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| Key Elements |
| Designing for Diversity |

# Introduction and purpose

The purpose of Designing for Diversity is to assist in embedding diversity responsiveness in service design and reform initiatives from the outset. Designing for Diversity requires that services are both universally accommodating and tailored for specific communities in alignment with the four principles of access and equity, inclusiveness, responsiveness, and empowerment and self-determination.

The purpose of this document is to detail the specific elements of service reform/design and service planning in which diversity considerations should be applied. It also provides specific ideas on and examples of how these principles can be embedded in design solutions.

The document consists of two parts:

* Reform and design processes
* Aspects of service planning

It is equally important that the proposed service reform or design output itself *and* the processes contributing to it are responsive to diversity issues and embody the four diversity principles. For example, it is essential that services are accessible to people with a disability, but equally that governance meetings for the relevant reform initiative are also accessible.

Part 1 and 2 of the document are broken down into three sections:

**Reform and design processes/Aspect of service planning:** refers to components of reform processes (part 1) or service planning (part 2) where diversity should be considered.

**Key elements**:describes specific actions that should be taken and/or processes that should exist to ensure the reform meets the needs of all. This section is intended to highlight the specific, actionable ways in which diversity should be considered.

**Examples:** describes what the key elements can look like in practice, with reference to particular communities. It is not prescriptive as each reform area will differ.

**Part 1 – Reform and design processes**

| No. | Reform process | Key elements | Examples of good practice |
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| 1.1 | Governance of reform | Membership of governing bodies (e.g. reference groups/taskforces) is reflective of the diversity of the communitySupport structures exist to counter potential barriers to participation for particular groups or individualsGovernance structures and meetings are accessible and operate responsively to issues of cultural safety | Members are sought from peak bodies representing diverse population groups, along with regional representatives, for the governing boardof a reform initiativeReform body membership meets goal of at least 50% female membership Clear guidelines exist for discussions in governance meetings, including an Acknowledgement of Country at the outset of each meeting; referring to people using their preferred descriptors and pronouns Governance meetings are held in an accessible venue; information is included in different formats, including Easy English; an AUSLAN interpreter is available for Deaf people to participate |
| 1.2 | Population/client needs analysis | Demographic data on diverse communities is used to support reform designAnalysis of population needs is conducted in consultation with members of relevant communities in a culturally competent and accessible wayExisting evidence and analysis of issue impact for different groups is sought and utilised in establishing client needsData of greater granularity is sought from local area programs and community specific data sets | Analysis for family violence services uses a defined minimum data set, including country of birth, language spoken, year of arrival, ATSI status, disability, gender and sexual identity (where relevant to obtain)A survey uses best practice on questions about gender and sexual identity (when relevant to obtain) to ensure accurate information about demographics |
| 1.3 | Stakeholder engagement & co-design | Consultation processes are inclusive and accessibleStakeholders are actively involved in reform design and decision-making processesUpdates are provided to stakeholders on a regular basis with a formal pathway for feedback and contributions using a ‘two-way’ approach to knowledge sharing | Communications seeking consultation and feedback are available in multiple languages/dialects and accessible formats, and reviewed for cultural appropriateness as part of the translation processNon-written methods of engagement are held to avoid excluding people with low literacyCommunity forums are conducted in regional areas and areas of disadvantageAboriginal stakeholders have control and ownership over decisions made regarding their community relating to child protection reformA regular update is emailed to LGBTI community organisations who were consulted in the reform process for youth support services informing them of progress and seeking feedbackConsultations for youth support services are held with the Maori community in a meeting format appropriate to that community |
| 1.4 | Defining goals and outcomes | Specific outcomes for diverse communities are identified in relation to their particular needs at the outset of the reform design processRecommendations from community groups about relevant measures of success for their populations are prioritised in setting goals | Feeling connected to culture, country and community is included as a specific measure of success for Aboriginal Victorians based on input from community organisationsSelf-determination is a priority for Aboriginal organisations within the reform area and drives any changesResilience for LGBTI clients is a stated goal due to the effects on LGBTI people of the ongoing debate on marriage equalityFollowing consultation, improving inclusion for people with a disability is a key priority in out of home care reform |

 **Part 2 – Service planning**

| No. | Aspect of service design | Key elements | Examples of good practice |
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| 2.1 | Funding models | From the outset funding models and allocations are responsive to the specific needs of different population groups and communities | Funding allocation to Aboriginal Community Controlled Organisations support self-determined responses to Aboriginal health, wellbeing and safetyFunding is allocated for staff training on diversity competence, including Aboriginal cultural safetyConsideration is given to the weighting of prices to recognise the additional time that may be required to provide responsive services Funding considers culture an integral part of service deliveryFunding is allocated to enable access to all parts of service for people with a disability, such as adjusting unit prices to allow for embedding of language services |
| 2.2 | Monitoring, review and evaluation systems (including data) | Data collection processes have the capacity to identify demographic factors relating to diversityMonitoring systems include accessible pathways for feedback about servicesReporting systems include specific reports about outcomes for diverse communitiesCommunities have access to data about themselves and are actively informed of thisData is available in accessible formats | Questions feeding into client databases use minimum data set including country of birth, language spoken, year of arrival, ATSI status, disability, gender and sexual identityReports include gender-specific information on outcomes and evaluate reasons for any differencesA questionnaire is produced in multiple languages and accessible formatData and reports regarding child protection outcomes are regularly circulated to culturally and linguistically diverse community organisations Aboriginal communities lead the design of evaluation questions and outcomes relevant to Aboriginal health, wellbeing and safety |
| 2.3 | Safety, risk management | Policies and procedures account for different risk factors for particular groups and individualsPhysical facilities mitigate risk factors experience by different population groupsAll aspects of service design and delivery incorporate the notion of cultural safetyTraining is implemented to improve workforce capacity to implement the above | Communication with families of LGBTI clients avoids disclosing their identity without their consentEvacuation procedures for people with a disability are clearly planned and communicated to all staff and affected clientsAll discussions and documents refer to a person by their preferred identity and any related descriptors – for example, calling someone Aboriginal rather than indigenous according to their preferenceResearch about Aboriginal health adheres to National Medical Research Council ethics guidelines for Aboriginal and Torres Strait Islander peoples |
| 2.4 | Consumer participation  | People have input into decisions about their care or servicesA formal system exists for identifying client preferences People are given options for treatment or services in line with their preferences | A client with limited English is provided interpreting services to fully understand their optionsA transgender person is referred to a case manager; a clear record exists of their preferences, e.g. pronouns, and desired outcomes as a clientA Maori person is given service options incorporating their cultural beliefs and practices; the organisation has a pathway to contact or provide referrals to Aboriginal community organisations if this is desiredClients are asked if they have a preference for the gender of their case manager |
| 2.5 | Governance structures | Membership of ongoing governing and advisory bodies is reflective of community members and community needsSupport structures exist to counter potential barriers to participation for particular groups or individualsGovernance structures and meetings are responsive to issues of cultural safety | Community organisations for diverse cultural groups are contacted to seek representatives for governing boardof the reform of an aged care serviceInterpreter is available to allow a hearing-impaired person to participate in governance meetings Governance body has at least 50% female membershipClear guidelines exist for discussions in governance meetings including referring to people using their preferred descriptors and pronouns.All governance meetings include an Acknowledgement of Country at the outset |
| 2.6 | Service elements:Intake and assessmentCase managementReferralsPeer support | All aspects of case management consider clients as individuals rather than being ‘typical’ of a particular population groupClient preferences are considered at all points of service deliveryClear guidelines exist for practices regarding differences between various communities | A Muslim person who identifies as being from an LGBTI community is given the option of referral to a different support network, rather than a community faith leader who may not be supportive of their identityAn Aboriginal client is given the option of being referred to an ACCHOAll staff of a sexual health service are aware of how to respectfully discuss issues relating to sexual preference with people identifying as men who have sex with men |
| 2.7 | Workforce recruitment and development  | Recruitment processes aim for a workforce representing the diversity of the communityTraining is provided for staff on competence in relevant areasDiversity competence is a part of staff performance requirements | Adherence to best practice and continuous improvement to practice is a system priority diversity accreditations such as the Rainbow TickHiring processes are accessible, advertised through community organisations and culturally appropriateFlexible workforce arrangements are in place to avoid discriminating against people with caring responsibilities.Aboriginal cultural awareness training is available to all staffProcedures exist to eliminate bias in recruiting, e.g. removing names from job applications. Policies ensure an equal gender representation in the workforceStaff receive training on how to communicate effectively with all people, including those with limited English, an intellectual disability or people with complex communication needs. |
| 2.8 | Infrastructure – including physical facilities & IT | Facilities are universally accessible Facilities demonstrate awareness and acceptance of diverse client groupsServices operate on the principle of place-based care | Electronic resources are available in accessible formats for people with a vision impairmentAboriginal artwork is displayed in an organisation with servicing Aboriginal client groupsRainbow stickers are visible to indicate an organisation is LGBTI-inclusiveA service with a high proportion of refugee clients located centrally opens an outpost in the Dandenong area, where many people from a refugee background resideAn access consultant is engaged to ensure that services employ principles of universal age-friendly design and are accessible for older people using mobility aids and people with a disability, including a ramp and electric doorsBuildings include prayer/faith rooms with washing facilities available |

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