

wellways

We are
**Well
Together**



Self-audit score sheet



“Building inclusive communities – ones in which everyone has the opportunity to lead meaningful and satisfying lives and participate as fully as they would like as valued members – requires a fundamental reframing of the ways in which we all relate to one another. Inclusive communities celebrate diversity and understand the strength that this diversity brings to the community as a whole. Inclusive communities challenge age-old prejudices and the established patterns of discrimination they foster, replacing marginalisation and isolation with affirmation, eager welcoming and embracement.”

(Salzer, M.S. & Baron, R.C. (2016). Well Together – A blueprint for community inclusion: fundamental concepts, theoretical frameworks and evidence. Published by Wellways Australia Limited, Melbourne, Australia.)

Your involvement in a Well Together workshop is an important step along the path to creating a more supportive, welcoming and inclusive community.

This self-audit tool is intended to stimulate reflection and discussion about inclusion. It also aims to encourage meaningful planning by your organisation for improving inclusiveness. It is intended to assist you in taking a snapshot of the inclusiveness of your organisation; what you are doing well and how you might do even better.

The self-audit tool is focused on two aspects of inclusiveness; how your organisation includes people with diverse lived experiences, world views, abilities and identities, and how your organisation promotes and champions inclusion. There are 5 indicators that we ask you to give your organisation a rating between 1-5. A rating of '1' indicates that you are interested in this area but have yet to take any action; a rating of '5' indicates excellence of practise. For each indicator, we have provided some general suggestions of what ratings of '5', '3' and '1' might look like. We encourage you to think about what excellence might look like in your specific context, for each of the indicators, and rate your organisation accordingly.

The self-audit is ideally conducted by a group of people, each involved in different aspects of the organisation, including community members and participant roles. The more people involved in the process, the richer the information you will have to work with. However, the audit tool is flexible; you may choose to have one person conduct the audit and then share their observations as a starting point for group discussion and planning. You can use this self-audit tool in a way that suits your organisation.

How often you use the Well Together Inclusiveness Self-Audit is up to you. It could form a starting point for your path to improving inclusion; you could use it as a method for you to prioritise projects or initiatives. You might choose to use the self-audit as part of a regular process of organisational reflection and action planning; you might decide to record your ratings and regularly check back to get an indication of how you are improving over time.

Find out your Well Together Inclusiveness Rating

The rating you choose is a guide – this self-audit is not an assessment or diagnostic tool. As you work through the self-audit, you may become aware of differing levels of inclusion within each indicator; for example, you may realise that your organisational structure and processes rate a 5 in one of the indicators, while your ‘on the ground’ operations might only rate 3 for the same indicator. This is ok - the main aim of the self-audit is to recognise these inconsistencies and to facilitate discussion about what might be done to improve.

Instructions

1. RATE

Work through the 5 Indicators, shading each with a rating of 1-5.

Examples are provided for what ratings of 1, 3 and 5 might look like, for each of the indicators.

2. ILLUSTRATE

Include some examples that demonstrate the rating you have chosen. This might include policies, processes, actions or situations.

3. DISCUSS

Discuss the actions you could take to improve in each of the indicators, write these in the space provided under ‘possible actions for improvement’

4. PLAN

Complete the Self-Audit Documentation and Planning Record to assist with clarifying your next steps.

Ratings

1. **Interested** – We are interested but aren’t sure how to get started on this
2. **Beginning** – We are starting to take steps towards this
3. **Satisfactory** – We feel good about the progress we have made but know there’s still work to do
4. **Good** – We do this well and we are seeing the benefits
5. **Excellent** – We could teach others how to do this!

Indicators

a. Our organisation is committed to inclusion

1	2	3	4	5
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What a 5 might look like:

- Anyone who comes into contact with our organisation knows that inclusion is important to us; it is explicit in our values, mission, position descriptions, policies, website, publications and promotional material.
- We are recognised for excellent inclusive practice. Leaders in our organisation talk to staff about inclusion and role model inclusive practise. Our staff are supported to be inclusive and expected to do this well. Commitment to inclusion is part of our hiring criteria
- The people who use our service know, feel and say that we do this well.

What a 3 might look like:

- We have internal policies and procedures that support inclusion
- Staff receive information about our expectations of inclusive practise and get some support through relevant training.
- We get some feedback that says we are inclusive.

What a 1 might look like:

- We follow standards of equal opportunity and anti-discrimination
- Staff are unsure about what improved inclusion might look like in our organisation
- We don’t ask or don’t know if the people we work with feel included in our organisation



Indicators (continued)

b. We provide practical ways to support inclusion for everyone who works for, receives services from or interacts with our organisation

1	2	3	4	5
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What a 5 might look like:

- We make resources about inclusion available to the public through our website, publications, tip sheets, articles, videos
- Our policies, position descriptions and staff orientation and training resources include clear reference to inclusion
- We have one or more roles that are responsible for leading inclusive practice
- Our employees and service users are provided opportunities to understand their individual responsibility for inclusion – at work, home and in the community

What a 3 might look like:

- While we create and share resources to support practical inclusive change, we do not co-produce this with or encourage feedback from the marginalised identities the service is intended for.
- While we seek input from those who work for our organisation, it is limited in scope and not always incorporated into improvements.
- While we reach out to communities, it is largely limited to project timeframes and continuous relationships with diverse communities are not maintained.

What a 1 might look like:

- We are still in the process of committing role responsibilities, budgeting, services, as well as measurable targets to create resources or services to support practical inclusive change.
- We are still unclear on the journeys of community members in how they interact with us, and how we interact with them.
- We are unclear as to what inclusion means for respective marginalised identities.

c. We seek input or advice from people with relevant experience and expertise about how we can be inclusive

1	2	3	4	5
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What a 5 might look like:

- We know the people in the community who we are trying to reach and we have representatives from these communities on our board and in senior advisory roles.
- At the highest levels, there are people with expertise, including lived experience, involved in real decision making.
- People from the most marginalised groups that we work with tell us that we do this well

What a 3 might look like:

- We know the people in the community we are trying to reach and consult with them about proposals and decisions we are planning to implement
- We provide avenues for people with expertise, including lived experience, to share their opinions and ideas, though they may not always be involved in decision making.
- We regularly ask people how we can be more inclusive and we incorporate their feedback into our planning.

What a 1 might look like:

- We are unclear about the people we are trying to reach and have yet to involve them in our planning or decision making processes.
- We would like to involve people with expertise, including lived experience, in our planning and decision making processes however we are afraid of what they might say
- We receive incidental feedback from the people we work with but haven't set up formal feedback avenues or processes for responding to or acting on their feedback



Indicators (continued)

d. We keep learning about how we can do inclusion better



What a 5 might look like:

- We have set measurable targets in making changes to our organisation to become more inclusive based on the requests of marginalised community members.
- In both external and internal communication, we are transparent in our inclusive changes led by marginalised community members, as well as our desire to hear new opportunities.
- We have accessible communication channels for staff and community members to provide anonymous feedback, as well as regular opportunities for people to be compensated in telling us ways to be inclusive.
- We have roles and responsibilities within the organisation for people to proactively consult and work with marginalised community members.

What a 3 might look like:

- We set measurable targets in nurturing meaningful two-way relationships with organisations, groups, and community leaders of people with marginalised lived experiences.
- We set measurable targets in researching literature and experiences from marginalised identities, and share this throughout the organisation and community.
- Across our organisation, staff reflect over who was effected as well as excluded by their practice, this reflection isn't guided by a model or collated for potential action.

What a 1 might look like:

- Our staffing and/or service users are unintentionally homogenous in their identities.
- We do not have systems set up to both proactively consult as well as receive feedback from community members of marginalised identities in how we could be more inclusive.
- We do not have policy or resources to guide staff in communicating with marginalised community members based on their respective communication styles and needs.

e. We influence others in our community to be more inclusive



What a 5 might look like:

- We allot organisational resources and services accessible for individuals, groups, or organisations in our community to undertake inclusive projects, and we record the use and outcomes of this.
- We provide communication channels for staff and service users to be supported in making inclusive changes in their own communities.
- Marginalised community members regularly access or collaborate with aspects of our organisation in making inclusive transformations in their own communities or others.

What a 3 might look like:

- We have an awareness of how various marginalised identities are actively excluded in our community based on what they've said.
- We are known for being part of projects with marginalised community members across their respective communities.
- We have conversations with others in our community about how to be more inclusive but there is little follow up.

What a 1 might look like:

- It is unclear or unknown across both staff as well as community members as to how our organisation is situated and interacts with our community.
- Organisationally, there is a desire to support inclusive community changes, but it is unclear where this desire comes from nor which marginalised groups across our community we'd like to support.
- We have not yet began exploring how we can be inclusive within our own organisation.



Self-Audit Documentation and Planning Record

Organisation name:

Date of audit:

Names of audit team:

Well Together Inclusiveness Rating:

Next Audit to be completed on:

Action	Relevant Indicator	Person responsible for implementation	Date to be completed by