Pathways to Diversity

Evaluation of the Standards for Workforce Mutuality Pilot

Final Report

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We gratefully acknowledge the contribution of the HealthWest Partnership team, particularly Martin Plowman and Gail O'Donnell, to ensuring the success of the Standards for Workforce Mutuality, the pilot, and this evaluation. We would like to also thank the pilot participants for their efforts through the evaluation and for giving their time and expertise so willingly. Finally, we would like to acknowledge the contributions of select members of the Standards for Workforce Mutuality Expert Advisory Panel who were an invaluable source of knowledge and perspective.

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Executive Summary

EXECUTIVE SUMMARY

This Final Report presents the findings of the evaluation of the Standards for Workforce Mutuality pilot, which took place June - December 2018. This report examines the outcomes of the pilot and draws conclusions on the fitness for purpose, effectiveness and feasibility of the self-assessment process, while also providing recommendations and suggestions for the future use and custodianship of the Standards.

Introduction

Due to the evidence suggesting that positive health outcomes occur when the diversity of the community is reflected in the diversity of community services, HealthWest Partnership sought to create important system level change through the development of the Standards for Workforce Mutuality. Following an 18-month development phase, HealthWest Partnership launched the first edition of the Standards for Workforce Mutuality ('the Standards') in May 2018.

Five organisations participated in the pilot which ran from July - October 2018. During the pilot, participants were required to develop a workplan to address their selected Standards, and engage in the self-assessment process by identifying and collecting examples of actions in practice that would meet the indicators for their selected Standards.

Lirata were engaged by HealthWest Partnership to undertake the evaluation of the Standards for Workforce Mutuality pilot. The purpose of the evaluation was to assist HealthWest to improve the Standards, self-assessment processes and accompanying tools and resources, as well as to develop thinking about the future management and use of the Standards. The evaluation combined qualitative and quantitative methods to provide answers to the key evaluation questions covering Fitness for purpose, Effectiveness, Feasibility of the self-assessment, Improvements and Future considerations. An evaluative rating is given to each of the first three domains (Fitness for purpose, Effectiveness, and Feasibility of self-assessment) on the scale Poor – Adequate – Good – Excellent.

Fitness for purpose

The Standards were unanimously reported to meet their intended purpose of providing organisations with guidelines for how to better reflect and respond to the diversity of their communities. In addition, it was universally agreed that all the Standards promoted the adoption of workforce mutuality practices and principles, and that meeting the Standards would lead to improvements in an organisation's overall workforce mutuality.

The Standards and the associated documentation (self-assessment tool and evidence guide) were consistently reported to be clear and easy to understand. Despite the large number of indicators included for the six Standards, this was not commonly reported to be an issue for pilot organisation representatives. Suggestions focused upon further enhancing the supplementary documentation and instructions associated with the Standards, considering whether plainer language could be used in some areas, and using the information collected through the pilot to best effect by sharing it with future organisations undertaking the self-assessment.

The Standards were reported to be exceptionally thorough in their breadth and application, whilst mostly remaining tangible enough to be of practical help to organisations. The main potential gap that was

identified was inclusion of what may be termed 'service mutuality': the extent to which the diversity of an organisation's clients or consumers reflect the diversity of their community. This was considered to be an important and complementary component of workforce mutuality.

Evaluation findings are that the 1st Edition Standards can be considered Good in terms of their fitness for purpose.

Effectiveness

Overall, it was found that the Standards were universally considered to promote the adoption of workforce mutuality practices and principles, and all respondents believed that meeting the Standards would lead to improvements in an organisation's overall workforce mutuality. Respondents indicated that engagement with the Standards during the pilot led to a deepened understanding about issues of diversity and inclusion, and led to new insights about the organisation's level of responsiveness to community diversity. Perhaps most importantly, the pilot was considered to have assisted the organisations participating at least Moderately in identifying actionable improvements, as well as leading to actual changes in culture, systems or practice.

The Standards were found to support organisations to undergo significant self-reflection and to provide a valuable framework within which to do this, even where they may already have considered themselves to be fairly advanced in their existing responsiveness to diversity. The most notable impact of the Standards pilot was that in nearly every instance, some aspect of actionable improvement was evident. Resultant actions ranged from micro to macro. While it was noted to be too early to know whether the Standards and the pilot experience were going to offer substantive long-term change, pilot organisation representatives were found to be optimistic.

While no negative outcomes of the Standards were identified during the pilot, a number of risks and challenges were highlighted. One of the main themes identified was that of the need for a well-planned and prepared approach to implementing change, with guidance to avoid some of the potential pitfalls. Sensitive and safe data collection and management was considered imperative for the long-term success of the Standards.

On an interim basis, and pending further study in the future, evaluation findings are that the 1st Edition Standards can be considered Good in terms of their effectiveness and potential to create positive impact.

Feasibility of self-assessment

Whilst commonly noted to be slightly overwhelming at first, due to the breadth of the Standards, the process of completing the self-assessment was typically found to be manageable once an approach was settled upon. In all instances, the expectations for completion were found to be suitably clear.

While concerns were initially raised by HealthWest that the pilot could not be comprehensively undertaken in only four months, the outcomes of the pilot and the strong engagement of the pilot organisation representatives have meant that these concerns have been allayed. Nonetheless, it is likely that further self-assessment against all six Standards would take significantly longer, and that implementation timelines would take longer still.

A dedicated diversity or inclusion role within the organisation was noted to be of tremendous assistance in ensuring the best information was captured and translated through the organisation. Nonetheless, it appeared that the self-assessment process could be completed with little difficulty by those who had no experience in the area. The biggest impediment was commonly found to be the time pilot organisation representatives had available within their own role rather than the self-assessment of the Standards per se.

The main challenge in measuring against indicators was reported to be the lack of data or time. Particularly for larger organisations, communication was also noted to be an area of challenge. It was noted to be important, particularly in these larger organisations, to quickly identify champions who would help facilitate the process.

One of the main challenges noted by pilot organisation representatives in conducting the self-assessment and implementing the Standards was the lack of diversity data to provide a baseline. In particular, while community data was considered to be relatively easy to access, staff data was noted to be a far more significant challenge, with most organisations having very little information available beyond the anecdotal.

Evaluation findings are that the 1st Edition Standards can be considered Good in terms of the feasibility of their use within their intended context.

Future considerations

All stakeholders consulted for the evaluation were strongly supportive of the ongoing use, development and promotion of the Standards for Workforce Mutuality. The Standards were noted to be particularly pertinent for the health, community and human services sectors, although they were also strongly believed to be relevant for a range of other sectors including local government, employment service providers, community housing, court and justice systems, and the corporate sector. A strong communication and promotion strategy was considered valuable in fostering awareness of the Standards and their potential benefits across multiple sectors.

Given the inherent value in the Standards, many pilot organisation representatives felt strongly that the best future custodian of the Standards would be the Victorian State government. It was also noted that the Standards would likely be viewed positively by a range of funding bodies due to their potential to create better client and community outcomes. In addition to government and funding bodies, a wide range of other custodians were suggested, including statutory, peak, professional and industry bodies, accreditation organisations, diversity-based organisations, research or health promotion bodies, commercial entities, or a specifically created not-for-profit organisation. The Diversity Council of Australia, in particular, was considered to warrant further consideration.

Both voluntary accreditation and a Community of Practice Model were considered to be suitable models for implementation of the Standards going forward.

The evaluation findings strongly endorse the value of the Standards as a resource for organisations in progressing work on diversity and inclusion.

The Standards are considered to have a strong and much desired future in the health, community and human services sectors, and beyond. Even in their current form, change has been evident in the organisations that have engaged with them. It is anticipated that strong future custodianship and a strongly community driven implementation model will ensure that the Standards for Workforce Mutuality 2nd Edition will provide significant impact and benefit to the broader community.

ACTION PLAN

In order to best plan for the short to medium term future of the Standards, encompassing their review and dissemination, a brief action plan is provided. The recommendations highlighted below are those which are considered to be of most immediate and practical concern for HealthWest Partnership in the first half of 2019, and are those which will best capitalise on the strength and vision of the organisation before the Standards are placed with a suitable custodian for their future use. Please note that for easy reference, recommendation numbers provided below are those used within the body of the report, and are thus not sequential in this context.

Development and review

Given the time-limited nature of HealthWest Partnership's role as current custodian of the Standards, the most valuable contribution to be made in the short-term is ensuring that the value and purpose of the Standards as an intersectional approach to workforce diversity is captured within the documentation.

5. **Develop accompanying resources that provide greater depth of information on specific issues of relevance to the Standards e.g. culture, LGBTIQ+ issues, or disability. Alternatively, provide reference to existing resources or key contacts who can provide updated information and advice as required.** [Section 3.1, p. 28]

7. **Consider how the concept of 'service mutuality' fits alongside 'workforce mutuality', and how it can be incorporated within the Standards preamble and/or indicators.** [Section 3.1, p. 31]

6. **Seek review of the Standards by an Aboriginal or Torres Strait Islander representative.** [Section 3.1, p. 29]

Partnership and promotion

Following review and revision, the Standards will be passed to a new custodian who will ideally work in partnership with HealthWest to ensure an effective strategy is developed to support the short to medium term implementation of the Standards. A key focus of HealthWest Partnership will need to be the careful selection of an appropriate custodian – an organisation that will seek to ensure that the vision, value and practical use of the Standards is supported in a meaningful way.

15. **Develop a communication and marketing strategy to support the promotion of the Standards.** [Section 3.4, p. 46]

19. **Explore a Community of Practice model as an appropriate option for implementation in the short-medium term.** [Section 3.4, p. 52]

18. **Review the range of potential future custodians of the Standards, identify a shortlist and seek to pursue handover of Standards ownership to a suitable party who will maintain and promote them within the public domain.** [Section 3.4, p. 50]

17. **Seek future custodianship arrangements that enable others to use the Standards and accompanying information innovatively to progress diversity initiatives, and that avoid proprietary restrictions on access to these resources.** [Section 3.4, p. 48]

SUMMARY OF RECOMMENDATIONS

Fitness for purpose

1. **Expand the Standards' explanatory materials to include greater context, definitions and procedural guidance to support the self-assessment.** [Section 3.1, p. 24]
2. **Compile a data bank of information and resources from existing work in order to capture and share practical strategies and approaches already developed and successfully used.** [Section 3.1, p. 25]
3. **Explore the possibility of developing an online or electronic self-assessment tool in the future.** [Section 3.1, p. 25]
4. **Produce a second edition of the Standards for Workforce Mutuality and associated resources, incorporating learnings from the pilot and evaluation.** [Section 3.1, p. 26]
5. **Develop accompanying resources that provide greater depth of information on specific issues of relevance to the Standards e.g. culture, LGBTIQ+ issues, or disability. Alternatively, provide reference to existing resources or key contacts who can provide updated information and advice as required.** [Section 3.1, p. 28]
6. **Maintain the focus in Standards documentation on intersectionality, with a greater emphasis on examples supporting aspects of diversity other than cultural and linguistic diversity.** [Section 3.1, p. 29]
7. **Seek review of the Standards by an Aboriginal or Torres Strait Islander representative.** [Section 3.1, p. 29]
8. **Consider how the concept of 'service mutuality' fits alongside 'workforce mutuality', and how it can be incorporated within the Standards preamble and/or indicators.** [Section 3.1, p. 31]

Effectiveness

9. **Conduct a follow up study several years in the future to consider medium-term outcomes and confirm the potential for positive long-term impact.** [Section 3.2, p. 34]
10. **Provide resources to support organisational cultural change efforts.** [Section 3.2, p. 36]
11. **Collect and manage diversity data with sensitivity and safety. Provide guidance within the Standards documentation around a process of data collection that takes into account cultural safety and timing.** [Section 3.2, p. 37]

Feasibility of self-assessment

12. **Promote the identification and encouragement of champions who can provide ongoing value in supporting self-assessment processes within organisations, and the promotion of the Standards more broadly.** [Section 3.3, p. 42]

13. **Encourage organisations to consider the timing of their self-assessment in the context of broader organisational review to provide greater opportunity for structural and systems level change.** [Section 3.3, p. 43]

Future Considerations

14. **Undertake a review of the Standards by a small number of organisations outside the health and community sector in order to ensure the language and concepts described are appropriate for a wider market; integrate revisions as required.** [Section 3.4, p. 45]

15. **Develop a communication and marketing strategy to support the promotion of the Standards.** [Section 3.4, p. 46]

16. **Develop and provide clear information to support the promotion of the Standards in ways that will speak to a range of organisations, including businesses. This may include documenting the value proposition, return on investment, and the benefits of adopting the Standards.** [Section 3.4, p. 47]

17. **Seek future custodianship arrangements that enable others to use the Standards and accompanying information innovatively to progress diversity initiatives, and that avoid proprietary restrictions on access to these resources.** [Section 3.4, p. 48]

18. **Review the range of potential future custodians of the Standards, identify a shortlist and seek to pursue handover of Standards ownership to a suitable party who will maintain and promote them within the public domain.** [Section 3.4, p. 50]

19. **Consider voluntary accreditation as a suitable model for implementation of the Standards.** [Section 3.4, p. 51]

20. **Explore a Community of Practice model as an appropriate option for implementation in the short-medium term.** [Section 3.4, p. 52]

CONTENTS

1 Introduction

1 INTRODUCTION

This report presents the findings of the evaluation of the Standards for Workforce Mutuality pilot, an initiative of HealthWest Partnership.

The pilot took place July - October 2018, with the evaluation spanning June 2018 - December 2018.

This Final Report examines the outcomes of the pilot and draws conclusions on the fitness for purpose and effectiveness of the Standards, and the feasibility of the self-assessment process, while also providing recommendations and suggestions for the future use and custodianship of the Standards.

1.1 Context

HealthWest Partnership is one of 28 primary care partnerships (PCPs) funded by the Victorian Government. HealthWest's catchment in Melbourne's west is characterised by high levels of diversity on multiple dimensions including cultural and linguistic background, gender, sexuality, age, religion, different levels of ability and other factors.

In 2016 HealthWest and their members identified concerns that the diversity of the community was not being sufficiently represented in the health and community sector workforce. This concern arises not merely from important considerations around equity and access to opportunity, but also from the breadth of evidence suggesting that health and social outcomes are better when the community is supported by services that reflect the community's diversity.

Diversity is a multifaceted concept with the variables it covers changing with time and societal views. In a 2011 survey of 300 senior executives of large international companies, Forbes Insights highlighted that while gender was currently part of the organisation's diversity and inclusion efforts in 81% of cases, disability was only covered 52% of the time, and sexual orientation 39% of the time (Forbes Insights 2011). This suggests the need for a more holistic and integrated approach to diversity in the workplace, and one which focuses upon the need for intersectionality.

The benefits of a diverse and inclusive workplace were examined by the Diversity Council of Australia (2017) who found that working in an inclusive team meant that staff were 19 times more likely to be satisfied with their job than workers in non-inclusive teams, four times more likely to stay with their employer, and two times more likely to receive regular career development opportunities. Additionally, they were almost seven times less likely to have experienced harassment and/or discrimination in the past year. Encouragingly, three out of four Australian workers supported or strongly supported their organisation taking action to create a workplace which was diverse and inclusive.

With regard to health outcomes specifically, while the precise reasons may not be scientifically understood, Spevick (2003) reflects that the literature indicates that patients from minority populations prefer doctors of their own ethnicity. A health and community workforce that reflects the diversity of those it serves increases the ability of organisations to best serve the community, while simultaneously improving the social determinants of health by providing employment pathways and greater community engagement (HealthWest Partnership 2018).

> *Victoria would do well to make the most of its human resources and embrace newcomers who want to work no matter where they have been educated and gained their skills and experience. Recent research shows that the most productive, profitable and innovative organisations are those with a diverse and inclusive workforce. (Ethnic Communities' Council of Victoria 2014)*

Due to the evidence suggesting that health outcomes improve when the diversity of the community is reflected in the diversity of community services, HealthWest Partnership sought to create important system level change through the development of the Standards for Workforce Mutuality.

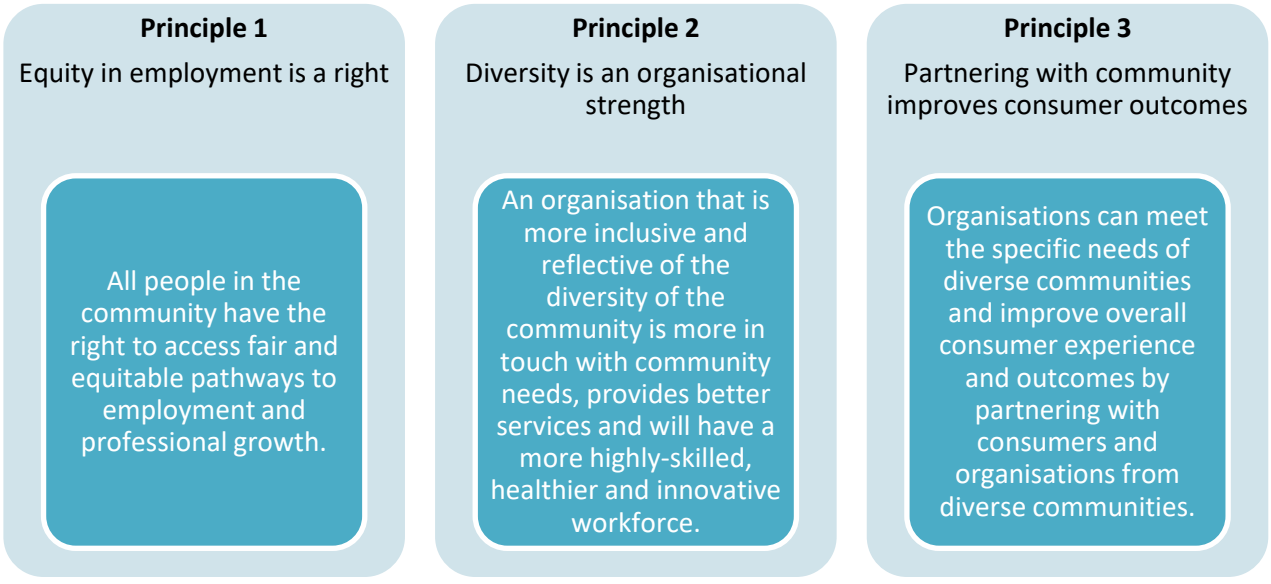
1.2 Standards for Workforce Mutuality

On the 17th May 2018 HealthWest launched the 1st edition of the Standards for Workforce Mutuality (HealthWest Partnership 2018), referred to hereafter as the Standards. Workforce mutuality is a term coined by HealthWest, describing the extent to which the diversity of an organisation or a sector's workforce reflects the diversity of the community it serves, as well as the level of responsiveness of an organisation or sector to the needs of a diverse community. Workforce mutuality has the potential to increase the participation of people from diverse backgrounds in the delivery of health and community services, as well as improving the ways in which organisations meet the needs of their communities. The Standards provide guidance to organisations in achieving these outcomes.

The Standards were created through an 18-month development phase led by Dr Martin Plowman, Workforce Mutuality Project Officer at HealthWest Partnership, with external mentoring support provided by Pam Kennedy. The development of the Standards was supported by an Expert Advisory Panel made up of representatives of HealthWest member organisations as well as peak bodies across the health, community, employment, higher education and corporate sectors.

The Standards were developed based upon three main principles, as depicted in Figure 1.

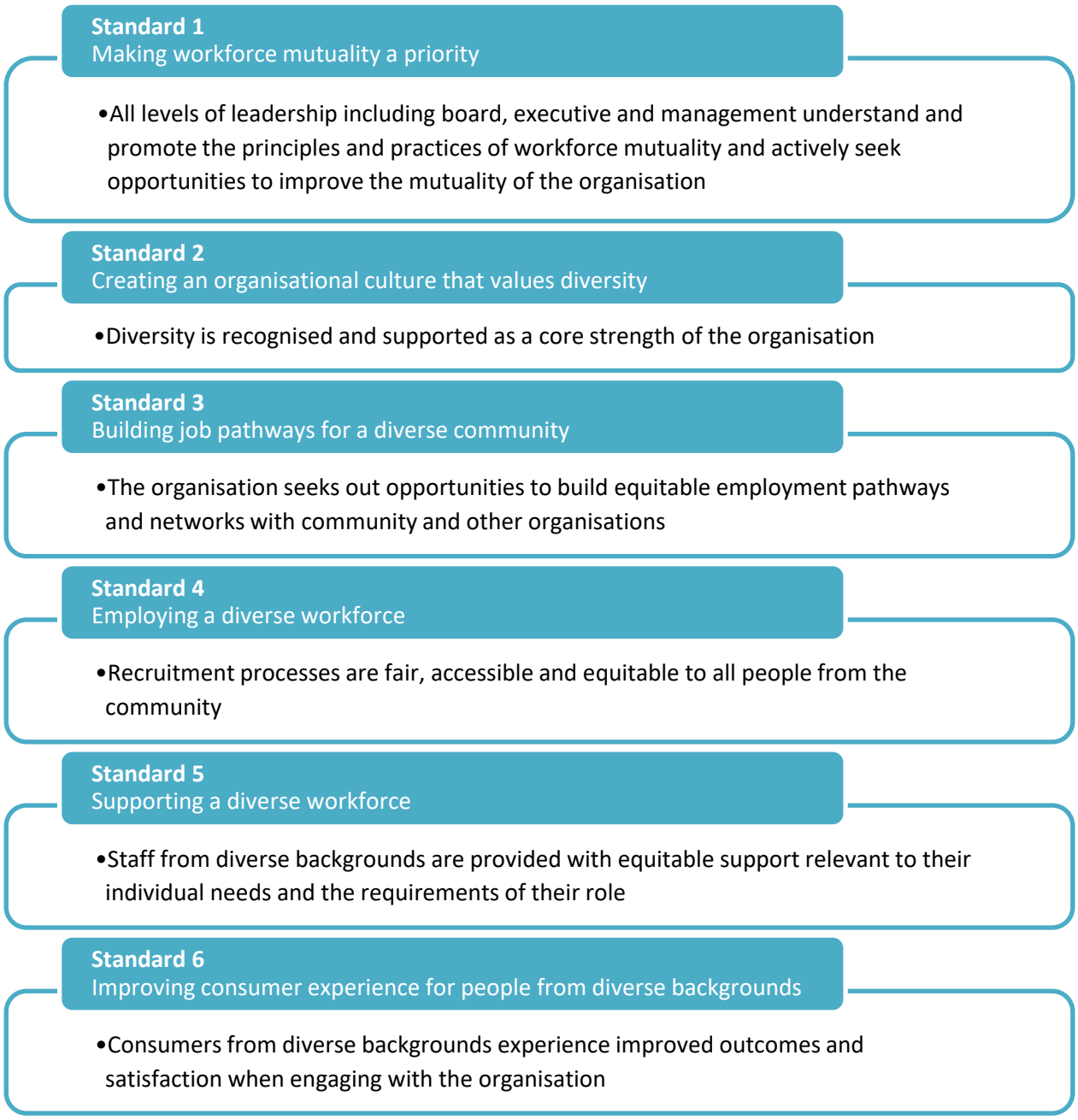
FIGURE 1: THE THREE PRINCIPLES OF THE STANDARDS FOR WORKFORCE MUTUALITY



The Standards for Workforce Mutuality consist of six Standards, each with an accompanying Statement of Intent and a set of indicators, as can be seen in Figure 2 below. The full text of the Standards is available at

http://healthwest.org.au/wp-content/uploads/2018/05/HW_WorkforceMutualityStandards_1stedition.pdf.

FIGURE 2: THE SIX STANDARDS FOR WORKFORCE MUTUALITY



Whilst the Standards were initially designed for use by health and community organisations in western Melbourne, they were intentionally designed to be inclusive enough to be utilised in other catchments and sectors.

The Standards acknowledge and promote the full range of diversity that a person or community may have, including a broad definition of diversity that may include cultural and linguistic diversity, Aboriginal and/or Torres Strait Islander ancestry, gender and sexual identity, age, ability, and religious affiliation. Importantly, the Standards are intersectional, ensuring that recognition for the complex and multi-faceted identification

of diversity is built directly into the Standards. This also allows for the development of diversity definitions over time, ensuring that the Standards are not considered to be final or conclusive, but can evolve as required to best reflect the needs of the community.

It is important to consider that workforce mutuality is not premised upon the notion that the white Anglo-Celtic community is the reference point from which to consider notions of 'otherness'. As highlighted by Canas (2017) 'diversity is a white word' and can be considered to reflect difference through a white lens which further normalises the otherness. In contrast, the Standards for Workforce Mutuality have been developed based upon the construct that all people are considered to exist as part of the 'mosaic of diversity that in sum total makes up the community' such that the English-speaking Anglo-Celtic Australian community is considered part of the diversity of the community, rather than the norm against which other groups are seen as diverse (HealthWest Partnership 2018).

1.3 Pilot

As a new resource for promoting responsiveness to diversity, with no clear parallel elsewhere, HealthWest considered it important to pilot the Standards before promoting them more widely. HealthWest Partnership members and other interested organisations were invited to complete an Expression of Interest for participation in the HealthWest Partnership Standards for Workforce Mutuality Pilot Program on 7th June 2018.

The aim of the pilot was to evaluate the effectiveness, useability and relevance of the first version of the Standards. Specific objectives of the pilot were to:

1. Inform improvements to the Standards by testing them in practice.
2. Support participating organisations in assessing their current workforce mutuality through self-assessment against the Standards, and thus determine their strengths and limitations.
3. Support participating organisations in developing a pilot workforce mutuality action plan.
4. Build a dataset of examples of good practice in workforce mutuality that meet the requirements of the Standards' indicators.

Expressions of Interest for the pilot closed on 30th June 2018 with five organisations committing to participate in the trial:

- **Bolton Clarke** – Bolton Clarke have a strong history of care and support, formed from the merger of RSL Care and RDNS. Bolton Clarke provides a range of health care, at home support, retirement living and residential aged care services. Serving the community 24 hours a day, seven days a week, Bolton Clarke organises more than 4 million client visits each year. (https://www.boltonclarke.com.au/)
- **cohealth** – cohealth is a large not-for-profit community health organisation that provides vital local health and support services including medical, dental, allied health, mental health, aged care and counselling, and many specialist health services across Melbourne's CBD, northern and western suburbs. (https://www.cohealth.org.au/)
- **commUnity+** – commUnity+ is a multi-disciplinary community agency that provides services across Victoria while looking for opportunities to deliver a range of early intervention and prevention programs to disadvantaged people and vulnerable communities no matter where they live. These programs include high quality Adult Education, Children's Contact Service, Neighbourhood House

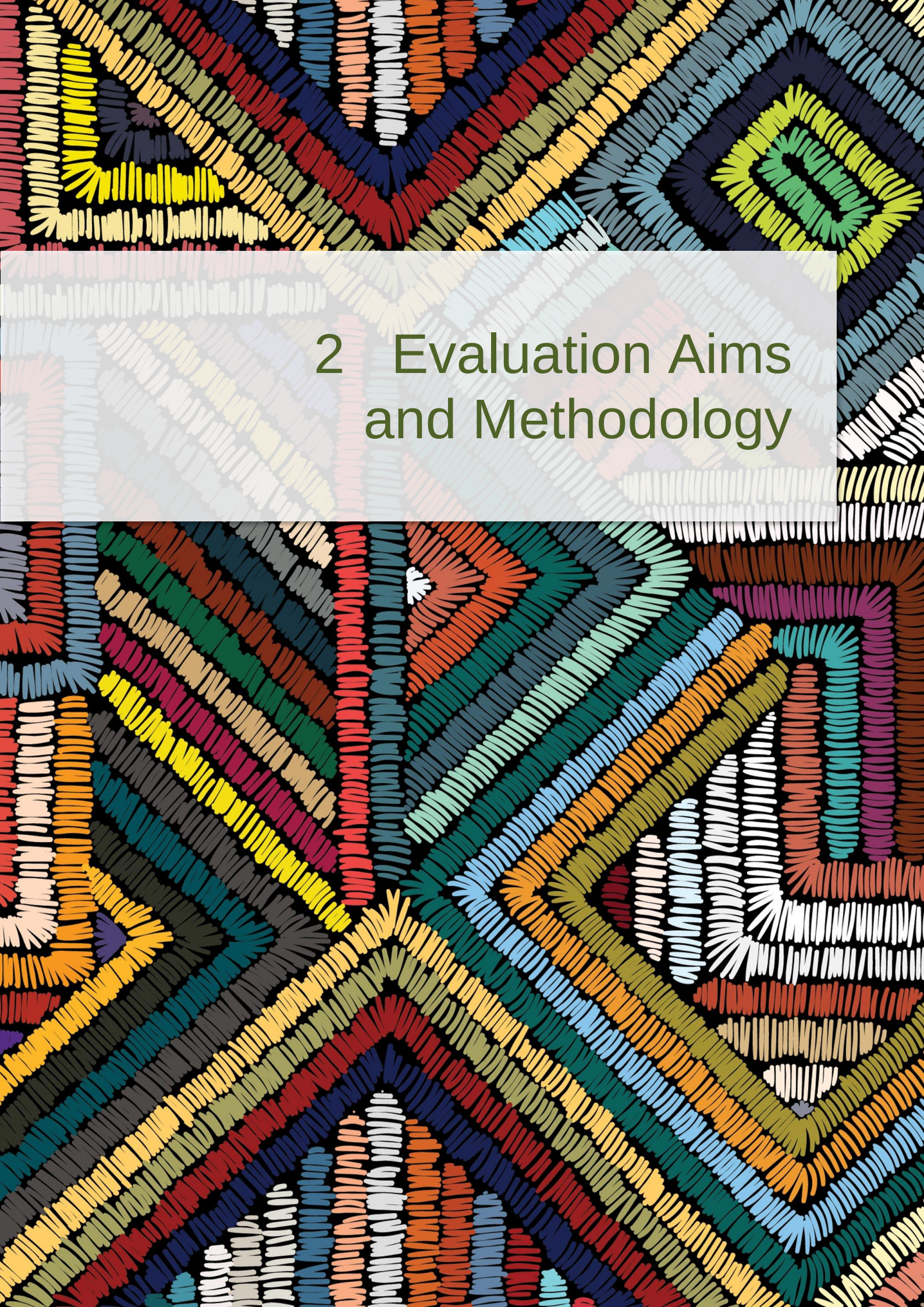
and Legal, as well as community engagement and development activities. (https://www.communityplus.org.au/)

- **IPC Health** – IPC Health is one of the largest providers of community health services in Victoria. Through a single point of contact, individuals can connect to a full spectrum of care and support using consistent approaches including those of IPC's partners. IPC Health is a not-for-profit company that operate from six sites in Melbourne's West and employs 400 staff. (https://www.cohealth.org.au/)
- **Tweddle** – Tweddle offers interventions to babies, toddlers and their families to promote the preservation, reunification and restoration of health and wellbeing where there is distress and disruption in the infant-parent relationship. Every year Tweddle's specialised team of maternal and child health nurses, mothercraft nurses, social workers and early parenting practitioners provide support to over 4,000 families facing parenting challenges. (http://www.tweddle.org.au/)

Through mutual negotiation and agreement, each participating organisation was allocated two of the six Standards against which they should conduct their self-assessment during the pilot period, such that each Standard was tested by at least one organisation. Standards 1-4 were piloted by a single organisation, while Standards 5 and 6 were piloted by multiple organisations.

During the pilot, pilot organisation representatives were required to develop a workplan to address their selected Standards, and engage in the self-assessment process by identifying and collecting examples of actions in practice that would meet the indicators for their selected Standards.

Representatives from the participating organisations met approximately monthly on four occasions during the pilot in order to discuss their progress, and to make brief presentations to the group in order to share their progress and reflections.



2 Evaluation Aims and Methodology

2 EVALUATION AIMS AND METHODOLOGY

2.1 Purpose and focus

An independent evaluation was built into the design of the Standards for Workforce Mutuality pilot. HealthWest Partnership engaged Lirata Consulting to conduct the pilot evaluation. Lirata (www.lirata.com) is an independent not-for-profit organisation based in Melbourne, Australia, which provides specialist consultancy and evaluation services to the health, community services and education sectors.

The evaluation has a formative focus and two main purposes:

1. To assist HealthWest to improve the Standards, self-assessment processes and accompanying tools and resources.
2. To assist HealthWest to develop its thinking about the future management and use of the Standards.

The evaluation specifically aims to:

- Assess the coherence, applicability and usefulness of the Standards across relevant organisations.
- Assess the feasibility of the self-assessment process.
- Provide recommendations for further refinement of the Standards, self-assessment process, self-assessment tool and accompanying resources.
- Identify options for the future 'ownership', management and promotion of the Standards.

As seen in Table 1, the evaluation has been designed to respond to a set of key evaluation questions which fall into five broad domains.

TABLE 1: KEY EVALUATION QUESTIONS

DOMAINS	KEY EVALUATION QUESTIONS
Fitness for purpose	To what extent are the Standards fit for purpose? • Applicability to target organisations and sectors • Clarity (comprehensibility) of content • Alignment with key issues relating to responsiveness to diversity • Suitability of structure of standards and indicators
Effectiveness	How effective are the Standards in increasing organisational intention to be responsive to community diversity? • Extent of organisational learning (during pilot) • Extent of actionable improvement identified (during pilot) • Extent of change in culture, systems and/or practice (during pilot)
Feasibility	How feasible is the Standards self-assessment process for a range of service provider organisations? • Level of complexity • Level of challenge to culture, systems and practice • Level of resourcing and stakeholder involvement required
Improvements	How could the Standards, self-assessment process and associated tools and resources be improved?

DOMAINS	KEY EVALUATION QUESTIONS
Future considerations	What considerations apply to future use, management and promotion of the Standards?

It is important to note that the evaluation focus is on the use and applicability of the Standards, rather than measurement of organisational responses to diversity, as identified through the self-assessment process. While pilot organisation representatives identified areas of strength or learning for their organisations through the pilot process, the focus of the evaluation is on the Standards and the self-assessment process specifically. Thus, throughout this report, no commentary will be provided around individual organisations' performance against the Standards.

2.2 Roles and governance

The consulting team for this evaluation consisted of:

- Dr Leannda Read – project lead, report writing lead, staff and participant interviews, quantitative and qualitative data analysis.
- Mark Planigale – staff, participant and Expert Advisory Panel interviews, qualitative data analysis, report contributor.

HealthWest Partnership project management was provided by Dr Martin Plowman with CEO Gail O'Donnell providing project oversight.

A project timeline and evaluation framework (see Appendix A) were developed, and were approved by HealthWest Partnership in the early stages of the project.

2.3 Methodology

The evaluation combined qualitative and quantitative methods to provide answers to the key evaluation questions. Table 2 summarises the data collection methodology. Further information on methodology is provided in Appendix A to this report.

TABLE 2: SUMMARY OF DATA COLLECTION METHODS

METHOD	SCOPE
Review of available program documentation	Standards, self-assessment tool, evidence guide, minutes from pilot participant meetings
Interviews with pilot participants	5 interviews with 8 participants
Interviews with HealthWest Partnership staff	2 interviews
Interviews with Expert Advisory Panel members	1 interview with 3 participants
Analysis of Feedback Register	5 responses
Pilot participant workshop	1 meeting with 10 stakeholders including representatives of the 5 pilot organisations, the Expert Advisory Panel and HealthWest Partnership

Data from interviews and the pilot participant workshop was summarised and then themed in relation to the evaluation questions. Quantitative Feedback Survey data was analysed in Excel while open text answers

were summarised and themed in relation to the evaluation questions. Given the small number of pilot organisation representatives, and the generally converging results, Feedback Survey results are not explicitly included in table or graph form throughout the body of the report unless particularly pertinent. A summary of quantitative findings from the Feedback Survey may be found in Appendix B. Responses to each evaluation question were developed through triangulation of the outputs of data analysis activities during the process of report writing.

In summary the evaluation timeline was:

- June 2018 – Evaluation preparation commenced
- July-October 2018 – Feedback Register: data collection and analysis
- October 2018 – Interviews and pilot participant workshop: data collection and analysis
- November 2018 – Brief progress report
- December 2018 – Draft final report
- January 2019 – Final report

In the sections that follow, evidence from all sources is integrated to explore and support the conclusions drawn. An evaluative rating is given to each of the first three domains (Fitness for purpose, Effectiveness, and Feasibility of self-assessment) on the scale Poor – Adequate – Good – Excellent.

3 Findings

3 FINDINGS

In the following section each of the key evaluation questions will be considered in turn, with the question of possible improvements being integrated throughout the section in response to issues raised.

3.1 Fitness for purpose

In order for the Standards to fulfil their purpose of developing a more inclusive workforce that is reflective of the diversity of the community, and improving the responsiveness of organisations to the needs of people from diverse backgrounds, it is important to consider if the Standards are indeed suitable for this purpose.

In examining the degree to which the Standards are fit for purpose, the evaluation considered four main areas of focus:

- The clarity of the Standards for those using them
- The extent of applicability of the Standards to the target organisations and sectors
- The suitability of the structure of the Standards and indicators
- The degree of alignment with key issues pertaining to responsiveness to diversity.

Overall, the Standards were unanimously reported to meet their intended purpose of providing organisations with guidelines for how to better reflect and respond to the diversity of their communities. In addition, it was universally agreed that all the Standards promoted the adoption of workforce mutuality practices and principles, and that meeting the Standards would lead to improvements in an organisation's overall workforce mutuality.

Framing this piece of work on diversity as a set of Standards appears to have been useful as a way of setting a benchmark for practice and systems, and presenting the information in a way that is logical, appealing and familiar to organisations, especially those in the health and community services sectors.

> *It has been rewarding thinking about our organisation in this way, as this is positive in helping our organisation to grow and become a stronger integrated services provider for the diverse communities and individuals we serve. Having Workforce Mutuality Standards in place will enable us to be more equitable in the eyes of our clients, the communities we serve, our funders, regulators, and our staff.*
> *(Pilot organisation representative)*

Clarity and structure

Terminology

In general, pilot organisation representatives felt that the language and tone of the Standards was appropriate, clear and easy to understand. One pilot organisation representative commented that the language and many of the concepts were familiar to community service providers from other quality frameworks against which they were accredited. For this reason it was suggested that the Standards felt like a natural fit especially within the community health sector, but might be less readily understood in

other sectors. It was also suggested that in preparing the second edition, the Standards be reviewed again with a health literacy lens, seeking to simplify the language where possible for other audiences. This will be explored further in Section 3.4 below.

The term 'workforce mutuality' was found to have both advantages and disadvantages associated with it. As a term that will be unfamiliar and novel to most people, it was reported to potentially prove a conversation starter and a way to pique interest. This was noted on a number of occasions where the term was explained to colleagues and friends who were interested to know more. In most instances, it was reported that people readily understood the term once it was explained.

Conversely, particularly when working with those in the community for whom English is not their first language, the term itself may prove a barrier to engagement. A number of pilot organisation representatives reported concern that the term may be difficult for consumers to understand or relate to, despite the relevance of the topic.

In all instances, recognition was given to the challenges faced by HealthWest Partnership and the Expert Advisory Panel in the development of a term that was suitable for the purpose. The development of the term 'workforce mutuality' came from a desire to reframe diversity and inclusion. The term 'mutuality' was intended to 'hold the middle' and appeal specifically to the centre, as well as the corporate sector.

In particular, stakeholders spoke of the need to ensure the term was broad enough to encompass all aspects of diversity and the reflection of these in the workplace, while also remaining acceptable for the broader community. Concern was noted that if the term and associated concepts became considered politically correct they may not get the traction they need in order to become 'normalised' within all areas of the sector and more broadly. Workforce mutuality was considered to 'go beyond diversity'.

> *As a society, diversity and multiculturalism are on the nose. This [workforce mutuality] is helpful. (Pilot organisation representative)*

A similar discussion arose around the usage of the word 'workforce', with some representativeness preferring (and even adopting) the term 'workplace' on the basis that it was a more user-friendly term.

Despite any concerns about its usage, the term 'workforce mutuality' appears to have already permeated some facets of the community sector, with one stakeholder reporting that the term had been used recently at a mental health forum in the Western suburbs of Melbourne by someone not directly involved in the development or pilot of the Standards.

One final observation about the terminology used within the Standards was that despite being a central concept when considering workforce mutuality, the term 'community' is not clearly defined or explored within the document. Community can refer, for example, to geography, or it can refer to a community of interest, or a community of people with shared characteristics. The relevant community can also be harder to define when service providers are located remotely from the areas they serve. This issue will be explored further below.

Standards

Overall, the purpose, structure and presentation of the Standards was considered to make sense to pilot organisation representatives. All respondents Agreed or Strongly Agreed that the Standards and indicators were clear, easy to understand, and user friendly. While concern was noted by stakeholders that the

Standards and the sheer number of indicators (43 across the six Standards) may be intimidating, this was not generally reported to be the case by pilot organisation representatives.

In one instance it was reported that three or four indicators per Standard would be a more appropriate and manageable number, and could be achieved by collapsing some of the items together. In particular, it was suggested that the number of indicators could be streamlined according to the size of the organisation, reducing it to two indicators for small organisations, three for medium and four/five for larger organisations.

The six Standards were universally noted to be the right ones in terms of quantity and quality.

> *It's a rigorous, structured and well thought out process (Pilot organisation representative)*

One respondent summed it up thus:

> *The main strength of the Standards are: 1. An easy guide on paper for organisations to access 2. Captures all areas relevant to workforce mutuality (comprehensive) 3. No one else has done anything that covers both the workforce and the client/consumer so well! (Pilot organisation representative)*

Nearly every respondent reported on the value of the 'Why this standard is important' section attached to each Standard as a helpful reminder of the context of the Standard.

The Standards were described as intentionally flexible in the approach that can be taken, in that they can be used sequentially as a road map, or they can be used according to a 'pick and choose' approach, as best fits the organisation.

One pilot organisation representative reflected that while this was understood to be the intention, their numbered presentation implied a sequential nature that may be understood in a more restrictive sense than intended. In this way, it may be mistakenly believed that an organisation should proceed through issues relating to leadership before considering broader culture or building job pathways. This was found to be the case in some instances where the assumption that you would move through the Standards sequentially was implied. In general, it was reported that all the Standards were needed in tandem in order to achieve all the benefits.

It was, however, noted that the starting point, or the approach taken, would depend very much on the type of organisation (particularly with regard to sector and size) and their existing fluency in the issues to be considered. It was suggested that in some organisational contexts Standard 1 may not be the most appropriate place to commence, and that it may be better to start with Standard 2 (or, as suggested by one pilot organisation representative, follow the order 6, 2, 5, 3, 4, 1). This would allow for the establishment of a supportive organisational culture before addressing the challenges of supporting a Board or management team through the process, or introducing a newly diverse workforce to the organisation. One suggestion was that it may be best to provide a long lead time before conducting the self-assessment or seeking to improve workforce mutuality, so that organisations can 'do some legwork first' to ensure success for themselves and those they hire.

The suggestion was made that the Standards may in fact be well suited to a more circular presentation in order to reflect the more interconnected nature of the individual Standards and the need for all parts to

work together, while simultaneously leaving the question of starting point up to the user. An example of this depiction may be seen in Figure 3.

FIGURE 3: EXAMPLE PRESENTATION OF THE STANDARDS

Explanatory material

Regardless of the chosen presentation of the Standards, one of the main suggestions made by both HealthWest and the pilot organisation representatives was that the Standards could afford to have more explanatory information either within the document itself, or in a set of easily accessible associated resources in order to give greater direction to those undertaking the self-assessment. One pilot organisation representative suggested that an introductory video outlining some of the significant work put into developing the Standards may add credibility to the process, while proving to be an accessible and non-labour intensive way to access information for those undertaking, or interested in undertaking, the Standards.

In this material, greater coverage of some of the central ideas behind workforce mutuality could be provided in order to support and challenge the thinking of those who may be resistant to some aspects of the changes needed. For instance, a discussion around notions of equity, equality, opportunity, targets, quotas and merit-based employment may be beneficial.

Many organisations reflected that the Standards, indicators and evidence guide could be made more relevant to small/medium/large organisations. For instance, improved systemic ideas for statewide services serving multiple diverse communities was flagged as an area where more information would be welcome,

as was more clearly defining budget expectations for small organisations. One suggestion regarding the supplementary explanatory information was therefore that this could potentially be targeted according to the size of the organisation. At the same time, all aspects were nonetheless felt to be currently suitable for a wide-ranging audience.

Several stakeholders commented that it would be valuable to provide higher level guidance material for organisations about how to approach the Standards and the broader process of improving responsiveness to diversity. It was noted that the Standards contain considerable detail and that some potential users may find it difficult to know how to apply this in practice. Several stakeholders suggested the provision of a high level 'roadmap' for people to guide the process of using the Standards – perhaps broken into three or four main stages, with indications about the types of activities associated with each stage. This could help users to orient to the overall process and then explore the detail of the Standards when needed.

> *A key way of [the Standards] failing is not being able to take people from intention to implementation. (Stakeholder)*

Several stakeholders also suggested the need for guidance on practical aspects of change processes. For example, this might include suggestions on who in the organisation will need to be involved in order for progress to occur, how to create an effective working group to drive change, and the need to avoid 'delegating the Standards to a junior Diversity Officer'. It might also include suggestions for how to develop a whole of organisation communications and implementation strategy for progressing diversity matters.

Recommendation

1. ***Expand the Standards' explanatory materials to include greater context, definitions and procedural guidance to support the self-assessment.***

Pilot organisation representatives suggested that a useful output from the pilot would be a 'data bank' of resources, tips, case studies or 'how to guides' stemming from pilot organisation representatives' experiences of engaging with the Standards in their own organisations. This may include:

- Policies
- Training modules
- Surveys that have been undertaken
- Suggestions on where to get data and how to use it
- Suggestions on how to feed progress into Annual Reports
- Tips on how to embed the necessary changes in IT systems or strategic planning
- The interface of the Standards with compliance, wellbeing or other existing or emerging systems
- A 'roadmap' for organisations to follow based upon the experiences of others, particularly as a way of providing examples for organisations of different sizes

The data bank was considered to have strong value in enabling collaboration and the sharing of ideas in order to make the self-assessment process quicker, easier and more manageable. The availability of the data bank was also considered to be a valuable mechanism by which to support interested organisations to take part, whilst harnessing the existing work that has been done by others.

Recommendation

2. Compile a data bank of information and resources from existing work in order to capture and share practical strategies and approaches already developed and successfully used.

One pilot organisation representative suggested that HealthWest may be ideally placed to facilitate the collection and dissemination of these shared resources.

Supplementary Documentation

In order to support self-assessment against the Standards, two supplementary documents were drafted by HealthWest Partnership. A self-assessment tool and an evidence guide were provided to pilot organisations at the commencement of the pilot for their use.

Respondents were found to Agree or Strongly Agree that relevant and sufficient resources were provided to help them meet all Standards except Standard 5 where 50% of respondents were in agreement and 50% were not (please refer to Appendix B for further detail).

Two pilot organisation representatives noted that due to the need to refer to multiple documents in order to complete the self-assessment process (the Standards, the self-assessment tool and the evidence guide), the process was a little disjointed and may have benefited from greater integration. One pilot organisation representative noted that they had completed their self-assessment by working their way through the self-assessment tool and identifying their own examples of practice, whereas they would have saved substantial time by working through the evidence guide in the first instance as a way of providing direction.

It was noted in a number of instances that in the future organisations may find an online or electronic and integrated version far more appealing and user-friendly, in addition to conveying the appropriate sense of professionalism. An integrated online survey type system was proposed to reduce the work involved by helping to generate metrics around performance, and tie into guidance on where more efforts are needed based upon the self-assessment. It was also suggested that an online system could facilitate the collection of data that would support other organisations with their own self-assessment (as per Recommendation 2).

In addition to this, a more visual presentation of the introductory information and guidelines was suggested to be a useful and convenient way for organisations to access the information.

> *Every organisation is different and determining how far along [they are] in terms of workforce mutuality needs to be as less labour intensive as possible to ensure adoption of the workforce mutuality principles and practice. (Pilot organisation representative)*

Recommendation

3. Explore the possibility of developing an online or electronic self-assessment tool in the future.

Despite concerns by HealthWest that the Evidence Guide was incomplete, feedback from pilot organisation representatives was resoundingly positive, with all pilot organisation representatives indicating that they Agreed or Strongly Agreed that the guide was relevant to the indicators and Standards. In particular, it was noted that even though some of the examples may not be specific to the particular organisation, they could be easily adapted.

The Establishing and Advancing examples contained significant ideas and initiatives to pursue. (Pilot organisation representative)

Standards for Workforce Mutuality 2nd edition

One of the expected outcomes of the pilot evaluation by most pilot organisation representatives was that there would be a second edition of the Standards and associated documentation in the near future.

One pilot organisation representative voiced concern about the amount of time it may take to integrate evaluation findings into a potential second edition of the Standards before releasing them. Given the value of the work that has gone into the development of the Standards, it was considered to be vital that they become accessible as soon as possible, with due regard to issues of custodianship, model of implementation and promotion, as outlined below. Based upon the evaluation, however, it has been found that the Standards as currently presented are suitable, and available, in their current form. Small edits to the Standards and associated documentation could be done quickly and with minimal resourcing, as a basis for widespread initial distribution. A full review and incorporation of some of the concepts that have arisen through the course of the evaluation is warranted, but will take longer, and need not delay dissemination of the current version.

Recommendation

4. ***Produce a second edition of the Standards for Workforce Mutuality and associated resources, incorporating learnings from the pilot and evaluation.***

Applicability and suitability

In general, the Standards were found to be broadly applicable to all organisations in the pilot. For example, one stakeholder noted that when the key concepts were explained to them, they had instantly recognised areas of workforce mutuality in their own workforce. They felt that many other organisations would also identify with the concepts and find they provided a useful lens.

Once the Standards are distributed we will have a lot of lightbulbs going [on] for people like myself. (Pilot organisation representative)

One of the advantages of the Standards in their current form was noted to be that the breadth of them encompassed everyone and all situations, and neatly deflected any potential claim of reverse discrimination as the concept of mutuality includes the English-speaking Anglo-Celtic Australian community and other majority populations, as well as those from minority groups.

Whilst the Standards and indicators themselves were determined to be broadly applicable, the responses required of organisations were sometimes queried. In particular, specific indicators were sometimes found not to be the focus of activities for a specific organisation, and one pilot organisation representative observed that their organisation was restricted in what they could do as certain roles require particular qualifications as a prerequisite. A question was raised around the applicability of some of the indicators for smaller organisations where, for instance, it may be challenging to get budgeted funds apportioned in order to meet certain indicators. Further detail about the feedback provided on individual Standards and indicators may be found in Appendix B.

The indicator examples of Advancing and Establishing were noted to be very good, although one pilot organisation representative suggested that it may be useful to have much more precise benchmarks

provided in the indicators that describe, for instance, the percentage of revenue to be allocated to a particular aspect, or the need for a dedicated role or amount of time spent. In particular, it was believed that this would assist those in finance positions or with budget responsibilities to be clear on the commitment expectations. While this was noted to be something that would be helpful in completing the self-assessment process, it was also acknowledged that this may be a difficult thing to do whilst still allowing the Standards to be broadly applicable across a wide range of organisations with very different characteristics. In particular, it was noted that these benchmarks may differ according to the size of the organisation.

Several pilot organisation representatives queried the overlap of the Standards with other widely used quality frameworks such as the EQuIP Standards, Quality Improvement Council Standards, National Safety and Quality Health Service Standards (NSQHSS), and others. It was suggested that this could be perceived as either leading to accreditation fatigue – and prove a disincentive to taking on more standards – or alternatively, it may provide an argument for directing funds into meeting the Standards as it would then provide the groundwork for the others (albeit in greater depth than would be required). The Standards currently do not reference other existing sets of standards which cover related matters. There may be value either in the Standards themselves, or in an accompanying resource, to note areas of alignment with other frameworks and provide suggestions for how organisations might approach these cross-overs in a coherent way.

Alignment with key issues

With the push towards Consumer Directed Care, it was noted that much organisational focus had been placed on considering the diversity and needs of consumers, but less on considering diversity within the workforce. The Standards were therefore seen to fill an important gap.

On the whole, the Standards were considered to provide extremely comprehensive coverage (‘almost to a fault’, ‘nothing missing’) of the breadth of issues under consideration when looking at responses to diversity. Whilst none of the areas was considered to be unnecessary or redundant, some aspects were considered to be less relevant than others in some instances. Overall, it was felt that the Standards managed to balance the requirements of organisations across the health and community sectors.

The Standards were universally found to provide a good coverage of the key issues relating to responsiveness to diversity.

One gap that was noted with the Standards overall was a specific reference to feedback, complaint and risk management mechanisms. One stakeholder identified that there is particular value in involving members of diverse populations in complaint and risk management, as they may be able to identify and articulate aspects of the way an organisation operates that cause concern to particular groups, but which may be overlooked by members of majority groups.

The Standards were described by one pilot organisation representative as having a broad but not intense focus, and providing an overarching prism for progressing inclusion within an organisation, covering multiple and intersecting forms of diversity. This contrasts with some other standards and resources relevant to diversity, such as the Rainbow Tick Standards, which focus on specific cohorts.

A number of stakeholders saw the overarching nature of the Standards for Workforce Mutuality as a positive, enabling them to be used flexibly to drive an inclusion agenda and providing a more efficient approach than creating an individual set of Standards for each different cohort or dimension of diversity.

The overarching and intersectional nature of the Standards was seen as enabling managers to revisit equity and diversity issues through a new lens, and helping organisations to develop an overall 'disposition towards diversity'.

Given the many dimensions of diversity that are included in the Standards, a number of pilot organisation representatives felt that the approach best suited an organisation who was looking to 'tick all the boxes', rather than one who was already well down the path of embedding inclusive practices but looking to review and potentially improve one particular aspect. It was noted that the strength of the Standards lay in the user's ability to pick and choose as appropriate for the unique needs of the organisation. However, where an organisation was looking to focus solely on, for example, a cultural lens, it was considered possible that the Standards may not be thorough enough in that instance.

> *The Standards are helpful to support organisations to put on a different set of glasses to consider the issues. (Pilot organisation representative)*

Several stakeholders also noted potential weaknesses of the more generic 'overarching Standards' approach, including greater difficulty in getting buy-in from Boards, less clarity in self-assessment, and less depth of guidance available on inclusion of specific populations.

Whilst one pilot organisation representative noted that there would be benefits to having individually targeted Standards for each particular dimension of diversity (for example, ethnic, age, gender, sexual orientation) they would be likely to date very quickly. While the Standards are general enough to encompass all that is needed currently, the 'concept of diversity is always changing' with society's evolving awareness. The Standards currently provide longevity and flexibility in allowing for evolving interpretations of the key issues relating to responsiveness to diversity through not being quite as explicit or narrowly defined.

One pilot organisation representative suggested that the Standards were useful to get organisations thinking about the issues, but to support deeper change they needed to be accompanied by more detailed resources on best practice responses for different cohorts and dimensions of diversity.

Recommendation

5. ***Develop accompanying resources that provide greater depth of information on specific issues of relevance to the Standards e.g. culture, LGBTIQ+ issues, or disability. Alternatively, provide reference to existing resources or key contacts who can provide updated information and advice as required.***

One of the risks noted in the application of the Standards was the tendency for organisations and individuals to fall back on a culturally and linguistically diverse interpretation of 'diversity' as representative of workforce mutuality. This was supported by a small number of pilot organisation representatives who suggested that the indicators appear to have an explicit focus on cultural diversity, whilst for the most part the reference to other aspects of diversity seem more implicit.

> *It's probably just a reflection of where we're at as a society. (Pilot organisation representative)*

The need to continue to reinforce the concept of intersectionality in the Standards was noted if they were not to lose their true value. Without this, for example, highly educated people from culturally diverse

backgrounds may get more jobs, but this will not actually change the ability of those from disadvantaged backgrounds to access opportunities. Without a focus on intersectionality, action on diversity will have limited capacity to change the underlying systemic disadvantage.

The people who always miss out will keep missing out. (Stakeholder)

This was noted to be particularly pertinent in the practice of organisations to hire lower level reception and service delivery staff with 'visible' diversity, a practice which ensures that overall staff diversity increases. These staff are oftentimes, however, considered either too valuable on the frontline, or not well suited, for progression through the organisation. This can lead to homogenous boards and upper level management, a risk that was highlighted by a number of pilot organisation representatives. Whilst Standard 5 does seek to address this issue, continued attention is needed to ensure that action on some dimensions of diversity does not replicate inequities in other dimensions.

Recommendation

6. Maintain the focus in Standards documentation on intersectionality, with a greater emphasis on examples supporting aspects of diversity other than cultural and linguistic diversity.

HealthWest noted that the Expert Advisory Panel, who were responsible for the development of the Standards did not include an Aboriginal or Torres Strait Islander representative, and thus it would be important for some further review by this community prior to finalisation of a second edition.

Recommendation

7. Seek review of the Standards by an Aboriginal or Torres Strait Islander representative.

Other specific gaps noted by pilot organisation representatives included the need for stronger links between leadership and systems (such as HR), and greater inclusion of members of diverse populations in feedback, complaints and risk management mechanisms.

Service mutuality

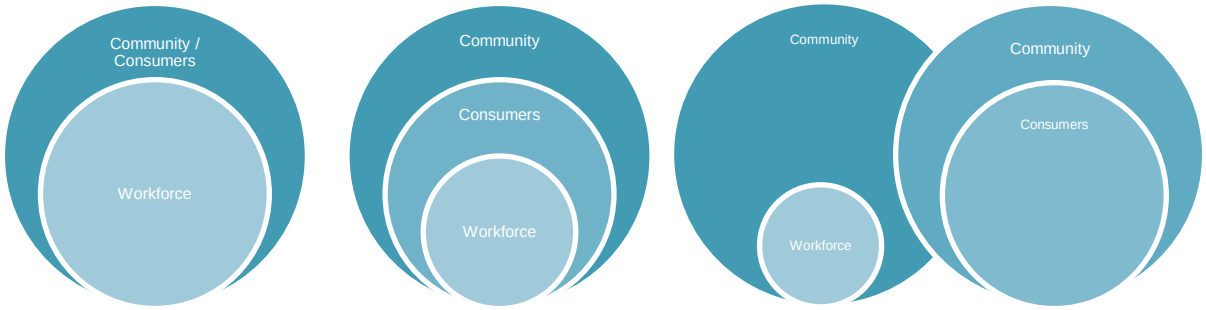
While stakeholders generally felt that the Standards appropriately covered the breadth of issues relating to workforce mutuality, gaps were identified that may be worth considering when revising the Standards.

Given that the Standards appear to have an implicit leaning towards areas of service delivery, one pilot organisation representative reflected upon whether the concept of workforce mutuality would be as applicable in some workplaces which are not directly client-facing, for example manufacturing or primary industries. The question arose as to whether a manufacturer's workforce would need to reflect their target market, which may be very different from their local community, and whether this was critical to success.

One example might be a product that is being targeted to gay men. The manufacture of this product might be in one physical community, whilst the community of consumers might be elsewhere entirely. If the manufacturers were drawn from the local surrounds of the factory, they would likely not be representative of their target consumers. If the workers were drawn solely from their target market (gay men), this may be overly restrictive and actually limiting in terms of the internal diversity of the workforce. It is worth also considering whether it would be more or less important that the client-facing staff (e.g. product design, marketing and sales) reflect the diversity of the local community or that of the target consumers.

As highlighted previously, further definition around community is required. Additionally, however, the intersection between community and consumers warrants further consideration. As depicted in Figure 4, different services may define their communities in different ways.

FIGURE 4: EXAMPLES OF DIFFERENT SERVICE-CONSUMER-COMMUNITY RELATIONSHIPS



One organisation identified that the self-assessment process had prompted reflection upon the fact that their western suburbs location had lent itself naturally to developing a suitably culturally diverse workforce from within those who live in the community being served. As the organisation spreads geographically, however, consideration of future city-based office locations identified that this may change.

The most significant observation during the pilot was that the Standards currently only partially address the issue of what might be termed *service mutuality*[1], i.e. the extent to which the diversity of an organisation's clients or consumers reflect the diversity of their community. This is a major issue for organisations attempting to improve their accessibility and reach into their intended client or customer base. Many health and community service organisations actively take steps to identify groups within the community who are not currently using their services so that they can seek to engage them. There are clear parallels with the types of thinking involved in workforce mutuality, and it was the view of stakeholders that workforce mutuality and service mutuality reinforce each other. These concepts make sense when viewed together as a triangle, as seen in Figure 5. The structure of the Standards (leadership, culture, pathways, access/recruitment, support, and experience) and the focus on diversity data also provides a useful lens for examining the issues around service mutuality.

Several pilot organisation representatives noted that it would be useful for the Standards to include one or more indicators which focus on service mutuality, for example an indicator in relation to organisations mapping need within communities and comparing this to the profile of people accessing services, to identify which population groups need services but are under-represented in the organisation's client mix.

It is therefore recommended that consideration be given to incorporating the concept of service mutuality within a future edition of the Standards, either within one of the Standards (e.g. a modified Standard 6) or as part of the fabric of each of the Standards.

[1] The term 'service mutuality' has been used here to capture the extent to which services provided and the people who access them match the profile of need and diversity within the community. There are alternative terms which might also be used here e.g. 'client mutuality'.

FIGURE 5: MUTUALITY TRIANGLE

Recommendation

8. Consider how the concept of 'service mutuality' fits alongside 'workforce mutuality', and how it can be incorporated within the Standards preamble and/or indicators.

3.2 Effectiveness

To be considered successful, the Standards need to not only be fit for purpose, but also be effective in actually achieving their aim of developing a more inclusive workforce that is reflective of the diversity of the community, and improving the responsiveness of organisations to the needs of people from diverse backgrounds.

The effectiveness of the Standards was measured by considering three main indicators:

- The extent of the organisational learning during the pilot
- Actionable improvements implemented or planned by organisations during the pilot
- Change in culture, systems or practice during the pilot.

Overall, it was found that the Standards were universally considered to promote the adoption of workforce mutuality practices and principles, and all respondents believed that meeting the Standards would lead to improvements in an organisation's overall workforce mutuality. Respondents indicated that engagement with the Standards during the pilot led to a deepened understanding about issues of diversity and inclusion, and led to new insights about the organisation's level of responsiveness to community diversity. Perhaps most importantly, the pilot was considered to have assisted the organisations participating at least Moderately in identifying actionable improvements, as well as leading to actual changes in culture, systems or practice.

Our organisation has naturally been undertaking many of the principles found within the Standards. Whilst undertaking the pilot for these short few months may not have made huge cultural shifts and procedural change across the organisation, it is certainly a step in the right direction and has provided us a solid foundation upon which to move further. (Pilot organisation representative)

Organisational learnings

All respondents indicated that engagement with the Standards had deepened the understanding of staff in their organisation who were involved in the pilot and had led to new insights for the organisation about its levels of responsiveness to community diversity.

> *You don't know what you don't know. (Pilot organisation representative)*

Where organisations, or their representatives, were already considered to be fairly advanced in their existing responsiveness to diversity, the Standards were still considered to be a useful tool for further learning. They were consistently noted to provide a useful framework within which to start conversations, examine current practices, and adapt and improve. In fact, one pilot organisation representative listed the Standards' main strength as the way they support examination of the gaps in programs and procedures. The Standards and the self-assessment process were noted to provide an excellent gap analysis for those going through the process. They were also found to be a good way to ensure staff were 'speaking the same language' with regard to matters of diversity and inclusion.

A number of pilot organisation representatives noted that the Standards had been very useful for their organisation as a way of affirming what they were already doing well in the area of diversity and inclusion,

and for providing some visibility to the good works that may otherwise have gone unnoticed. They were able to identify and share stories of existing successes and to celebrate the positives in their approach.

> *[The pilot] helped to identify what [workforce mutuality] is, how well we're doing it, and how to take it further. (Pilot organisation representative)*

Whilst an organisation may consider itself quite diverse, and these examples of good practice may be implicit, with the Standards this can be formalised and therefore organisations can promote themselves as truly inclusive. The Standards were perceived to introduce a level of rigour to existing activities which was seen as a movement away from a 'tick the box' approach that may have existed in some organisations. This approach promoted by the Standards pushes organisations to look deeper at issues of diversity and inclusion, adding another layer of detail and thinking beyond what may be available or required in other quality frameworks.

> *Not just diversity for diversity's sake. (Pilot organisation representative)*

Identification of this good work, within a clearly defined structure, was considered to be a benefit to organisations which may give them a competitive edge in the marketplace. The Standards were found to speak to organisational values and brand, and 'keep you honest', despite staff members' own perceptions of how well their organisation may be performing already. In fact, it was noted that the Standards were *particularly* useful for those organisations who already believed they were performing well, as it was considered easy to become complacent without a 'critical eye' as to what was actually occurring.

For those directly involved during the pilot, the Standards were seen as creating an impetus for change in the current moment or near future, rather than allowing competing day to day priorities to take precedence.

> *There has [before the Standards] been too much focus on planning but not doing. (Pilot organising representative)*

Actionable improvements

The most notable impact of the pilot was that engagement with the Standards assisted the organisation to identify actionable improvements to its responsiveness to community diversity. All respondents indicated that this had Moderately to Extremely increased their organisation's intention to be responsive to community diversity, as well as Moderately to Extremely led to changes in culture, systems or practice. In line with this stated intention, in nearly all instances, some aspect of actionable improvement was evident.

> *Perceptual changes leading to actual changes. (Stakeholder)*

During the short period of the pilot, some of the more tangible changes noted were such aspects as ensuring the organisation's website depicted representative images and inclusive language, and prominently displaying welcoming and inclusive posters and signage in the foyer.

One of the most commonly noted changes to be implemented in the short term was improved staff induction practices and enhanced HR practices around collection of new staff data, including collecting staff country of origin at commencement (see below for further discussion of the risks associated with data collection).

One pilot organisation representative described the flow-through benefits of their existing workforce mutuality strategies on client care and outcomes. They described the employment of a nurse from a

particular ethnic background and noted that many members of the same ethnic group preferred to see this particular nurse. This translated to smoother access to health care, and a desire on the part of the community to visit the service not just when they were in crisis, but in other circumstances and for a wider range of needs, enabling more preventative and holistic care to be provided.

> *The most beneficial part of the pilot has been shining a light on how to increase consumer experience and make staff from various communities feel valued. (Pilot organisation representative)*

In one pilot organisation the concept of workforce mutuality has already been embedded into the organisation's Strategic Plan for the next four years, along with an endorsement of the pilot work from the CEO. This support from the top of the organisation was considered to be valuable in communicating the worth of the Standards and advocating for internal support.

In another pilot organisation, the Standards have highlighted things that were already acknowledged as challenges, but have helped to lay the foundations for future actions; the Standards were considered to be a 'vehicle to help navigate' the changes. Another organisation has created a detailed two year action plan based upon their self-assessment against the Standards.

Given the short timeframe of the pilot and the limited sample of organisations participating, it is too early to know whether the Standards and their implementation can reliably support positive changes in organisations' responsiveness to diversity, or to identify unforeseen impacts (positive or negative) which may arise from their use. Participants in the pilot were optimistic about the effectiveness of the Standards. However, a follow-up study several years in the future would be required to consider medium term outcomes and to confirm the potential for positive long-term impact. In such a study it would also be useful to identify the extent to which any of the risks identified above have materialised, as well as strategies which have been used to manage them.

It is rare that any set of Standards is subject to a rigorous impact evaluation process, and the limited evidence currently available should not prevent wider piloting of the Standards by interested organisations. Nevertheless, further research is encouraged to continue testing the merits of the framework.

Development of a Theory of Change for the Standards would be a useful precursor to further evaluation of the outcomes and impact of using the Standards. The Theory of Change would allow stakeholders to take a step back from the detail of particular indicators and consider the key outcomes which it is hoped the Standards will contribute to in organisations, systems and the community. Many of the stakeholders involved in the evaluation, and in particular members of the Expert Advisory Panel, could provide useful input to a Theory of Change.

Recommendation

9. Conduct a follow up study several years in the future to consider medium-term outcomes and confirm the potential for positive long-term impact.

Barriers to change

HealthWest noted that the creation of employment pathways and opportunities was a significant driver for the creation of the Standards. Feedback from pilot organisations suggests that the guidance provided by Standards 3 and 4 provides a strong focus for organisational thinking in this area. However, this is also an

area in which organisations will potentially face internal and external challenges. There is insufficient evidence at this point to establish whether the Standards will have a systemic effect on employment pathways and patterns, and if so, in what circumstances.

One stakeholder commented that organisations reflect broader community values, including in relation to diversity, and are shaped by these values (as well as contributing towards shaping them). Use of the Standards for Workforce Mutuality therefore occurs in a wider context which may support or hinder their effectiveness. One stakeholder highlighted the need to build community capacity which will later flow into workforce capacity. For example, better support frameworks for students in young migrant populations which can enable the young people to gain the skills and confidence to study and then to move into frontline service delivery positions as nurses, counsellors or community workers. This strongly relates to Standard 4 but is challenging because it requires organisations to invest in members of their communities well before the point of recruitment.

> *How do we support our workforce before they have become our workforce? (Pilot organisation representative)*

Several pilot organisation representatives commented that when working to improve diversity, it is important to change not only individual knowledge and attitudes, but organisational processes and sector systems. One of HealthWest's reasons for choosing to develop a set of Standards was because of their potential to drive systems change, both at the organisational level and the sector level through adoption by funders and government. Overall, pilot organisation representatives commented that while the Standards appropriately address systemic aspects of diversity, it is too early to tell whether this will translate into broad or sustained change.

Several pilot organisation representatives discussed the importance of long-term cultural and systemic change in overcoming the barriers associated with achieving a meaningful and sustainable difference in inclusion. In addition to major gaps in data (see Section 3.3 below), one pilot organisation representative commented that the Standards sometimes assumed the existence of organisational systems or processes that were not well established. For example, Indicator 5.7 states that *Internal pathways for promotion and career progression are inclusive and supportive of all staff*. This representative stated that work was needed in their organisation to simply establish and clarify these pathways, prior to considering how they could be made more inclusive and supportive. Progressing workforce mutuality may therefore sometimes be reliant on the progress of other organisational systems improvements.

Similarly, it was believed to be important to consider the impact that organisational structures had on the way in which issues of diversity and inclusion were viewed within the organisation (as highlighted by Standard 1). It was noted by one pilot organisation representative in a smaller organisation, that the changes to the organisation needed to come from the Board down, while a representative from a larger organisation noted that even where the Board were very supportive of the changes needed, it was difficult at times to ensure this translated on the ground in disparate site locations.

> *The Standards have to belong to everyone, not just the person in the corner office. (Pilot organisation representative)*

Likewise,

> *It won't work as a little project for one person – that's not how you generate change (Pilot organisation representative)*

One pilot organisation representative commented that more tangible actions such as data collection or development of documentation were easier to implement and evidence, while achieving cultural change within an organisation, and demonstrating that an organisational culture supports diversity, is more difficult. However, without accompanying cultural change, other actions aimed at improving workforce mutuality may have limited effect or may even be counter-productive. Cultural change and tangible systems change will be strongest when they occur together and mutually reinforce each other. This representative also commented that to really know whether inclusion efforts have been successful, it is vital to ask a wide range of staff and other stakeholders about their experiences and feelings, but that suitable tools for this purpose are not readily available.

This suggests that guidance and tools supporting cultural change may be useful to organisations implementing workforce mutuality actions. Frameworks such as the Cultural Web may assist organisations in thinking about culture in sophisticated ways (Johnson, Whittington and Scholes 2012).

> *Culture is the most effective tool to change a person's behaviour. (Pilot organisation representative)*

Recommendation

10. Provide resources to support organisational cultural change efforts.

Risks and negative effects

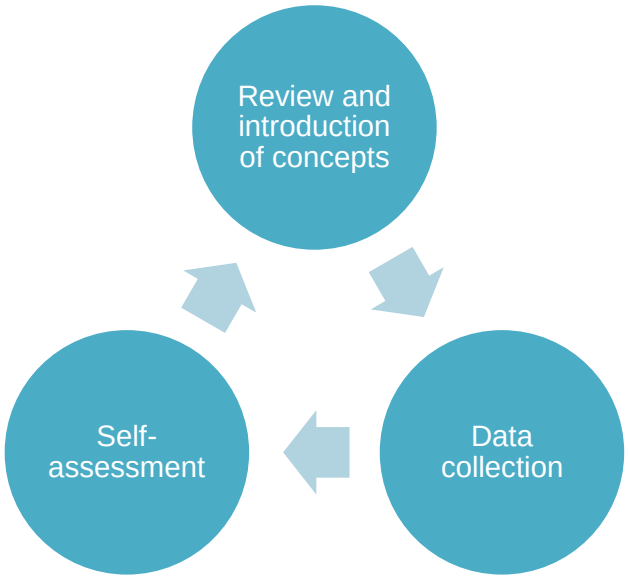
Stakeholders were unable to identify any negative outcomes regarding use of the Standards for Workforce Mutuality during the pilot, reinforcing the view that the Standards are a useful tool for positive change regarding inclusion and diversity. Stakeholders did, however, note several significant risks which could arise if organisations used the Standards with inadequate planning or lack of sophistication. These included clumsy data collection, lack of sustainability for staff, perceived inequity, and workforce fragmentation.

The Standards have a focus on collecting and using diversity data. Many organisations currently use informal barometers of diversity, with perceptions of the organisation's workforce diversity (pre-Standards) based upon anecdotal information from staff members themselves, or measures such as the number of candidates with 'foreign sounding names' applying for positions.

Several pilot organisation representatives warned about the dangers of requesting staff to disclose data on sensitive dimensions of diversity, without having undertaken sufficient preparation and organisational cultural change for staff to feel safe doing so. An example was given of a previous episode of this type of data collection which severely damaged trust with staff, and set back conversations about diversity by several years. With increased collection of sensitive diversity data, renewed attention is also needed on privacy compliance and secure management of this data.

In recognition of the risks associated with appropriate data collection, some pilot organisation representatives spoke about the need to reflect upon current organisational culture and safety so as to embed appropriate data collection mechanisms within the self-assessment process as a whole. One way of conceptualising this may be to consider a staged process whereby review and consolidation of the Standards concepts is followed by data collection, with measurement against the Standards occurring only at this point.

FIGURE 6: DATA COLLECTION CYCLE



Recommendation

11. Collect and manage diversity data with sensitivity and safety. Provide guidance within the Standards documentation around a process of data collection that takes into account cultural safety and timing.

Timing is also critical in ensuring a sustainable and safe employment pathway for staff. One pilot organisation representative commented that there was a risk of organisations rushing into recruiting a highly diverse workforce (Standard 4) without establishing adequate systems for supporting this workforce (Standard 5), potentially resulting in negative experiences for staff and unsustainable employment outcomes.

> *Getting our workforce to be mutual will be easy – dealing with them once they're there will be the challenge. (Pilot organisation representative)*

One pilot organisation representative commented that a diverse workforce is not necessarily a well-integrated workforce, and that there is a risk that sub-groups of staff with particular aspects of diversity may cluster together rather than seeing themselves as part of the broader workforce. This may particularly be an issue in large organisations where there can be a tendency for sub-groups to develop. A factionalised workforce creates risks to communication, quality and continuity of care. While the Standards address this indirectly through a range of indicators, for example those related to organisational culture, it could be worth explicitly addressing the issue of workforce integration across diversity in some way within the Standards. This may require a greater focus on how staff engage with each other, in addition to how the organisation engages with its staff.

One stakeholder commented on the risk of dissatisfaction among staff arising from positive discrimination strategies aimed at boosting workforce participation among the most disadvantaged groups. However, without these strategies (i.e. if HR policies operate on the basis of equality rather than equity) organisations will be unlikely to have staff from, for example, refugee or Aboriginal backgrounds. Development of workforce understanding and culture is needed to make equity unproblematic.

> *Organisations love to treat staff equally, they find it hard to treat staff equitably… Human beings really struggle with equity. (Pilot organisation representative)*

Due to ideological differences, some organisations are unlikely to see the relevance of the Standards. Concerns around the Standards going against the concept of merit-based recruitment and selection have been voiced to HealthWest. As noted in Section 3.1, further discussion of the central tenets of this argument would be beneficial in the Standards' supporting documentation.

It is important to consider that workforce mutuality may actually run counter to efforts at positive discrimination in some instances. One example provided was of a community health service with strong representation of women in management. A rigid application of the principle of workforce mutuality might suggest that more of these positions should be filled by men, which at a local level might run counter to broader strategies aiming to see more women in management roles. This could easily apply also to the argument for capping the representation of, for example, people from different ethnic backgrounds within the workforce, so as not to *overrepresent* any one minority group at the expense of the majority. This raises the question of how efforts at the local level fit in with equity on a broader scale, and does warrant future consideration.

The risks noted above do not detract from the value of the Standards, but they do indicate the need for sophisticated understanding of diversity and guidance for organisations regarding sound processes for implementing change.

3.3 Feasibility of self-assessment

The feasibility of the self-assessment process in the day-to-day application of the Standards was measured in order to ascertain the degree of real-world applicability of the Standards with consideration to their longevity beyond the pilot. In looking to ascertain the degree of feasibility associated with the self-assessment process, three key themes were examined:

- The level of complexity of the assessment process
- The level of resourcing and stakeholder involvement required
- The level of challenge to the culture, systems and practice of the organisation associated with the self-assessment.

Whilst commonly noted to be slightly overwhelming at first, due to the breadth of the Standards, the process of completing the self-assessment was typically found to be manageable once an approach was settled upon. In all instances, the expectations for completion were found to be suitably clear. Where further information was required, conversations with Project Officer Dr Plowman were found to be more than sufficient to clarify matters. Only one organisation indicated that the self-assessment process was Moderately feasible for their organisation, with all other respondents indicating it was Very or Extremely feasible.

> *In our experience so far, we believe we have been provided with relevant and sufficient resources to help us to meet [the Standard]. The Standards for Workforce Mutuality booklet and self-assessment document are good resources, and the Workforce Mutuality Project Officer for the HealthWest Partnership has provided proactive support to us, and we have found the Pilot Group Meetings and presentations highly beneficial.*
> *(Pilot organisation representative)*

Complexity

In general, assessment of the indicators was reported to be achievable for respondents' organisations. Only 22% of the time did respondents indicate disagreement with the statement that the Indicators are easily measurable, although they also indicated that they neither agreed nor disagreed 33% of the time. This indicates that the process of measurement can be challenging, although manageable.

Due to the short time period associated with the pilot it was considered imperative by organisations to make decisions early about which indicators to focus upon, and the approach to be taken. One common method in larger organisations was to seek out instances of exemplary practice from within the organisation and then seek to identify the barriers and enablers of that practice. From here, it was a matter of looking to identify those systems aspects that could be improved. One approach from within smaller organisations was to sit down with a staff member with relevant expertise or specific organisational knowledge in order to work through the applicable Standards and indicators. Through this process, the relevant people to speak with were identified and follow up took place soon after.

Whilst equally applicable to the implementation of any Standards, one pilot organisation representative noted that one of the most important roles of the person leading the self-assessment was found to be promotions, whereby they were required to follow up with people on successive occasions to gain the

information they required. On occasion it was considered necessary to highlight the importance of the pilot to staff members in order to facilitate their involvement. In particular, direct service staff were found to have less time available to contribute to the self-assessment process and may have needed more follow up in order to gain the information needed.

Many sources of evidence were listed as important when trying to assess how well an organisation meets each Standard. Some examples include:

- **Specific data collection –** including feedback surveys, phone calls, interviews, and emails on satisfaction, wellness and diversity for both consumers and staff.
- **General data –** including census and other publicly available reports.
- **Internal reports –** on planning and activities including strategic plans, annual reports, diversity plans and program reports, agendas and minutes, consumer recruitment activity, net promotor score ratings, accreditation documentation, evidence of professional development, gap analysis, staff diversity data, workforce planning, and organisational charts.
- **Policies and procedures –** including assessment and intake guidelines, care plans, recruitment policies, risk registers, retention and support strategies.
- **Physical indicators –** including signage, digital assets, and translated documents.

It is suggested that the completion of the self-assessment process may actually vary depending upon the personality of the person responsible. One pilot organisation representative noted that those who felt compelled to complete every single aspect of every single indicator may actually find the process somewhat overwhelming and time consuming, while those who were comfortable with a more relaxed approach may find that they select from the indicators as is most appropriate to their organisation. In the pilot, it was considered to be unlikely that the short time frame would allow for the possibility of an incredibly stringent approach to the self-assessment, however, going forward this may be more likely. One of the noted benefits of the Standards and the associated self-assessment process is that it does in fact offer the flexibility for either of these approaches to provide value, depending upon the requirements of the individual and the organisation. In this way, smaller organisations, in particular, can focus on those indicators where they feel they will gain the most value.

The self-assessment tool was found to be Very or Extremely useful in all cases, however, one pilot organisation representative suggested that it could be considered a fairly subjective tool, and thus review by other members of the team would be beneficial to ensure a more objective consideration.

In some instances, the person/people undertaking the self-assessment were the sole representatives of their organisation interacting in a meaningful way with the Standards or the impact of their assessment on the organisation. In other instances, management or representatives from across the organisation were fully involved in their implementation. Where the self-assessment had been conducted in a somewhat isolated way, the real challenge may come when requests for funds to enact changes and engagement with all staff though the organisation commences.

One aspect to be mindful of throughout, is that the participants of the pilot were all volunteers who were therefore highly motivated to complete the required tasks and reflect upon the process. Whilst ideally this would be the case for anyone taking on such a role within their organisation to self-assess against the Standards, this may not always be the case.

Resourcing and stakeholder involvement

The two main barriers to self-assessment and implementation of improvement actions that emerged during the pilot were lack of time and resources. Comments provided by respondents indicated that the main challenge in measuring against indicators was the lack of data or time.

While concerns were initially raised by HealthWest that the pilot could not be comprehensively undertaken in only four months, the outcomes of the pilot and the strong engagement of the pilot organisation representatives have meant that these concerns have been allayed. However, each pilot organisation assessed only two Standards. It is likely that further self-assessment against all six Standards would take significantly longer, and that implementation timelines would take longer still.

The process of undertaking the self-assessment was found to range from a couple of hours to a couple of days per week. In general, the level of resourcing required to support the self-assessment process was reported to range from Moderately to Extremely intensive. Overall, this was not reported to be an onerous responsibility, particularly for those who were not the 'lead' on the self-assessment. In fact, the time spent was interpreted as a 'good investment'.

For organisations with dedicated staff to commit to the pilot, the process was unsurprisingly easier on all those involved. It was noted that having a person in a diversity or inclusion role within the organisation was of tremendous assistance in ensuring that the best information was captured and translated through the organisation. Naturally, for those for whom workforce mutuality was a natural fit within their role, it appeared easier to accommodate the requirements of the self-assessment process, than for those who had to add the requirements to their existing role. Despite this, however, it appeared that the self-assessment process could nonetheless be completed by those who had no experience in the area with little difficulty. The biggest impediment was commonly found to be the time pilot organisation representatives had available within their own role, rather than the self-assessment of the Standards per se.

A number of pilot organisation representatives noted the need to involve people from a number of organisational departments or functions, especially Human Resources, Quality and Safety, and senior service delivery managers. One pilot organisation representative commented that a full self-assessment and action plan would require involvement of a working group including representatives from all service delivery areas, because they would be needed to help drive organisational cultural change. Some organisations will have Organisational Development and Communications functions which can contribute to managing change arising from the self-assessment process. The Standards also have a focus on data, so it was suggested that specialist input from staff with a data management, analysis or research role may also be helpful.

Several pilot organisation representatives noted the importance of involvement of senior leadership, or others in the organisation with power and experience, in order to drive real change on diversity.

In terms of future usage of the Standards, and based upon discussions during the monthly peer meetings, HealthWest has begun to give some consideration to the development of a 'Fast Track' set of Standards which may focus only on the core indicators for each Standard, as a complement to the full set of Standards. This was considered to be particularly relevant for smaller organisations who may not have the time, resources, or scope to tackle the full Standards.

The concern with such an approach is that with the need to create duplicate assessment tools for the two versions, there is a greater potential for confusion, and also a greater likelihood that most organisations will

opt to assess against the shorter version by default. An alternative but similar option may be to retain the Standards in their current form but to group the indicators within each Standard into two sets (e.g. Core and Advanced) so that organisations who commit to the process can direct their focus to the Core elements to begin with, whilst still working towards the complete set over time. This approach would be familiar to health services as the NSQHS Standards have both Core and Developmental actions. Likewise, organisations may choose to complete one Standard initially, in much the same way that the pilot has been approached with great success, as a way of commencing the self-assessment process while being conscious of time and budgetary constraints.

Challenges

Whilst federal legislation was introduced in 2012 to require reporting on gender and employment composition (the Workplace Gender Equality Act) there are no specific requirements for workplaces to collect data on their cultural diversity. This led to a recommendation in the Ethnic Communities' Council of Victoria (2014) *Work Solutions: Improving cultural diversity and inclusion in the workplace* report. Despite this, the limited data available to provide a baseline against which to measure was consistently noted to be one of the major challenges for pilot organisation representatives. Identifying the community that they serve was noted to be a manageable task in most instance, with many organisations referring to ABS data to provide a context for their self-assessment. Although, some challenges were noted:

> *The competitive nature of [some industries] makes it difficult to share data/outcomes across other organisations who offer similar services. (Pilot organisation representative)*

Staff data was, however, noted to be a far more significant challenge with most organisations having very little information available beyond references to personal knowledge of different staff members' characteristics. Where this information was recorded, it was noted that it was captured with different degrees of specificity and detail. As just one example, an organisation may record whether staff identify as 'male', 'female' or 'other', or they may break down the 'other' category more specifically into 'trans male', 'trans female', 'non-binary' etc.

> *Step 1 is to collect data – you can't make decisions in a vacuum. (Pilot organisation representative)*

In response to this, many organisations stated an intention to commence more comprehensive staff data collection in the near future (see Section 3.2 for a discussion of this issue and the risks associated with it).

For an organisation of a significant size, communication was noted to be another area of challenge, particularly where geography and diversity of roles lead to micro-cultures emerging within the one structure. One of the considerations noted was that those leading initiatives may actually not be aware of all that is going on in the different areas of the organisation, even when they seek this information out as supporting evidence. It was noted to be important, particularly in these larger organisations, to quickly identify champions who would help smooth the way. This was considered easiest done where existing relationships and a long-term history with the organisation and staff already existed, while it may be more challenging for someone new to their role.

Recommendation

12. ***Promote the identification and encouragement of champions who can provide ongoing value in supporting self-assessment processes within organisations, and the promotion of the Standards more broadly.***

Another point raised in relation to communication was that there can be differences in understanding of issues of diversity between leadership and staff, and across different areas of an organisation. While the process of self-assessing the Standards for Workforce Mutuality can contribute to clearer shared understandings of these issues, there may also be a need for information sharing or education to enable the self-assessment, and any actions arising from it, to proceed effectively.

Organisational factors unrelated to the pilot were found to have an impact upon the climate of the self-assessment process. Factors such as recent staff turnover, organisational reviews, the timing of strategic planning development, and the building of new data management infrastructure meant that an extra layer of complexity was introduced in some instances. For example, one organisation's strategic plan was already locked in for the next few years and thus the opportunity to add new areas of focus based upon the outcome of the self-assessment process was limited. Importantly, however, this is likely to be the case in any real-world application of the Standards, and thus highlights that despite these challenges, the self-assessment process can proceed where the impetus is clear. In particular, the importance of champions was again reiterated as a valuable catalyst for progress during these periods of flux.

Importantly, though, as much as these organisational factors may be considered challenges to the feasibility of the Standards self-assessment, they could equally be perceived as enablers in some instances. For two of the organisations involved in the pilot, the timing of their organisational reviews meant that the self-assessment occurred at just the right time to have meaningful input. Rather than being an impediment to making progress, this was noted as being the perfect time to make changes (particularly around improved data collection and information management) as the systems were currently being redesigned.

Recommendation

13. Encourage organisations to consider the timing of their self-assessment in the context of broader organisational review to provide greater opportunity for structural and systems level change.

Overall, the feasibility of self-assessment and use of the Standards appears on par with the feasibility of using other common quality frameworks such as the EQuIP Standards, Quality Improvement Council Standards or Human Services Standards, and feasibility appears better than for some large and complex sets of Standards such as the National Safety and Quality Health Service Standards. Organisations which have experience in accreditation against Standards such as these are likely to find little difficulty in self-assessing against the Standards for Workforce Mutuality. Organisations with little experience of accreditation or with very limited resources are likely to find the process more challenging, but achievable.

3.4 Future considerations

HealthWest have indicated that they see the Standards as a resource which they have developed, offered in the public arena and would like to see widely used; they do not, however, believe they are the best steward for holding ownership and taking the Standards forward in the future. In response to this, it was considered valuable to seek views on the future considerations applicable to the ongoing use, management, and promotion of the Standards.

Importantly, all stakeholders consulted for the evaluation were strongly supportive of the ongoing use, development and promotion of the Standards for Workforce Mutuality. The Standards were reported to be well aligned with the current directions in which community and sector values are moving in Victoria.

> *The standards are very suited towards their intention of shifting workplaces to reflect and better respond to the diversity of their communities. With some tweaking, I think it could have much greater implication for a wider range of organisations not specific to healthcare/community services (Pilot organisation representative)*

Sector expansion

The Standards were noted to be particularly pertinent for the health, community and human services sectors, with all respondents indicating they Agreed or Strongly Agreed that they were appropriate for those sectors. The Standards were, however, also strongly believed to be relevant for a range of other sectors, in particular, 'any service that services the community'. There was found to be an expectation that any service that was government funded or legislated should be a suitable candidate for inclusion in any future rollout of the Standards. One pilot organisation representative noted that it is not uncommon that the health sector takes the lead on similar innovations, which may then slowly permeate society.

> *The reach [of the Standards] is much broader than health care – all the services and places we regularly access in our lives. (Pilot organisation representative)*

It was suggested that from the point of view of organisations providing services to the community, workforce mutuality is likely an intuitive and attractive way to broaden the customer base.

The sectors and organisations proposed by pilot organisation representatives included:

- Local government
- Employment service providers
- Centrelink
- Corporate sector
- Community housing
- Court and justice systems
- Religious organisations
- Politicians
- Community facilities (e.g. gyms, retail stores).

Employment service providers in particular were viewed as an excellent candidate for adoption of the Standards, due to their significant alignment with the Standards with regard to creating employment opportunities. Evidence of this work could be seen already in the focus of some stakeholders in projects centred upon building employment pathways for refugees and asylum seekers. Framing of this work within the parameters of the Standards may be an important step in seeing employment service providers adopt this approach.

Religious organisations were noted to be a sector in which the Standards may be more challenging to apply, particularly with regard to recent news reports highlighting the limitations to employment for some staff who do not align with the Christian church's ethos.

With regard to broad applicability, it was suggested that there was an implicit assumption that those reading and applying the Standards were from the health and community services sector, and thus some of the implied knowledge may need to be expanded upon for a wider distribution. In particular, it was noted that the language used appeared broadly suitable for the corporate and other sectors but may need to be adjusted slightly following an external review by stakeholders who better understand the perceptions and cultures of those sectors.

Recommendation

14. ***Undertake a review of the Standards by a small number of organisations outside the health and community sector in order to ensure the language and concepts described are appropriate for a wider market; integrate revisions as required.***

While corporate organisations were posited to have less of a compassionate nature towards their customers than a community services organisation may have towards their clients or consumers, they may nonetheless have an interest in using the Standards due to business or regulatory imperatives. Interestingly, a report commissioned by the Diversity Council of Australia showed that 89% of Diversity Managers and Human Resource leaders surveyed said that the business case for diversity and inclusion was recruitment, advancement and retention of talent, with only one third indicating the business case was to support market revenue growth and customer satisfaction (The Korn/Ferry Institute 2013).

The main barrier to uptake of the Standards was expected to be competition within organisations for the limited budget available to support quality improvement initiatives. Pilot organisation representatives were found to be very conscious of the challenges of seeking additional funds to support the changes identified through the self-assessment process, and this was noted to be a likely issue moving forward. In particular, for smaller organisations this was reported to be a significant challenge. Where funds were limited, pilot organisation representatives were noted to be attempting to approach this issue creatively:

> *You want to try to do things in the most cost-effective way to make the most meaningful difference. (Pilot organisation representative)*

One stakeholder noted that smaller and leaner-resourced organisations may have less budget with which to pursue diversity and inclusion initiatives, and therefore may have less capacity to take on and use the Standards. This could be a challenge, for example, in the disability sector with the introduction of the NDIS and the emergence of many smaller providers.

Quite apart from the sectors themselves, one pilot organisation representative raised the notion that it is the 'appetite' of the organisations for risk and self-reflection which will determine their likelihood of taking

on the Standards. For those organisations who may take a risk-averse approach, avoiding the challenge of honest reflection may lead to less engagement. In order to succeed, an organisation was posited to need leadership and a culture with an appetite for risk and challenge. The Standards were therefore considered more appealing to those who are prepared to 'turn an honest lens on themselves'.

It has been previously noted that the pilot was heavily weighted towards participation by those who were highly motivated to trial the Standards, and that likeminded individuals and organisations are likely to be the early adopters of the Standards. However, the likely growth market is expected to be those organisations that are not currently doing a lot in the diversity and inclusion space. It was HealthWest's view, however, that working with these organisations was less desirable than working with more amenable organisations in the early stages until traction was gained.

As will be discussed further below, without external drivers for adoption of the Standards (for example, mandatory accreditation regimes or linking of Standards' compliance to funding opportunities), many organisations may struggle to commit the resources needed to fully assess against the Standards or to develop and implement a comprehensive action plan related to workforce mutuality.

Promotion of the Standards

A strong communication strategy is considered valuable in fostering awareness of the Standards and their potential benefits across multiple sectors. This could be driven by HealthWest but should ideally involve a range of partners who can cross-promote the Standards. It is possible that the Expert Advisory Panel may be able to provide useful assistance with this.

The communication strategy may consider messaging that includes communications with HealthWest members, the statewide Primary Care Partnership group, and the broader public. Messaging at the local, public and academic levels were all raised through discussions with pilot organisation representatives and stakeholders:

- **Local** – at the local level, organisational champions may take on a role of promotion both within their own organisation, and in their broader professional networks.
- **Public** – at a more general level, social media (including promotional videos), engagement with peak bodies, branding, creating an employee value proposition, promotion via peak bodies and participation in conferences were proposed to be ways of reaching a broader market.
- **Academic** – in order to lend the Standards more credibility and rigour, publication of a journal paper was proposed to be an authoritative means of communicating the value and applicability of the Standards.

Recommendation

15. Develop a communication and marketing strategy to support the promotion of the Standards.

Clear information about the benefits of workforce mutuality (i.e. return on investment) will be needed to help internal champions make the case for it to be a priority. In terms of the key 'selling points' of the Standards, one pilot organisation representative thought that providing statistics to understand the community and relevant populations better was an important first step, as was the provision of broader evidence to support the advantages of the approach. Workforce mutuality was expected to 'help to sell services'.

Quotes from CEOs regarding the changes they had seen were also considered to be useful in assisting other organisations to embark upon the process. As was noted, 'it's nice to work for an organisation which values diversity' and employees who are happy tend to show greater commitment and stay with an organisation longer. Becoming known as an industry leader may be a compelling motivator.

During the evaluation, many positive stories emerged of successful recruitment practices which had led to staff members who were reflective of the diversity in their communities being engaged and going on to be highly successful in attracting community support. These 'good news stories' are likely to be attractive to organisations considering embarking upon the self-assessment process and may prove a strong focal point in the messaging around the promotion of the Standards. As noted by one pilot organisation representative, once an organisation demonstrates a commitment to their workforce, the community will respond.

> *Build it and they will come. (Pilot organisation representative)*

Recommendation

16. ***Develop and provide clear information to support the promotion of the Standards in ways that will speak to a range of organisations, including businesses. This may include documenting the value proposition, return on investment, and the benefits of adopting the Standards.***

It is important to note that the current societal and organisational enthusiasm for diversity-based practices such as those endorsed by the Standards may need to be considered within the current strong economic climate. It is possible that future economic downturn may see a shift in priorities as organisations revert to more purely fiscal based decision making which ensures that effective promotion of the Standards may be critical to their future adoption.

It may be useful to seek opportunities to reference the Standards and incorporate their use within other projects auspiced by HealthWest, for example on health literacy. One stakeholder also noted the potential to link the Standards to advocacy around particular issues affecting diverse communities. For example, in advocacy concerning the barriers faced by people from particular cultural backgrounds in accessing employment, there is potential to reference the Standards as a resource for organisations wanting to develop a constructive response to these issues.

There is also potential to consider creation of larger grant-funded partnership projects built around the Standards. For example, one pilot organisation representative suggested the potential for a project focused on strengthening employment pathways for refugees and people seeking asylum, which could involve partnerships with employers, employment service providers, and organisations providing support to refugees and asylum seekers. A project such as this would build awareness of the Standards, allow further opportunities to test their effectiveness, and build learning about how best to implement them.

Stewardship

Whilst HealthWest Partnership have been clear in their assertion that they will not be the future custodian of the Standards, the need for *someone* to take responsibility for them is apparent. Concern was raised by participants that if HealthWest do not formally pass the Standards onto another organisation who will drive them forward, they will run the risk of languishing due to a lack of maintenance and promotion. It was noted that the development of a document such as the Standards takes a significant amount of effort, but that to remain current and useful, the Standards will require ongoing promotion, a clear point of contact

for enquiries, and periodic review. Without a strong steward it is unlikely that this could happen successfully.

> *We need to find someone with some influence who could use these Standards. (Stakeholder)*

Whilst HealthWest expressed the view that the Standards were in the public domain and could be used or modified as any organisation or individual saw fit, there is a concern that the Standards could become conflicted as competing interests seek to take them in different directions. For this reason, identifying a clear custodian of the Standards is important. However, there is also a risk that an overly protective attitude on the part of a custodian could limit the ongoing evolution and innovation of ways in which the Standards are used to inform diversity work. It would be preferable to identify a new custodian of the Standards who will continue to hold the Standards as a public resource, and encourage others to use them in a multitude of ways to progress diversity and inclusion initiatives.

Recommendation

17. ***Seek future custodianship arrangements that enable others to use the Standards and accompanying information innovatively to progress diversity initiatives, and that avoid proprietary restrictions on access to these resources.***

Given the inherent value in the Standards, many pilot organisation representatives felt strongly that the best owner of the Standards in the future would be the Victorian State government. It was considered that only at this level would the Standards be given the weight that they deserve. The State government was considered to be likely supportive of this work, although the possibility of political shift following any change in government was noted. Interestingly, state government rather than federal was suggested as a natural fit for the Standards, despite the Standards having national applicability. It may be either that stakeholders were viewing the Standards through their own local lens, or perhaps that the current progressive State government was viewed as a more receptive structure than the current federal government.

Within the state government, the Department of Health and Human Services (DHHS) was most commonly put forward as the natural fit for the Standards, although the Department of 'Industry' (currently the Department of Jobs, Precincts and Regions) was also suggested. DHHS in particular has significant experience in owning and managing standards through the Human Services Standards, but while they have a significant public agenda focused upon the social determinants of health, it is unclear if they would be looking to take further action. It should be noted that if the Standards were to be taken up by government, it is much more likely that they may become mandatory, which was indeed the preference of some stakeholders, as will be discussed further below. There are also risks in relation to government ownership of the Standards, in that the potential for other commercial and not-for-profit organisations to innovatively use and build on the Standards might be restricted.

It was also noted that the Standards would likely be viewed positively by a range of funding bodies due to their potential to create better client and community outcomes.

> *The Standards are likely to be gobbled up by funding bodies once released due to the link between workforce mutuality and better health outcomes. (Pilot organisation representative)*

In addition to government and funding bodies, a wide range of other custodians were suggested. While it was generally understood that in order to best maintain the intersectionality of the Standards, an

organisation that was not specific to one area of diversity (e.g. culturally and linguistically diverse, or LGBTIQ+) would be the most appropriate steward of the Standards, some of the organisations suggested by stakeholders did fall into this category:

- **Statutory bodies** – e.g. Australian Human Rights Commission, Victorian Equal Opportunity & Human Rights Commission.
- **Peak bodies** – e.g. Diversity Council of Australia (DCA, formerly known as the Council for Equal Opportunity in Employment), Australian Council of Social Service (ACOSS).
- **Professional bodies** – e.g. Institute of Public Administration (IPA), Australian Institute of Company Directors (AICD).
- **Accreditation organisations** – e.g. Quality Innovation Performance (QIP). Whilst these organisations have extensive experience in managing standards, they are also more likely to apply proprietary restrictions to the Intellectual Property associated with the Standards.
- **Industry bodies** – e.g. Australian Industry Group (AiGroup), Australian Institute of Management (AIM). These organisations have the advantage that they are already working in this area and therefore are likely to see its value. They are, however, unlikely to have extensive links with health and community service providers, and the Standards could be used to promote corporate agendas that undermine other aspects of social justice.
- **Specific diversity-based organisations** – e.g. Multicultural Association of Victoria, Ethnic Communities Council of Victoria (ECCV), Victorian Multicultural Commission, the Centre for Culture, Ethnicity and Health (CEH), Foundation House.
- **Research or health promotion bodies** – e.g. VicHealth, Safer Care Victoria. Organisations such as this may bring a strong lens on the social determinants of health, but may also have a narrower focus and competing priorities.
- **Commercial entity** – A private organisation may look to buy the Standards, or take certain aspects of the Standards forward (e.g. data collection) although this would once again likely impact access.
- **Specifically created not-for-profit** – An organisation could be set up specifically to oversee the Standards. Such an organisation could potentially be self-funded through training and consultancy in this area. A variant of this model was successful previously when the Quality Improvement Council managed the QIC Standards.

The Diversity Council of Australia, in particular, may warrant further consideration (https://www.dca.org.au/about-dca). DCA is an independent not-for-profit peak body leading diversity and inclusion in the workplace. DCA has over 450 members, including some of Australia's largest commercial organisations (e.g. ANZ Bank, BHP, Coles, IBM Australia, Myer) as well as a variety of others (e.g. Amnesty International Australia, Australia Council for the Arts, Australian Broadcasting Commission, Australian Drug Foundation, Benetas, Breastscreen Australia, University of Melbourne, Key Assets, Mercy Health, the Neami group, and many government departments). DCA's membership is funded by membership fees, sponsorships and services to businesses and employers, including a range of diversity and inclusion training programs.

DCA was suggested by one participant to be a strong candidate for taking responsibility for the Standards as it is understood that they were seeking something similar during a recent panel session. DCA are believed to have the financial support, wide reach, and influence necessary to effectively manage and promote the Standards.

Recommendation

18. Review the range of potential future custodians of the Standards, identify a shortlist and seek to pursue handover of Standards ownership to a suitable party who will maintain and promote them within the public domain.

Implementation options

In eliciting ideas for the future implementation and extended use of the Standards, two main options were put forward: accreditation and a community of practice model.

Accreditation and conditions of funding

A number of participants suggested that unless the Standards become linked to accreditation or funding, it was suggested that they may lack the traction to engage and compel organisations to commit to the self-assessment. Self-assessment against the Standards could be made a requirement for grant applications or funding, or accreditation could be applied and reviewed periodically. Aspects such as these were flagged as one of the most likely ways to get organisational leadership to commit to using the Standards, and to circumvent concerns around questions of 'can we afford this?'

> *Funding needs to be attached as an inducement. (Pilot organisation representative)*

There is significant concern that health and community service organisations already experience 'accreditation fatigue' and that use of these Standards may exacerbate that. In this context it is important to distinguish, however, the difference between voluntary accreditation and mandatory accreditation. As an example, the Rainbow Tick has been voluntary in the past which has meant that highly motivated organisations have been able to undertake the accreditation and gain the associated promotional value from it, while others have been able to refer to the standards as a resource, and yet others have been able to bypass the standards altogether. More recently, the Royal Commission into Family Violence has recommended that all funded family violence services be required to achieve Rainbow Tick accreditation.

Mandatory accreditation occurs where whole sectors are required to achieve accreditation, and is seen as a mechanism for achieving widespread change. In order to do this, however, a strong business and political case is required. It is unlikely that this amount of business and political impetus could be achieved for the Standards for Workforce Mutuality in the short term, a view which is shared by HealthWest representatives.

While many Health and Community Services organisations would agree with the values underlying the Standards, many would also be opposed to mandatory accreditation because of the significant cost and time impost involved. Regardless of the degree of pushback experienced within the sector/s, resolution would be required regarding ongoing stewardship of the Standards prior to any move to initiate accreditation arrangements, as the new custodian would be required to negotiate extensively with accreditation providers around aspects such as the assessment and accreditation process and licencing arrangements.

Whilst any form of significant change to a sector would require strong leadership to steer the Standards through, voluntary accreditation is expected to elicit far less opposition in its introduction. Offering the Standards as a resource through voluntary accreditation may be quite attractive to certain organisations as a way of promoting themselves to consumers, funding bodies, and their sector as a whole. As discussed

previously, the value of being perceived as an industry leader and employer of choice is immense. A number of pilot organisation representatives suggested that a 'tick' or other tangible marker of success in applying the Standards would be beneficial and support organisations to commit to the process by demonstrating their compliance, both to staff and the community.

Overall, the Standards are considered likely to gain most traction at funder and sector level if they assist in solving a problem or advancing a broader agenda on behalf of government. Timing for their adoption could therefore be opportunistic and linked to strategic context.

Several stakeholders discussed the possibility of the Standards being referenced within DHHS policy and/or funding agreements, as part of the framework within which funded organisations are expected to comply. This would not necessarily involve any process through which compliance with the Standards was checked, but could have the function of raising their profile across relevant sectors.

Recommendation

19. Consider voluntary accreditation as a suitable model for implementation of the Standards.

Community of Practice

As a less prescriptive and more organic alternative to the accreditation option posed by the pilot organisation representatives, a stakeholder described a Community of Practice (CoP) model to support the implementation of the Standards. CoPs are a voluntary group of people who come together to engage in a process of collective learning (Wenger-Trayner and Wenger-Trayner 2015).

> Communities of practice have become associated with finding, sharing, transferring and archiving knowledge, as well as making explicit 'expertise', or tacit knowledge.*' (De Waal, Khumisi and Khumisi 2016)*

The opportunity to meet and discuss progress with HealthWest and peers was commonly noted to be a very useful part of the pilot. Pilot organisation representatives commented that it had been a valuable learning experience hearing how other organisations had approached issues of diversity and inclusion, and discussing some of the barriers that had arisen. One pilot organisation representative noted the value of the forum was such that they intended to adapt their meeting presentation for sharing with staff in their broader organisation.

Through convening a taskforce or working group of interested and committed parties – ideally reflecting representatives of the Expert Advisory Panel membership and pilot participants – this group could continue to both self-assess against the remaining Standards and act as champions through promotion of the Standards to other organisations in target sectors. This would also provide the perfect opportunity to develop and share the resources that have been developed and collected through the pilot, as noted in Section 3.1.

Membership of the Community of Practice would be voluntary, and organisations would be encouraged to join the group on the journey of self-assessment by making a 'pledge' to commit to the Standards. Through the slow accumulation of committed organisations, it was hoped that a slow cultural shift may take place whereby perceptions are shifted and the concepts become normalised.

We would know we'd reached critical mass when the approach has been normalised. (Stakeholder)

One of the advantages of the CoP model is the benefit of empowering organisations to become their own experts in the field, and to independently support each other through their networks. This is reportedly already happening within the pilot group, with information and resource sharing occurring independently of HealthWest. Given HealthWest's limited future role in supporting the Standards, the fostering of independent learnings, collaboration and practical support is to be welcomed and encouraged.

This osmotic approach to implementation according to a CoP model would expand the take up of the Standards within targeted sectors, and perhaps slightly beyond, but stakeholders were unclear about how the second stage, expanding into new or reluctant sectors, may occur. For the short term, a steady expansion into the health and community services sector appears desirable. One of the risks of this approach is that the Standards may end up reaching only those who are already embracing concepts of diversity and inclusion within their organisations, rather than those organisations who potentially have more to gain through dramatic shifts in thinking, thus diminishing the potential impact of the Standards. Given the current uncertainty around custodianship for the Standards, however, this may be the most realistic approach.

Recommendation

20. Explore a Community of Practice model as an appropriate option for implementation in the short-medium term.

Other considerations

Alongside any proposed model of implementation, a number of other considerations will sit. Except where the Standards are quite literally set free into the public domain with no oversight, all models will require parallel structures of support to ensure the Standards' success. These may include training, consultancy, forums, mentoring and support, and a clearing house among others.

The need for nuanced training and support for organisations endeavouring to work towards the Standards was raised, particularly with regard to guidance in avoiding some of the possible risks and pitfalls. While organisations could draw on consultants and commercial organisations to provide training that often needs to be individually tailored in order to be fit for purpose, it was suggested that HealthWest Partnership would be uniquely placed to provide ongoing support and training on a fee for service basis. GLHV currently demonstrate a sound training model in the delivery of their How2 program which is connected with the Rainbow Tick Standards. A range of other organisations with specialisations in capacity building on diversity could also potentially be interested in providing training oriented to the Standards.

Consultancy services would be warranted in supporting organisations to commit to the self-assessment process and deliver significant change in their workforce mutuality. Once again, HealthWest Partnership or those intimately familiar with the Standards, was recommended as an ideal candidate to carry forward this work. The possibility exists that an organisation may be able to secure a capacity development grant in order to conduct a project around rollout, training and support of the Standards.

As discussed earlier, pilot representatives found a significant amount of value in attending the monthly group meetings and sharing experiences and examples with peers. The value of these forums going forward

cannot be underestimated. While a Community of Practice model is based upon this collaboration implicitly, an accreditation model would require extra consideration be given to how best to support organisations through the self-assessment and beyond. Mentoring, and peer support specifically, will be valuable for those undertaking the self-assessment, as well as for the promotion of the Standards to a wider audience.

To further support organisations at all stages of their engagement with the Standards, from the general public seeking more information, to those interested in getting involved, undertaking the self-assessment, or improving workforce mutuality in their organisation, a clearing house would be an essential repository of information. Ideally, a website with a workforce mutuality domain name would provide supporting resources including the Standards and self-assessment themselves, but potentially also case studies, examples of exemplary practice, explanatory videos, links to organisations who have undertaken the self-assessment, baseline community data and links to further reading, in addition to all of the shared resources highlighted previously in Section 3.1.

4 Conclusion

4 CONCLUSION

This evaluation has synthesised comprehensive data and feedback emanating from experienced and knowledgeable pilot organisation representatives and contributors. Overall, the accumulated evidence paints a positive picture of the Standards' suitability, effectiveness and future. This section summarises the evaluation findings with reference to the key evaluation questions.

4.1 Responses to key evaluation questions

The tables below briefly summarise the evaluation findings in relation to each of the key evaluation questions.

Fitness for purpose

TABLE 3: SUMMARY OF RESPONSES TO KEY EVALUATION QUESTIONS: FITNESS FOR PURPOSE

KEY EVALUATION QUESTION	RESPONSE
To what extent are the Standards fit for purpose?	• The Standards were found to be a **Good** fit for purpose
Applicability to target organisations and sectors	• Standards are applicable to target organisations and sectors • Evidence guide provided appropriate guidance for pilot organisation representatives • Further examples streamed by organisational size may be beneficial
Clarity (comprehensibility) of content	• The purpose, structure and presentation of the Standards was found to be suitable • Standards use language and tone that is appropriate, clear and easy to understand • Language use is specific to health and community services sector, but will be easily adapted more broadly • The term 'workforce mutuality' may be either a barrier (due to accessibility) or an enabler (by stimulating conversation) • Definition of community would be beneficial
Alignment with key issues relating to responsiveness to diversity	• Extremely comprehensive coverage of diversity issues • Provides a broad but not deep exploration of issues • Advantageous for prompting reflection but may need to provide direction for those seeking further depth • Intersectionality is a strength and should continue to be reinforced • Concept of service mutuality is a gap • Several other minor gaps identified
Suitability of structure of Standards and indicators	• Standards' intentional flexibility was an advantage • Further supplementary materials would be beneficial • Collection and dissemination of a 'data bank' of support materials is advised • Further work on presentation (potentially electronic/online) of self-assessment and evidence guide would be beneficial

Effectiveness

TABLE 4: SUMMARY OF RESPONSES TO KEY EVALUATION QUESTIONS: EFFECTIVENESS

KEY EVALUATION QUESTION	RESPONSE
How effective are the Standards in increasing organisational intention to be responsive to community diversity?	• On an interim basis (pending further study), the Standards were found to have **Good** effectiveness and potential for positive impact
Extent of organisational learning (during pilot)	• Standards promote the adoption of workforce mutuality practices and principles • Provides a useful framework to begin and undertake the process • Standards helpful in confirming existing good practices and highlighting areas for improvement
Extent of actionable improvement identified (during pilot)	• Standards led to at least Moderate intention to be responsive to community diversity • Actionable improvement was seen in nearly all pilot organisations
Extent of change in culture, systems and/or practice (during pilot)	• Standards led to at least Moderate changes in culture, systems or practice • More time is needed to evaluate long-term change, but pilot organisation representatives were optimistic • Organisational structures and cultural change were perceived as barriers • Identified risks included lack of sustainability for staff, perceived inequity, workforce fragmentation • Further research over a longer time frame and development of a Theory of Change would be beneficial in future

Feasibility of self-assessment

TABLE 5: SUMMARY OF RESPONSES TO KEY EVALUATION QUESTIONS: FEASIBLITY OF SELF-ASSESSMENT

KEY EVALUATION QUESTION	RESPONSE
How feasible is the Standards self-assessment process for a range of service provider organisations?	• The Standards self-assessment process was found to have **Good** feasibility of self-assessment
Level of complexity	• Self-assessment process was manageable, and expectations were clear • Organisations undertook different approaches to self-assessment, but all were successful • Many sources of information were valuable in supporting self-assessment
Level of challenge to culture, systems and practice	• Main challenges were time and resources • Lack of data was a significant challenge, with the collection of staff data posing several risks if handled poorly • Champions were valuable in promoting the Standards and mitigating some of the challenges associated with communication • Organisational flux could have a positive or negative impact on self-assessment; timing is important
Level of resourcing and stakeholder involvement required	• Level of resourcing required during the pilot ranged from a couple of hours to a couple of days per week over four months

KEY EVALUATION QUESTION	RESPONSE
	• Easier where a dedicated diversity or inclusion role existed, but possible in all circumstances • Consideration could be given to separating out Core and Advanced indicators to assist organisations to commence

Improvements

TABLE 6: SUMMARY OF RESPONSES TO KEY EVALUATION QUESTIONS: IMPROVEMENTS

KEY EVALUATION QUESTION	RESPONSE
How could the Standards, self-assessment process and associated tools and resources be improved?	Improvements were highlighted throughout the evaluation in relation to relevant concepts. In summary: • Further supplementary documentation and clarification of key terms e.g. community • Inclusion of the concept of service mutuality • Refinement of the presentation of the self-assessment and evidence guide (e.g. electronic/online) • Collection and sharing of a 'data bank' to support self-assessment • Provide guidance on appropriate data collection and use • Make language more accessible to those outside health and community services following review • Develop promotional materials and a communication strategy to support ongoing implementation

Future considerations

TABLE 7: SUMMARY OF RESPONSES TO KEY EVALUATION QUESTIONS: FUTURE CONSIDERATIONS

KEY EVALUATION QUESTION	RESPONSE
What considerations apply to future use, management and promotion of the Standards?	• Standards were considered appropriate for ongoing use, development and promotion • Expansion beyond the health, community and human services sector is realistic, including government, commercial, and any service that services the community • Main barrier is expected to be competition for limited resources within organisations • A strong communication strategy will be needed to promote the Standards, covering key selling points including being an industry leader and sharing positive stories • Strong stewardship of the Standards will be required • Suggestions for future custodians of the Standards included state government, statutory, peak, professional, industry or research and health promotion bodies, accreditation organisations, specific diversity-based organisations, commercial entities, or specifically created not-for-profits • The Diversity Council of Australia, in particular, may warrant further consideration • Mandatory accreditation was not considered viable in the short term • Voluntary accreditation, with an associated 'tick', was considered an option

KEY EVALUATION QUESTION	RESPONSE
	• A Community of Practice model was considered a viable short-medium term option • Consideration will need to be given to associated training, consultancy, forums, mentoring and support, and a clearing house

4.2 Taking forward the learnings

The pilot of the Standards for Workforce Mutuality has proved to be a busy but satisfying period of time for the pilot participants. This evaluation has sought to capture the views and learnings of key stakeholders in the pilot to bring together these multifaceted perspectives in a meaningful way.

In the view of the evaluation team, the Standards are a useful and innovative resource which fills a significant gap in the guidance currently available to organisations seeking to improve their inclusiveness and responsiveness to diversity. The Standards have a strong potential future in the health, community and human services sectors, and beyond. However, a clear and proactive communication strategy, along with capacity building assistance from peer organisations and content experts is likely to be needed for the Standards to reach their potential.

Even in their current form, change has been evident in the organisations that have engaged with the Standards. It is anticipated that strong future custodianship and a strongly community driven implementation model will ensure that the Standards for Workforce Mutuality 2nd Edition will provide significant impact and benefit to the broader community.

Thank you to the HealthWest Partnership for allowing us to be a part of this special pilot! (Pilot organisation representative)

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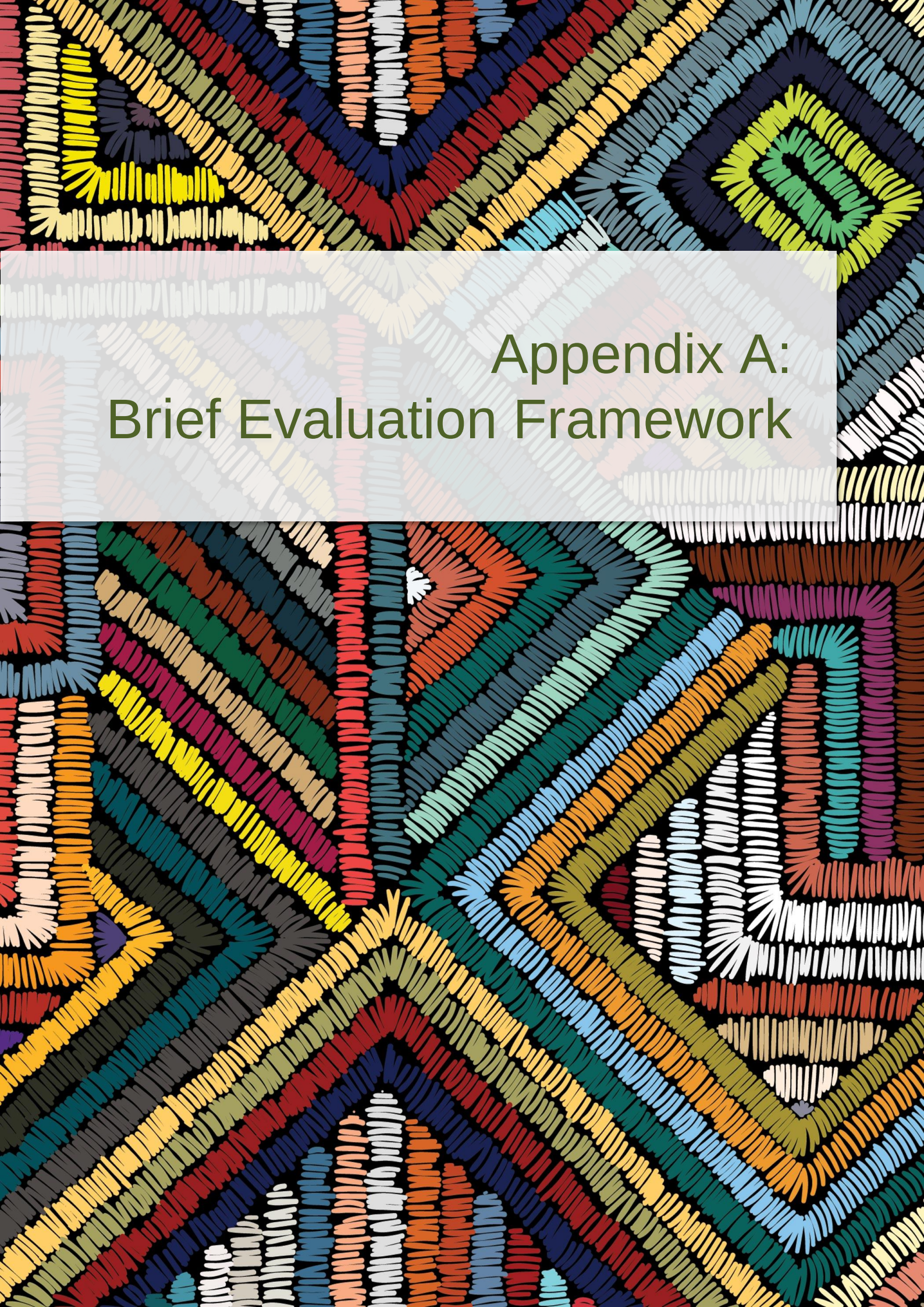


Appendix A: Brief Evaluation Framework

APPENDIX A:
BRIEF EVALUATION FRAMEWORK

V03 – 05/07/2018

Context

Over the past 18 months, HealthWest has led the development of the Workforce Mutuality Standards. Workforce mutuality is a term coined by HealthWest, describing the extent to which the diversity of an organisation or a sector's workforce reflects the diversity of the community it serves, as well as the level of responsiveness of an organisation or sector to the needs of a diverse community. The Standards were launched on 17 May 2018 and represent international leading practice in the area of systematic frameworks for addressing equity and diversity.

HealthWest now intends to conduct a pilot of the Standards, to test their application across a range of organisations. The pilot will gather feedback to assist in producing a second edition of the Standards, along with a self-assessment tool and evidence guide. The pilot is intended to occur between July and October 2018, and will include between 6 and 8 organisations, each of which will pilot a self-assessment of one or two of the six Workforce Mutuality Standards.

Lirata Ltd has been contracted to conduct an evaluation of the pilot. This document summarises several key elements of the evaluation framework. Other elements of the evaluation framework and project plan, including timeline, ethical considerations, project governance and reporting arrangements, are captured in other documents.

Evaluation Purpose

The evaluation has a formative focus. It has two main purposes:

1. To assist HealthWest to improve the Standards, self-assessment processes and accompanying tools and resources
2. To assist HealthWest to develop its thinking about the future management and use of the Standards.

The evaluation specifically aims to:

- Assess the coherence, applicability and usefulness of the Standards across relevant organisations
- Assess the feasibility of the self-assessment process
- Provide recommendations for further refinement of the Standards, self-assessment process, self-assessment tool and accompanying resources
- Identify options for the future 'ownership', management and promotion of the Standards.

Evaluation findings will be primarily used internally by HealthWest, but will also be made available publicly.

Stakeholders

STAKEHOLDERS	HOW WILL THEY BE INVOLVED IN EVALUATION?	HOW WILL THEY USE THE PRODUCTS OF THE EVALUATION?
HealthWest Partnership EO and Workforce Mutuality Project Officer	• Feedback and input into the evaluation questions and process, including timing and process of data collection • Feedback and input into the tools developed for data collection • Facilitating participation of other stakeholders in the evaluation • Participating in interviews • Input and feedback on progress report • Input and feedback on final report	• Owner of final evaluation report • Revision of the Standards and Self-Assessment process following recommendations • Further development of evidence guide and possibly other supporting resources • Decision making on future of the Standards • Communication / promotion of the Standards to other stakeholders, potentially including service providers, funders and regulators
Pilot participant organisations (key representatives)	• Participating in interviews • Feedback register • Discussion with evaluators at two participant meetings, including some scope for input to evaluation processes at first meeting	• Will have access to final evaluation report • May use findings to further inform their thinking about Workforce Mutuality and about the self-assessment process
Expert Advisory Panel representatives	• Participating in group interview	• Will have access to final evaluation report • Input to decision making on future use and improvement of Standards
Service providers not participating in pilot – including HealthWest members	• NIL	• Will have access to final evaluation report • Findings may influence their approach to Workforce Mutuality, including future use of the Standards
Relevant funders and regulators	• NIL	• Will have access to final evaluation report • Findings may influence thinking about diversity and equity • Findings may influence willingness to promote or take on management of the Standards

Domains, questions, indicators and data sources

DOMAIN	KEY QUESTION	INDICATORS	DATA SOURCES
Standards Fit for Purpose	To what extent are the Standards fit for purpose?	• Applicability to target organisations and sectors • Clarity (comprehensibility) of content • Alignment with key issues relating to responsiveness to diversity	• Feedback Register • Participant Organisations Interviews • EAP Interview • HealthWest Interviews

DOMAIN	KEY QUESTION	INDICATORS	DATA SOURCES
		• Suitability of structure of standards and indicators	
Standards Effectiveness	How effective are the Standards in increasing organisational intention to be responsive to community diversity?	• Extent of organisational learning (during pilot) • Extent of actionable improvement identified (during pilot) • Extent of change in culture, systems and/or practice (during pilot)	• Feedback Register • Participant Organisations Interviews • HealthWest Interviews
Self-Assessment Feasibility	How feasible is the Standards self-assessment process for a range of service provider organisations?	• Level of complexity • Level of challenge to culture, systems and practice • Level of resourcing and stakeholder involvement required	• Feedback Register • Participant Organisations Interviews • HealthWest Interviews
Improvements	How could the Standards, self-assessment process and associated tools and resources be improved?		• Feedback Register • Participant Organisations Interviews • EAP Interview • HealthWest Interviews
Future Considerations	What considerations apply to future use, management and promotion of the Standards?		• Participant Organisations Interviews • EAP Interviews • HealthWest Interviews

Appendix B: Standard Specific Feedback

APPENDIX B: STANDARD SPECIFIC FEEDBACK

In this Appendix, specific views and qualitative feedback on the individual Standards and associated indicators not already covered in the body of the report are provided. Where relevant, suggestions for managing the issue in future are provided.

Quantitative data from the Feedback Register are presented here in a condensed 'average' rating. Statements were rated by pilot organisation representatives on a scale of Strongly Agree - Agree - Neither Agree nor Disagree - Disagree - Strongly Disagree. In order to present these ratings in a meaningful and readily accessible way, scalar ratings were converted to numerical ratings on a scale of 5 - 1, where Strongly Agree equals 5, and Strongly Disagree equals 1. The ratings provided below therefore provide an artificial average score that masks the impact of the small number of respondents (N=1) in some instances.

Standard 1: Making workforce mutuality a priority

TABLE 8: STANDARD 1 QUANTITATIVE DATA SUMMARY

STATEMENT	AVERAGE RATING
CLARITY OF THIS STANDARD	
The purpose of this Standard is clear	4
The language used in this Standard is clear and easy to understand	4
The indicators in this Standard are clear and easily understood	4
STRUCTURE OF THIS STANDARD	
The structure of this Standard is logical and clear	4
There is overlap or duplication between the indicators and/or other Standards	4
There are gaps in the indicators and/or the Standard	4
SELF-ASSESSMENT PROCESS	
The indicators for this Standard are easily measurable	3
The examples provided for this Standard are not relevant	4
Relevant and sufficient resources are provided to help participants meet this Standard during the pilot	4
USE OF THIS STANDARD	
This Standard and its indicators are appropriate for organisations in the health, community and human services sectors	4
This Standard and its indicators are appropriate for organisations across a range of other sectors	4
The indicators are achievable for our organisation	3

STATEMENT	AVERAGE RATING
This Standard promotes the adoption of workforce mutuality practices and principles	4
Meeting this Standard will lead to improvements in an organisation's overall workforce mutuality	5

- Standard 1 was the only Standard reported to have gaps:
    - Two pilot organisation representatives suggested that an indicator highlighting strong and clear communication between leadership layers may be of assistance in facilitating a coordinated approach across all levels of the organisation. Currently, it was felt that the focus appears to be solely on the top tier of leadership. In larger organisations, however, this does not always translate down through the various levels of management levels.
    - Additional indicators linking leadership approach with associated systems (for instance HR) was recommended by one pilot organisation representative.
- In the examples given, one pilot organisation representative reflected that superficial measures (such as celebrating Harmony Day, or Welcome to Country) can be used by leaders as an example of them doing something, but without this being backed up by substantive organisational change. It would therefore be beneficial to have a greater emphasis on practical and structural changes such as ensuring that there is a coordinated approach to policy developments and organisational developments that prioritise workforce mutuality.
- Indicator 1.3 – one pilot organisation representative considered this to be slightly vague as to what 'promote' diversity meant, and suggested that it is currently more of a statement of intent than an indicator.
- Indicator 1.5 – one pilot organisation representative suggested that there is a risk of 'othering' here, particularly considering that some staff members may not want their differences highlighted, even if done in a supportive manner. It was suggested that the indicator implicitly assumes that all staff will want to participate.
- Indicator 1.6 – one pilot organisation representative believed that 1.6 could have been combined with Indicator 1.5.
- Indicator 1.6 – one pilot organisation representative noted that there is a risk that if certain groups are offered more professional development than others, or treated exceptionally, this could lead to resentment being felt by other staff, thus impacting upon the cohesion of the team. This may possibly be mitigated by first establishing Standard 2.

Standard 2: Creating an organisational culture that values diversity

TABLE 9: STANDARD 2 QUANTITATIVE DATA SUMMARY

STATEMENT	AVERAGE RATING
CLARITY OF THIS STANDARD	
The purpose of this Standard is clear	5
The language used in this Standard is clear and easy to understand	5
The indicators in this Standard are clear and easily understood	5

STATEMENT	AVERAGE RATING
STRUCTURE OF THIS STANDARD	
The structure of this Standard is logical and clear	5
There is overlap or duplication between the indicators and/or other Standards	1
There are gaps in the indicators and/or the Standard	1
SELF-ASSESSMENT PROCESS	
The indicators for this Standard are easily measurable	3
The examples provided for this Standard are not relevant	5
Relevant and sufficient resources are provided to help participants meet this Standard during the pilot	5
USE OF THIS STANDARD	
This Standard and its indicators are appropriate for organisations in the health, community and human services sectors	5
This Standard and its indicators are appropriate for organisations across a range of other sectors	5
The indicators are achievable for our organisation	5
This Standard promotes the adoption of workforce mutuality practices and principles	5
Meeting this Standard will lead to improvements in an organisation's overall workforce mutuality	5

- An error was noted in the numbering of the indicators for Standard 2 (commencing at 2.7 rather than 2.1).
- A query was raised regarding what 'adequate budget' means, as this is difficult to assess. More guidance on this interpretation may be of assistance.

Standard 3: Building job pathways for a diverse community

TABLE 10: STANDARD 3 QUANTITATIVE DATA SUMMARY

STATEMENT	AVERAGE RATING
CLARITY OF THIS STANDARD	
The purpose of this Standard is clear	5
The language used in this Standard is clear and easy to understand	5
The indicators in this Standard are clear and easily understood	5
STRUCTURE OF THIS STANDARD	
The structure of this Standard is logical and clear	5
There is overlap or duplication between the indicators and/or other Standards	4

STATEMENT	AVERAGE RATING
There are gaps in the indicators and/or the Standard	2
SELF-ASSESSMENT PROCESS	
The indicators for this Standard are easily measurable	4
The examples provided for this Standard are not relevant	4
Relevant and sufficient resources are provided to help participants meet this Standard during the pilot	4
USE OF THIS STANDARD	
This Standard and its indicators are appropriate for organisations in the health, community and human services sectors	5
This Standard and its indicators are appropriate for organisations across a range of other sectors	4
The indicators are achievable for our organisation	4
This Standard promotes the adoption of workforce mutuality practices and principles	5
Meeting this Standard will lead to improvements in an organisation's overall workforce mutuality	5

- One pilot organisation representative considered Standard 3 to be very broad, and requiring of extensive support across a range of business areas in order to be sustainable and effective. This Standard was suggested to be best suited to a medium to large enterprise, or a small enterprise with excellent job seeker or employment services networks.
- One pilot organisation representative suggested that some indicators could be grouped so as to reduce the number of indicators. For example, Standard 3.1, 3.4 & 3.5 could be grouped as having an external focus and 3.2 & 3.3 as having an internal focus, or they could be grouped by nature with 3.2 & 3.5 representing data and 3.1 & 3.4 representing opportunities.
- Indicator 3.3 – one pilot organisation representative suggested that it could be separated out to cover peer or staff review as distinct from other external or stakeholder review.

Standard 4: Employing a diverse workforce

TABLE 11: STANDARD 4 QUANTITATIVE DATA SUMMARY

STATEMENT	AVERAGE RATING
CLARITY OF THIS STANDARD	
The purpose of this Standard is clear	5
The language used in this Standard is clear and easy to understand	5
The indicators in this Standard are clear and easily understood	5
STRUCTURE OF THIS STANDARD	
The structure of this Standard is logical and clear	5

STATEMENT	AVERAGE RATING
There is overlap or duplication between the indicators and/or other Standards	2
There are gaps in the indicators and/or the Standard	2
SELF-ASSESSMENT PROCESS	
The indicators for this Standard are easily measurable	2
The examples provided for this Standard are not relevant	5
Relevant and sufficient resources are provided to help participants meet this Standard during the pilot	5
USE OF THIS STANDARD	
This Standard and its indicators are appropriate for organisations in the health, community and human services sectors	5
This Standard and its indicators are appropriate for organisations across a range of other sectors	5
The indicators are achievable for our organisation	4
This Standard promotes the adoption of workforce mutuality practices and principles	5
Meeting this Standard will lead to improvements in an organisation's overall workforce mutuality	5

- One pilot organisation representative suggested that explicit reference should be made with regard to the same principles applying to the recruitment of volunteer staff, contractors, and external recruiters or labour hire agencies, as to employed staff.
- Indicator 4.1 – the set targets in this indicator were considered to be potentially difficult to achieve, particularly in a constantly changing workplace, within a shifting community landscape. Of more relevance, it was posited, may be the notion of continual improvement whereby the organisation does not reach a set target and then remain stagnant, but rather seeks to always move towards reflecting the community, whilst acknowledging that within some organisations the workforce will be constantly fluctuating, as will the community.

Standard 5: Supporting a diverse workforce

TABLE 12: STANDARD 5 QUANTITATIVE DATA SUMMARY

STATEMENT	AVERAGE RATING
CLARITY OF THIS STANDARD	
The purpose of this Standard is clear	5
The language used in this Standard is clear and easy to understand	5
The indicators in this Standard are clear and easily understood	5
STRUCTURE OF THIS STANDARD	
The structure of this Standard is logical and clear	5

STATEMENT	AVERAGE RATING
There is overlap or duplication between the indicators and/or other Standards	3
There are gaps in the indicators and/or the Standard	2
SELF-ASSESSMENT PROCESS	
The indicators for this Standard are easily measurable	4
The examples provided for this Standard are not relevant	5
Relevant and sufficient resources are provided to help participants meet this Standard during the pilot	3
USE OF THIS STANDARD	
This Standard and its indicators are appropriate for organisations in the health, community and human services sectors	5
This Standard and its indicators are appropriate for organisations across a range of other sectors	5
The indicators are achievable for our organisation	5
This Standard promotes the adoption of workforce mutuality practices and principles	5
Meeting this Standard will lead to improvements in an organisation's overall workforce mutuality	5

- Standard 5 had the largest number of organisations piloting it (4) and therefore received the greatest volume of feedback. This should not be seen as a poor reflection on the Standard.

  This is by far the most rewarding Standard and outcomes under this Standard have wide ranging satisfaction levels for both staff and clients/consumers even though the Standard is geared towards the workforce. A supported and engaged workforce has implications for other Standards (particularly Standard 2). (Pilot organisation representative)

  We find [the Why this standard is important section] very useful, especially the catch-phrases 'inclusive practice' and 'nothing about us without us.' We feel this standard brings to life diversity and workforce mutuality, with people from different backgrounds drawing upon their 'lived experiences' and that bringing their knowledge and skills into this organisation will help us to advance. (Pilot organisation representative)

- Respondents indicated a range of views with regard to whether there was an overlap or duplication between the indicators of Standard 5 and/or other Standards, with two respondents indicating there was an overlap, one indicating there was not, and one respondent neither agreeing nor disagreeing.
- The only additional resources that were reported that could have been useful to support their self-assessment of Standard 5 (apart from additional time) was templates to support each of the indicators, particularly in relation to workforce planning and cultural safety.
- Similarly to Standard 3, it was suggested that some of the indicators could be consolidated under different groupings: Workforce Planning (5.1, 5.2, 5.5 & 5.7), Workforce/Cultural Safety (5.3, 5.4, 5.6 & 5.8) and Workforce Supports (5.9, 5.10 & 5.11).

- Indicator 5.2 – further clarity around whether this refers to specific targets was requested by one pilot organisation representative. The question was asked, for example, whether 100% of staff being trained in cultural/diversity awareness would be sufficient, or whether it requires specific percentages of staff in each demographic.
- Indicator 5.4 – one pilot organisation representative suggested that this indicator could be combined with 5.3 as, if 5.3 is met, the implication would be that the risks in 5.4 have been managed.
- Indicators 5.4 & 5.6 – one pilot organisation representative reflected that it would be valuable to be provided with clear examples showing how this has been done previously whilst successfully avoiding accusations of reverse discrimination.
- Indicator 5.7 – two pilot organisation representatives noted that it may be worth considering the implicit assumption that all staff want to progress linearly through promotion in order to recognise their success and achievements. Many staff members may in fact not aspire to take on more senior roles, but may actually be looking for greater flexibility, part time hours, greater satisfaction in their roles, or simply value the on the ground community work that attracted them to the sector in the first place. One way to reframe this may be through a consideration of 'career fulfilment rather than career progression'.
  Two stakeholders highlighted that actually both progression and fulfilment are needed so as to not allow organisations to shirk their responsibilities by not promoting diverse staff to management. Their view was that organisations need to be responsible for creating appropriate channels and pathways that would encourage an array of people to move into more senior roles.
- Indicator 5.10 – one pilot organisation representative felt that this indicator was not as relevant as the others.

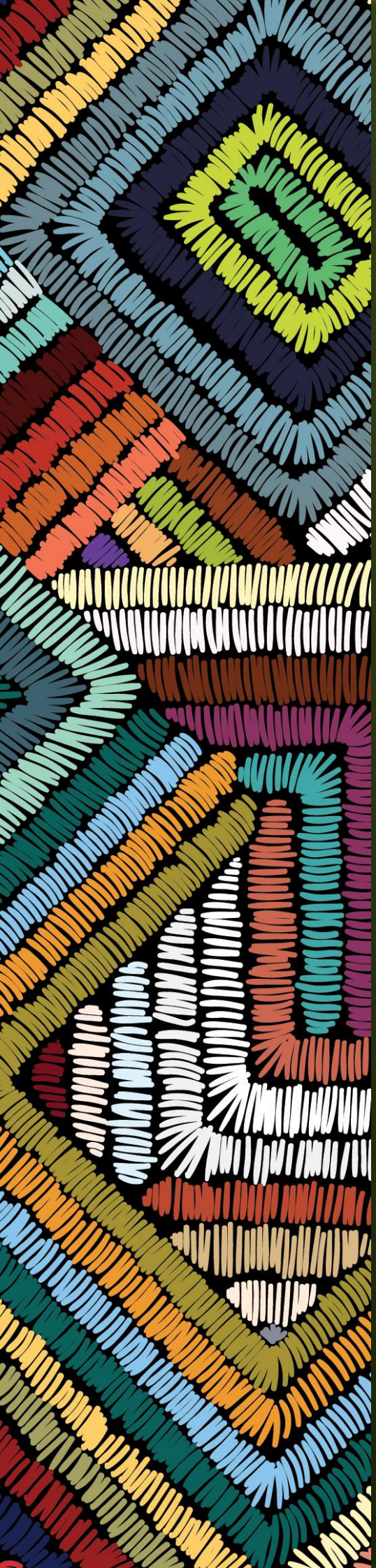
Standard 6: Improving consumer experience for people from diverse backgrounds

TABLE 13: STANDARD 6 QUANTITATIVE DATA SUMMARY

STATEMENT	AVERAGE RATING
CLARITY OF THIS STANDARD	
The purpose of this Standard is clear	5
The language used in this Standard is clear and easy to understand	5
The indicators in this Standard are clear and easily understood	5
STRUCTURE OF THIS STANDARD	
The structure of this Standard is logical and clear	5
There is overlap or duplication between the indicators and/or other Standards	2
There are gaps in the indicators and/or the Standard	2
SELF-ASSESSMENT PROCESS	
The indicators for this Standard are easily measurable	4
The examples provided for this Standard are not relevant	5

STATEMENT	AVERAGE RATING
Relevant and sufficient resources are provided to help participants meet this Standard during the pilot	5
USE OF THIS STANDARD	
This Standard and its indicators are appropriate for organisations in the health, community and human services sectors	5
This Standard and its indicators are appropriate for organisations across a range of other sectors	5
The indicators are achievable for our organisation	4
This Standard promotes the adoption of workforce mutuality practices and principles	5
Meeting this Standard will lead to improvements in an organisation's overall workforce mutuality	5

- There was no additional specific feedback relating to Standard 6.



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