



Pathways to Diversity

Evaluation of the Standards for Workforce Mutuality Pilot

Summary Report

February 2019



This summary is taken from the final report on the evaluation of the Standards for Workforce Mutuality pilot. HealthWest wishes to acknowledge Leannda Read and Mark Planigale of Lirata Consulting (www.lirata.com) for conducting this evaluation and producing the final evaluation report:

Read, L. & M. Planigale. 2019. *Pathways to Diversity: Evaluation of the Standards for Workforce Mutuality Pilot. Final Report*. Melbourne: Lirata Consulting.



Read the full report at:

<http://healthwest.org.au/workforce-mutuality-evaluation-final-report/>

This report summarises the findings of the evaluation of the Standards for Workforce Mutuality pilot, which was conducted June - December 2018. The 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 health and 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 engage in a self-assessment process by identifying and collecting examples of actions in practice that would meet the indicators for their selected Standards, and then develop a workplan to address these 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 identified as 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.

RECOMMENDATIONS

Fitness for purpose

1. Expand the Standards' explanatory materials to include greater context, definitions and procedural guidance to support the self-assessment.
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.
3. Explore the possibility of developing an online or electronic self-assessment tool in the future.
4. Produce a second edition of the Standards for Workforce Mutuality and associated resources, incorporating learnings from the pilot and evaluation.
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.
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.
7. Seek review of the Standards by an Aboriginal or Torres Strait Islander representative.
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.

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.
10. Provide resources to support organisational cultural change efforts.
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.

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.
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.

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.
15. Develop a communication and marketing strategy to support the promotion of the Standards.
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.
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.
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.
19. Consider voluntary accreditation as a suitable model for implementation of the Standards.
20. Explore a Community of Practice model as an appropriate option for implementation in the short-medium term.

Read the full report at: healthwest.org.au/workforce-mutuality-evaluation-final-report





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