes.

One consultant gave useful feedback about project planning and scoping.

> *A lot of rich work had come out of work that each organisation had done before this. If I had known more about that in the beginning I could have tailored the projects better. Also, as a new person in the health field, it would be useful to have knowledge of any structures in place to make sure the learning is embedded and not lost.*
>
> *(Consultant Partner)*

This same consultant was encouraging of organisations in the program to consolidate their learnings through an inter-agency community of practice, noting that there was so much good work happening that was translatable for other organisation, and many new resources and learnings to share.

HealthWest program staff have had regular touch points with participating organisations, in the early stage of the program in particular. Organisations report that they felt well-supported and confident to contact HealthWest independent of this, if it had been necessary.

In terms of project management, participant organisations offered a range of feedback:
- Organisations appreciated HealthWest's willingness to consider options outside the known opportunities (that is, an Option 4 in addition to Options 1-3)
- Organisations found the detailed conversation about program selection useful in guiding decision-making
- While some would have preferred a single stage application process, organisations appreciated the relatively simple process
- Organisations valued the way HealthWest connected them in with their nominated Consultant Partner, as it enabled projects to start quickly and smoothly
- Organisations appreciated that HealthWest checked in with them regularly, and were available to resolve any issues that arose
- Organisations valued HealthWest's role in connecting pieces of good work and promoting learnings from these; it was suggested that, if there was greater appetite for that (especially in the absence of HealthWest as the relationship builder and connector), the whole sector would benefit.

We would not change anything about the way we have been led, or managed. Enough time and energy to be a success. It is so comprehensive. (We) can feel the passion of the (consultants), and their drive for excellence. This has been a really great benchmark for what a project should be like.

(Organisational participant)

Recommendations relating to Evaluation Question 4: Value for money and efficiency

Commissioning agents need to ensure that Consultant Partners are well oriented, to ensure efficient project planning that meets participant organisations' needs and goals.

Organisations participating in the project are encouraged to strengthen their learning and share resources through establishing an Accelerator Program Community of Practice.

Independent of any formalised promotion of program outcomes and learnings, participating organisations are encouraged to take the initiative in promoting their achievements toward workforce mutuality, and sharing their learnings.

Consulting Partners are encouraged to seek other opportunities to collaborate in capability building initiatives in the west.

FINAL WORDS

In the uncertain times of HealthWest's final months, staff demonstrated their ability to apply their extensive knowledge and skills with a somewhat new methodological approach, to design a program that appears to have achieved all they intended, and more. Their application of agile methodology, the not inconsiderable applied knowledge of economic inclusion and workforce mutuality they have amassed over the past ten years, and their detailed knowledge of, and relationship with, their member organisations has enabled the HealthWest team to conduct a program that is likely to have far-reaching effects.

The team created and tested a vision for a program that could better support organisations 'where they are at'. To achieve this, a range of potential program activities were identified and factored into their planning.

HealthWest chose well with their Consultant Partners, recruiting highly skilled consultants with recognised expertise in equity, diversity, inclusion and mutuality, who had product offerings that would benefit the work of member organisations, and a willingness to tailor their product offerings to meet HealthWest and member needs and timelines.

HealthWest also chose well in selecting program participants. Their prior knowledge of member organisations, combined with a simple but in-depth recruitment process, enabled them to identify six organisations with a pre-existing level of diversity and inclusion maturity, a commitment to furthering this work, and ideas about what might be sound next steps.

HealthWest, Consultant Partners and participating organisations worked quickly to get started, and to fully implement the program; it is a credit to all that the Accelerator Program was completed, even though HealthWest is not here to celebrate the excellent short-term outcomes achieved.

The remaining challenge now for participating organisations is to sustain this work, embedding their gains – new knowledge and ways of thinking, new processes, new strategies and/or new resources – into organisational culture, systems and structures, then building or refining their strategy to further strengthen workforce diversity, inclusion and mutuality. The medium- and longer-term outcomes of the Accelerator Program can only be achieved with this commitment to sustainability, growth and cultural change.

Based on their learnings from the Accelerator Program, it is hoped that participating organisations maintain a commitment to building and sharing the body of evidence about effective mechanisms for improving workforce mutuality, and advocating strongly for workforce mutuality across the sector, and the west.

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APPENDIX 1: Program Logic - HealthWest Partnership Workforce Mutuality Accelerator Program

Problem / Need:
- There are high levels of economic exclusion through unemployment amongst people from diverse backgrounds in Melbourne's west [1]
- Unemployment leads to compromised health outcomes [2]
- A diversity gap has been identified in the health and community services' workforce in Melbourne's west [3]
- There is significant opportunity for health and community services in Melbourne's west to grow workforce diversity and contribute to increased economic inclusion for people from diverse backgrounds [4]

Statement of Purpose:
The Workforce Mutuality Accelerator Program aims to increase the capacity of HealthWest Partnership member organisations to achieve greater workforce mutuality within their organisations.

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACT
HealthWest staff HealthWest funds HealthWest knowledge, expertise, intel Consultant evaluator Service Providers: • Consulting Partner 1 • Consulting Partner 2	Expression of Interest Process EOI review and consultation with interested organisations Formal application process, review and approval Establishment of MOUs / agreements with key service providers for the provision of: • leadership coaching • diversity data management platform • support with co-design of recruitment processes Development and implementation of an evaluation framework	Provision of diversity and inclusion coaching to executive leaders Organisational access to a workforce diversity data platform Support with co-design recruitment practices • Revised Role Description template and guide • Recruitment process improvements report Sharing of learnings with funders, stakeholders, members and partners.	**Short-term** Executive managers have increased knowledge, skills, and confidence to build a culture of inclusion within their organisations. Executive managers have increased strategy and accountability in building a culture of inclusion within their organisations. Organisations have baseline data about diversity and mutuality in their workforce. Recruitment processes are made more accessible through collaborative design processes with community members. **Medium-term** There is a greater culture of inclusion within organisations and readiness for implementing workforce mutuality strategy. Organisations are using diversity and mutuality data to inform the development of strategies and practices. Organisations are implementing and trailing new recruitment practices. There is evidence on effective mechanisms for increasing workforce mutuality within organisations. Evidence is shared across the sector and supports advocacy for workforce mutuality **Long-term** Greater workforce mutuality is evident in participating organisation's workforce.	People from diverse backgrounds experience increased economic inclusion People from diverse backgrounds experience improved health outcomes Organisations experience greater efficiency, creativity, innovation, improved problem solving, improved decision making and attract better talent as a result of their diverse and inclusive workforce. Organisations perform better, have greater employee satisfaction and reduced absenteeism as result of increased workforce diversity. The community have improved access to services that better meet their needs.

Context & Evidence:
- Current workplace diversity and inclusion programs are not always successful at increasing diversity. As a result, alternative interventions are needed [5]
- HealthWest research with member organisations has identified guidance for leaders, data collection and the redesign of recruitment practices as beneficial activities for member organisations [6]
- HealthWest's relationships with member organisations, partnerships with key providers and workforce mutuality knowledge places HealthWest in a strong position to deliver this work.