



Voluntary Arts Ireland
Ealaíona Deonacha Éireann
Voluntar Airts Airlann



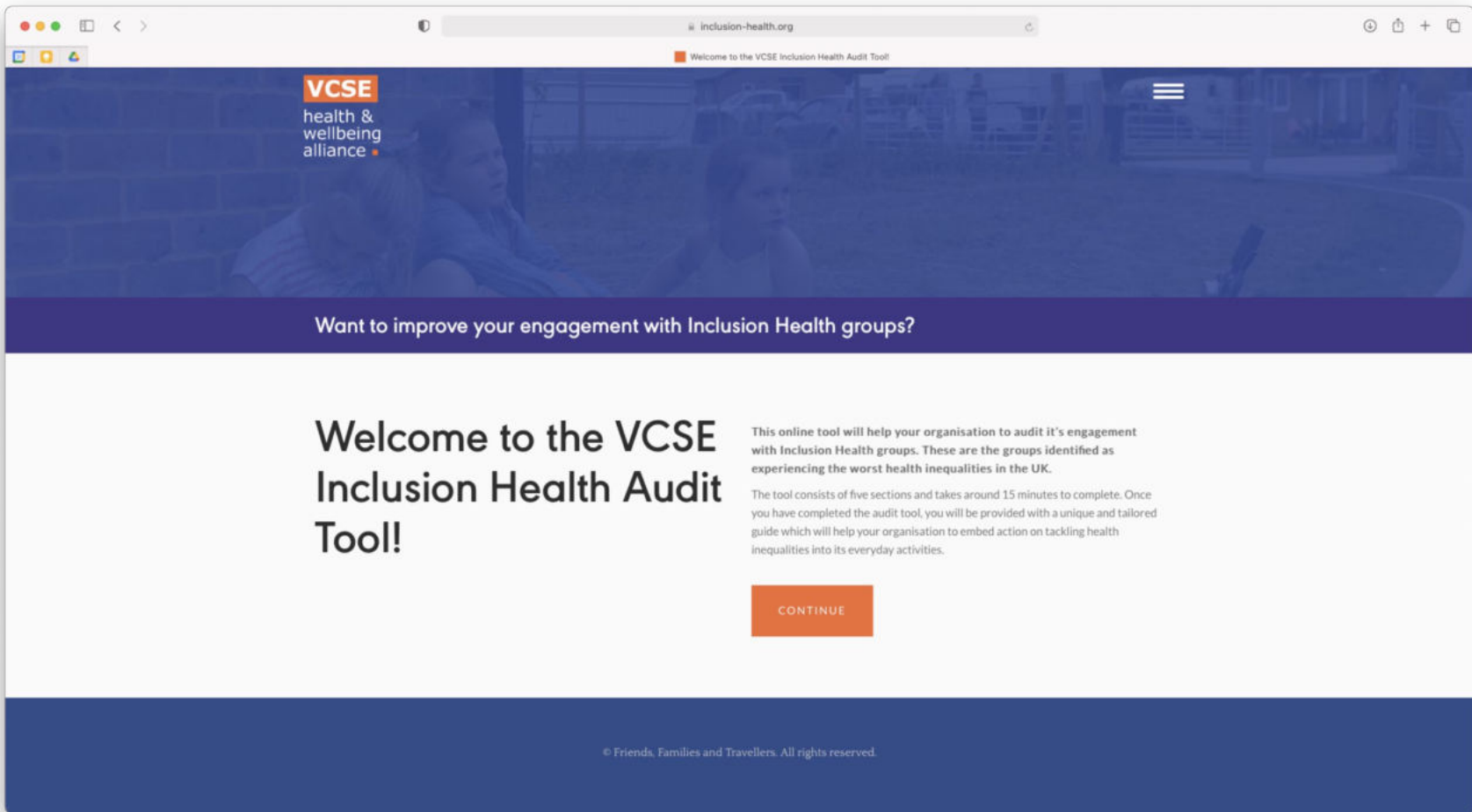
ENCOURAGING INCLUSIVE CULTURE

Co-funded by the
Erasmus+ Programme
of the European Union 

Benchmark Tool presentation: Inclusion Health

www.inclusion-health.org





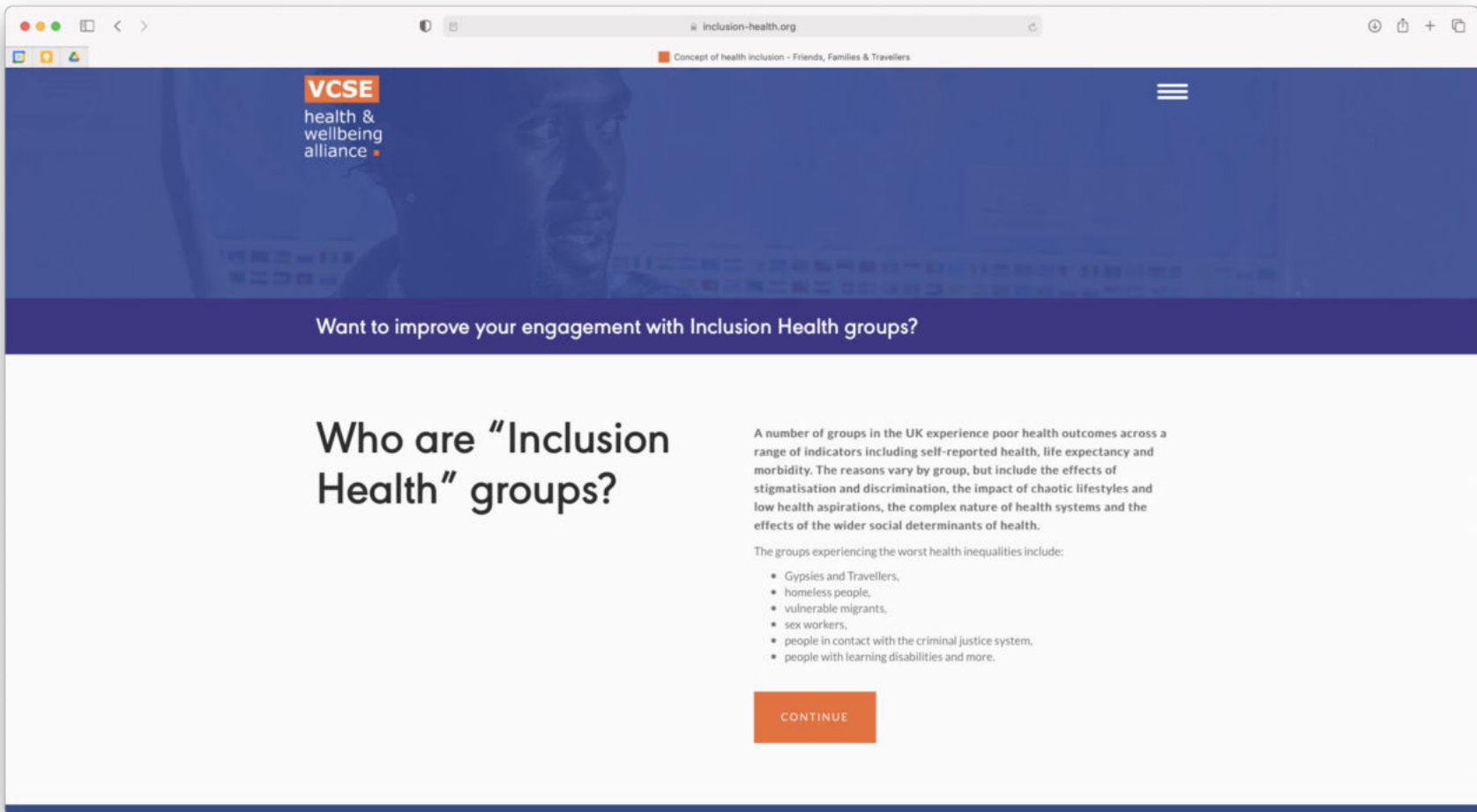
Want to improve your engagement with Inclusion Health groups?

Welcome to the VCSE Inclusion Health Audit Tool!

This online tool will help your organisation to audit its engagement with Inclusion Health groups. These are the groups identified as experiencing the worst health inequalities in the UK.

The tool consists of five sections and takes around 15 minutes to complete. Once you have completed the audit tool, you will be provided with a unique and tailored guide which will help your organisation to embed action on tackling health inequalities into its everyday activities.

[CONTINUE](#)



Want to improve your engagement with Inclusion Health groups?

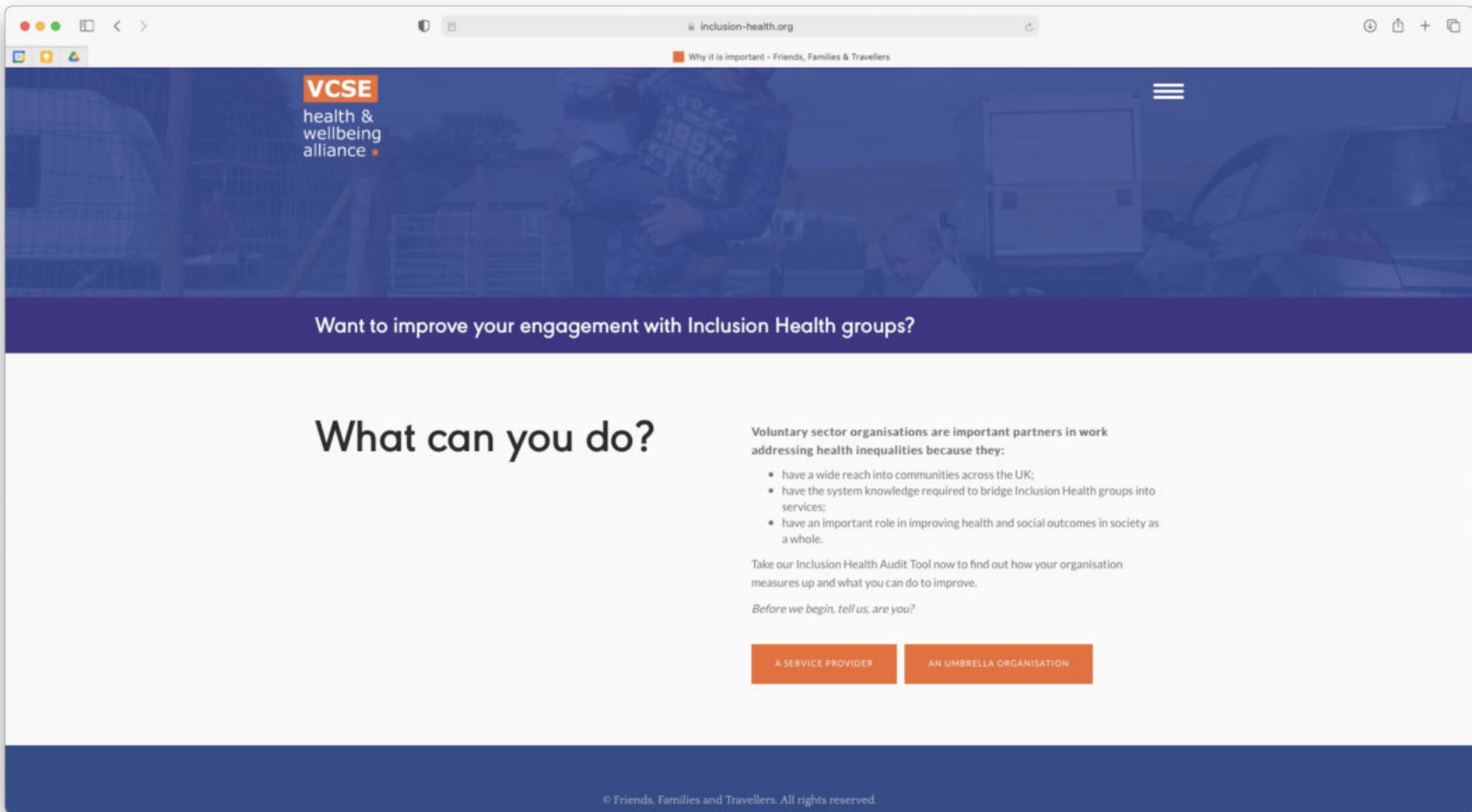
Who are “Inclusion Health” groups?

A number of groups in the UK experience poor health outcomes across a range of indicators including self-reported health, life expectancy and morbidity. The reasons vary by group, but include the effects of stigmatisation and discrimination, the impact of chaotic lifestyles and low health aspirations, the complex nature of health systems and the effects of the wider social determinants of health.

The groups experiencing the worst health inequalities include:

- Gypsies and Travellers,
- homeless people,
- vulnerable migrants,
- sex workers,
- people in contact with the criminal justice system,
- people with learning disabilities and more.

CONTINUE



VCSE

health &
wellbeing
alliance



Want to improve your engagement with Inclusion Health groups?

What can you do?

Voluntary sector organisations are important partners in work addressing health inequalities because they:

- have a wide reach into communities across the UK;
- have the system knowledge required to bridge Inclusion Health groups into services;
- have an important role in improving health and social outcomes in society as a whole.

Take our Inclusion Health Audit Tool now to find out how your organisation measures up and what you can do to improve.

Before we begin, tell us, are you?

A SERVICE PROVIDER

AN UMBRELLA ORGANISATION

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Inclusion Audit - Friends, Families & Travellers

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Section 1: Governance

In order to work successfully with socially excluded groups, your organisation must have:

- Strong leadership committed to the principles of Inclusion Health;
- Effective mechanisms to ensure that diversity and inclusion is valued and achieved in your organisation; and
- A clear understanding of the experiences and requirements of people from Inclusion Health groups.

If you are serious about achieving this, it is critical that people with lived experiences of social exclusion are represented at all levels of your organisation. If your organisation is governed by a diverse group of people, you will have access to a diverse range of experiences and information. This will help your organisation to think innovatively about how you can achieve your organisation's aim for all people.

Diverse representation	Do you have mechanisms in place to make sure the diversity of the UK is reflected in your trustee board?	?	<input type="text"/>
Clear policies	Do you have clear policies in place to ensure diversity and inclusion?	?	<input type="text"/>
Achieving aim for all	Have you considered what you would need to do to ensure that you achieve your aims and mission statement for all people?	?	<input type="text"/>
Monitoring	Do you have processes in place to monitor equality and inclusion in your organisation?	?	<input type="text"/>
Accountability	Do you have clear mechanisms for addressing evidence of inequalities and/or exclusion?	?	<input type="text"/>
Leadership	Do you have a named person whose job it is to drive Inclusion Health in your organisation?	?	<input type="text"/>
Organisation details	<input type="text" value="Org:"/>		
Contact details	<input type="text" value="Name"/> <input type="text" value="Email"/>		

I consent to FFT collecting and storing my data from this form.

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Inclusion Audit - Friends, Families & Travellers

Section 1: Governance

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Diverse representation	Do you have mechanisms in place to make sure the diversity of the UK is reflected in your trustee board?	Yes - but I would like to learn mo
Clear policies	Do you have clear policies in place to ensure diversity and inclusion?	Yes - but I would like to learn mo
Achieving aim for all	Have you considered what you would need to do to ensure that you achieve your aims and mission statement for all people?	We've started this process
Monitoring	Do you have processes in place to monitor equality and inclusion in your organisation?	No
Accountability	Do you have clear mechanisms for addressing evidence of inequalities and/or exclusion?	Yes - but I would like to learn mo
Leadership	Do you have a named person whose job it is to drive Inclusion Health in your organisation?	Yes
Organisation details	Test	
Contact details	Test	info@

I consent to FFT collecting and storing my data from this form.

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Section 2: Planning and Strategy

"Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism."

Marmot, Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England Post-2010

When planning projects and services which will help your organisation to meet its aims, it is important to consider what adjustments you need to make to ensure that socially excluded groups achieve the same health and social benefits as other beneficiaries. By looking at your organisations activities and planning through the lens of proportionate universalism, you can ensure that your organisation helps to overcome, not perpetuate health inequalities.

Aim to planning	Are considerations of inclusion health groups clearly set out within your organisation's plans and/or strategies?	7	In some areas, but I think we cou
Project planning	When you are planning a project, do you build in extra resources and capacity to engage with inclusion health groups?	7	Most of the time
Representation	Are people from inclusion health groups involved in service planning?	7	Yes - we have representation fro
Collaboration	Do you work in partnership with organisations who specialise in work with inclusion health groups to improve your engagement with inclusion health groups?	7	We currently don't collaborate v

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Section 3: Human Resources

"When I walk in the door, I feel like people have time for me. They don't seem to mind if I've been sleeping rough and haven't been able to shower and don't take it personally if I've got to reschedule appointments a couple of times before I can make it to one. I don't feel like an inconvenience."

Charlie, 52 years old, homeless

The staff and volunteers who work for your organisation and the environment you create will all have a major impact on your ability to work well with socially excluded groups. The way people speak, the tone of their voice, the dress code you set and the knowledge people hold are all intangible assets which can make your organisation either more or less welcoming to socially excluded groups.

Representation	Do you have mechanisms in place to make sure the diversity of the UK is reflected in your staff and volunteers?	?	We monitor staff diversity but h
Recruitment	Do you base recruitment processes around competencies rather than qualifications?	?	Most of the time
Investment	Do you make reasonable adjustments to ensure diversity on your staff and/or volunteers team?	?	Some of the time
Investment	Do you create pathways for your staff and volunteers to progress in their careers?	?	We have some programs and prc
Training	Does your organisation offer training to staff on inclusion health?	?	No, we do not offer training on ir
Accountability	Do you have clear disciplinary mechanisms for actions opposing equality and inclusion?	?	Yes, this is clearly written into ou

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Section 4: Service Delivery

"I went in to register for an appointment and the receptionist handed me a form, but I was too embarrassed to say I couldn't read or write so I couldn't fill it in. I sat there for a few minutes pretending to fill it in then got up and left when he wasn't looking."

Elizabeth, 24, Irish Traveller

If the basic processes underpinning your services rely on literacy, fluency in English or adherence to strict appointments, this may present a barrier to some members of Inclusion Health groups. It is important to review your processes to ensure that they make it easy for socially excluded groups to engage with you and to establish a "person before process" approach amongst your staff and volunteers.

Literacy	Do you make reasonable adjustments to ensure your services are accessible for people with low literacy?	?	Yes
Language	Do you make reasonable adjustments to ensure your services are accessible for people who cannot speak English?	?	Most of the time
Flexibility	Do you make reasonable adjustments to ensure your services are accessible for people with unpredictable lives?	?	Some of the time
Nomadism	Do you have effective handover services for clients who travel outside of your geographical service delivery area?	?	Some of the time
Representation	Do you usually record if service users are from inclusion health groups?	?	Never
Satisfaction	Do you carry out disaggregated monitoring of inclusion health groups for satisfaction?	?	For some projects

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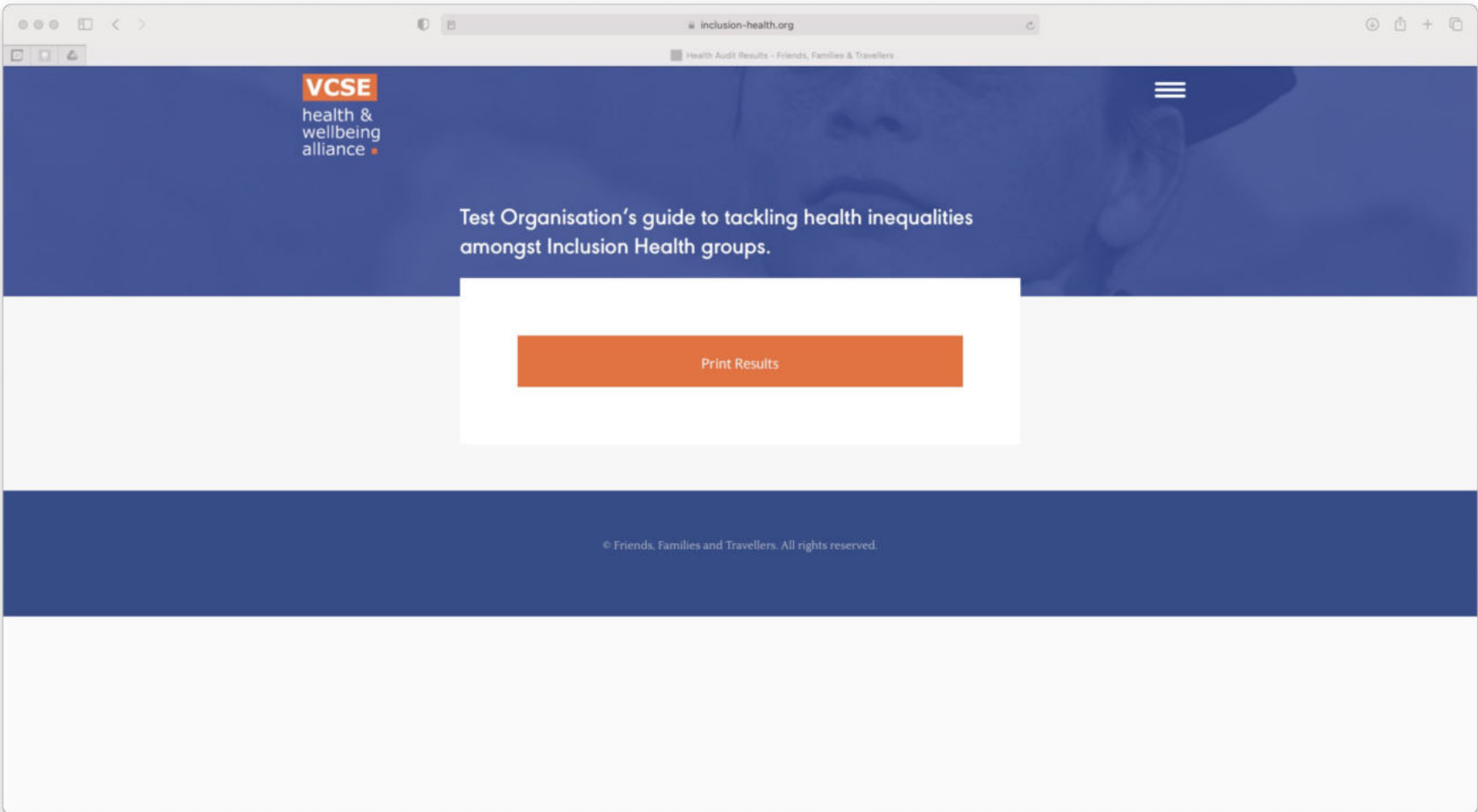
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Section 5: Communications

The way in which you communicate with your target audiences will determine who accesses your services, whether they keep using your services and what they get out of your services. Many members of socially excluded groups have low health aspirations and may have had bad experiences with service providers in the past. This means that even if in theory a service is open to everyone, it may not be used by everyone. It is important that your communications activities make it easier and more welcoming for diverse groups of people to learn about and access your services.

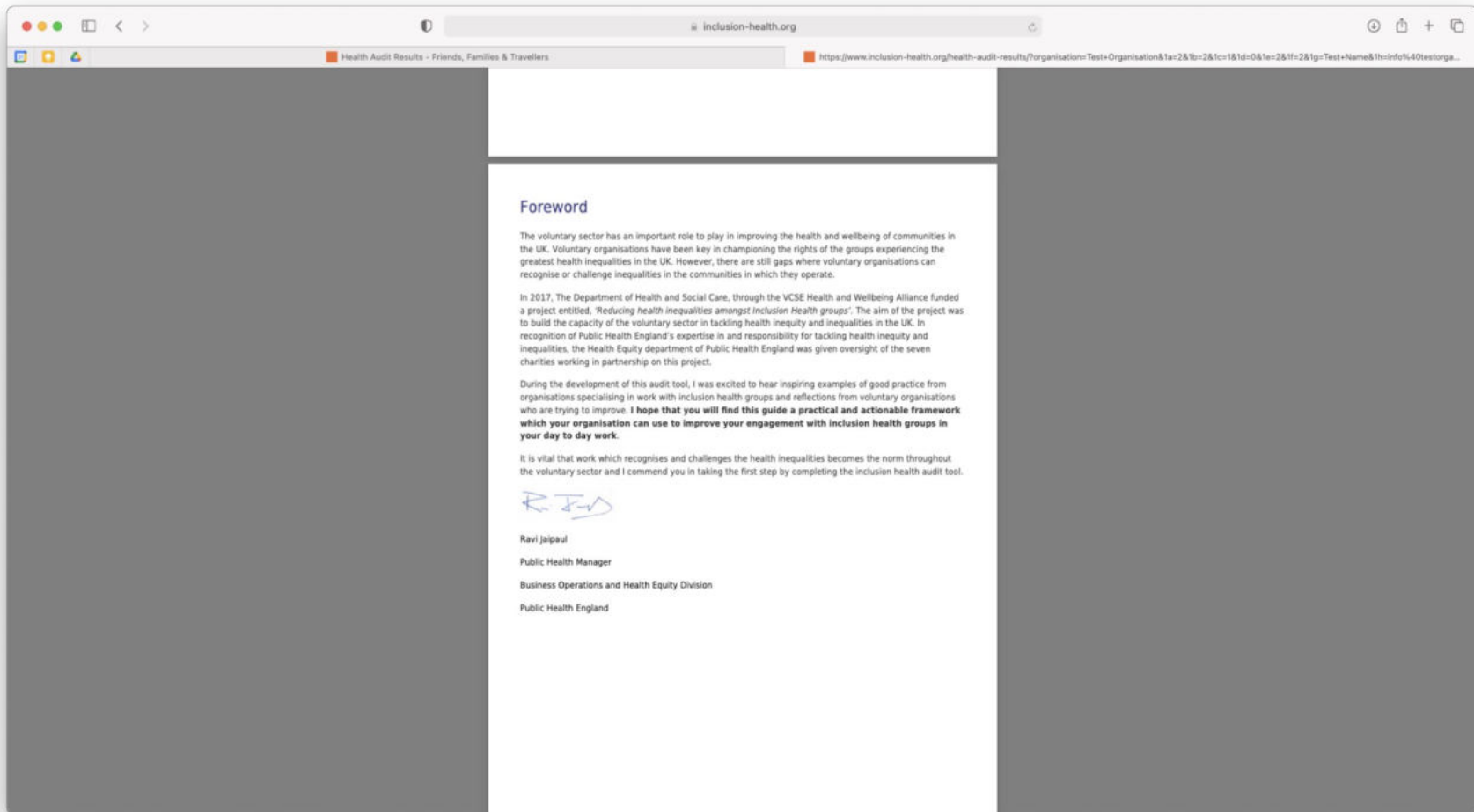
Symbols	Do you use symbols to make it clear that people from inclusion health groups are welcome?	<input type="radio"/> No, we don't have symbols on display
Language	Do you provide literature for service users and potential service users in easy-to-read English?	<input type="radio"/> Yes, all literature we produce is v
Representation	Do you consciously ensure diversity in the people and settings you use in your communications materials?	<input type="radio"/> This is something we sometimes
Address	Do people need to have an address to sign up to your membership list?	<input type="radio"/> No

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Test Organisation's guide to tackling health inequalities amongst Inclusion Health groups.

Print Results



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Health Audit Results - Friends, Families & Travellers

https://www.inclusion-health.org/health-audit-results/?organisation=Test+Organisation&1a=2&1b=2&1c=1&1d=0&1e=2&1f=2&1g=Test+Name&1h=info%40testorga...

Section 1: Governance

Making sure your trustee board is diverse


Well done - you have a diverse trustee board!

A trustee board sets the long-term direction of a charity and has the key role in deciding organisational

objectives and purpose. A truly inclusive organisation has diverse representation at all levels, including the trustee board. By appointing leaders who have an understanding of health inequalities, who have diverse lived experiences of accessing healthcare and who are committed to reaching wide and diverse audiences, you can ensure that inclusion health is embedded into all of your organisation's activities.

Remember to build upon and incorporate existent good practice on promoting diversity in trustee boards when considering how to ensure representation from and recognition of inclusion health groups.

Policies for Diversity and Inclusion



Equality, diversity and inclusion should be at the heart of every organisation. Not only is it a legal requirement, but it also creates a much more successful and effective work place.

The aim is for every workforce to be truly representative of all sections of society and to enable each employee to feel respected and able to give their best.

In your response to the audit tool, you indicated that you have clear policies in place to ensure diversity and inclusion. Well done! Organisations which are truly inclusive are able to reach more diverse communities and

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https://www.inclusion-health.org/health-audit-results/?organisation=Test+Organisation&1a=2&1b=2&1c=1&1d=0&1e=2&1f=2&1g=Test+Name&1h=info%40testorga...

What should clear policies on equality, diversity and inclusion contain?

Equality, Diversity and Inclusion Policies should aim to achieve the following points:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

These are sometimes referred to as the three aims or arms of the general equality duty. The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Diversity is a key strategy to increase employee satisfaction, understand the needs of service users and find staff to fill skills gaps. Research shows that businesses and organisations have reaped benefits from properly managing equality and diversity issues.

If you want your diversity initiatives to be successful, you'll need not just to hire a diverse group of employees but to give them a clear, realistic career path to the higher levels of the organisation. Mentoring is a great way to encourage this upward mobility, ensuring that diversity flows right through to the leadership team and also contributing to pay equality.

Achieving your aim for all people

Many mission statements from the third sector make statements about their reach and engagement with community members. It is surprising how many mission statements claim to reach all people, but in reality the charity may reach its target group, but fail to consider the intersectionality of that target group.

"I went to see an organisation that helped all women, but I cannot read easily and the receptionist gave me a leaflet with directions to the correct room, I asked her to show me and she said 'It's on the leaflet' !"

Mary, 59 year-old, Irish Traveller

According to [non-profit.hub](#), a good mission statement contains the following:

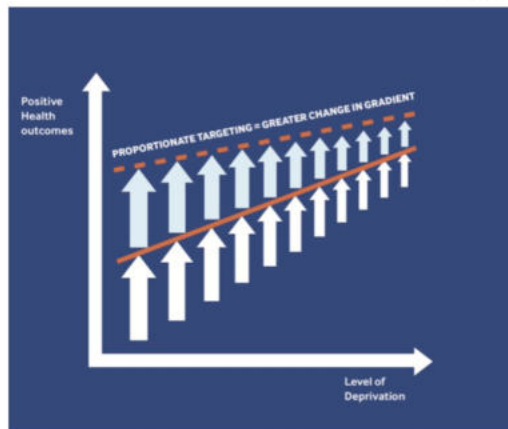
1. **A Cause or Who You Serve**- What matters? Who is important?
2. **An Action**- What are you doing?
3. **A Result**- What change can you see?

Whilst many organisations in the voluntary sector purport to help all people within a certain geographic location or target group, few organisations actually consider intersectionality within their chosen geographic location or target group.

Proportionate Universalism

"To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage."

Marmot, 2010

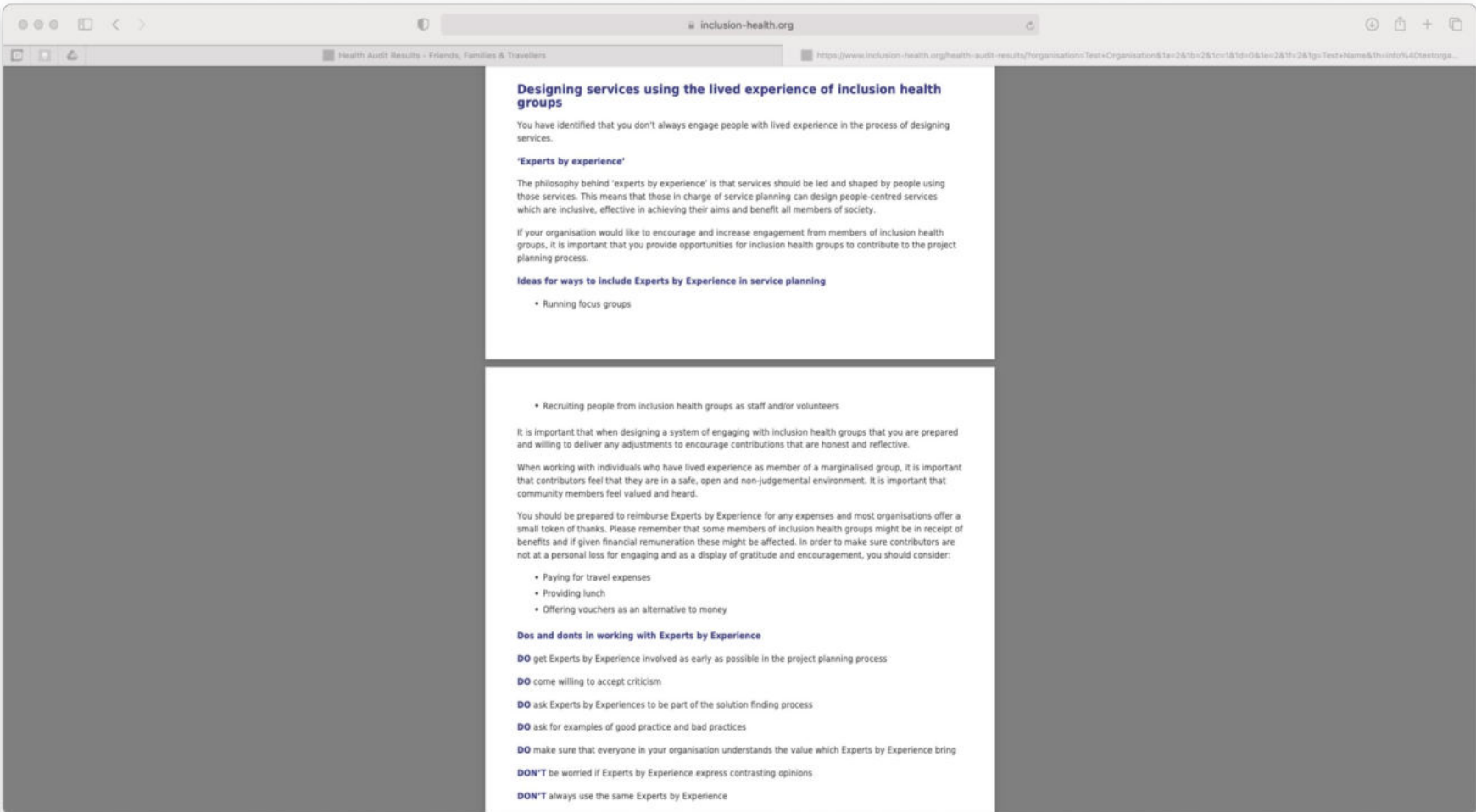


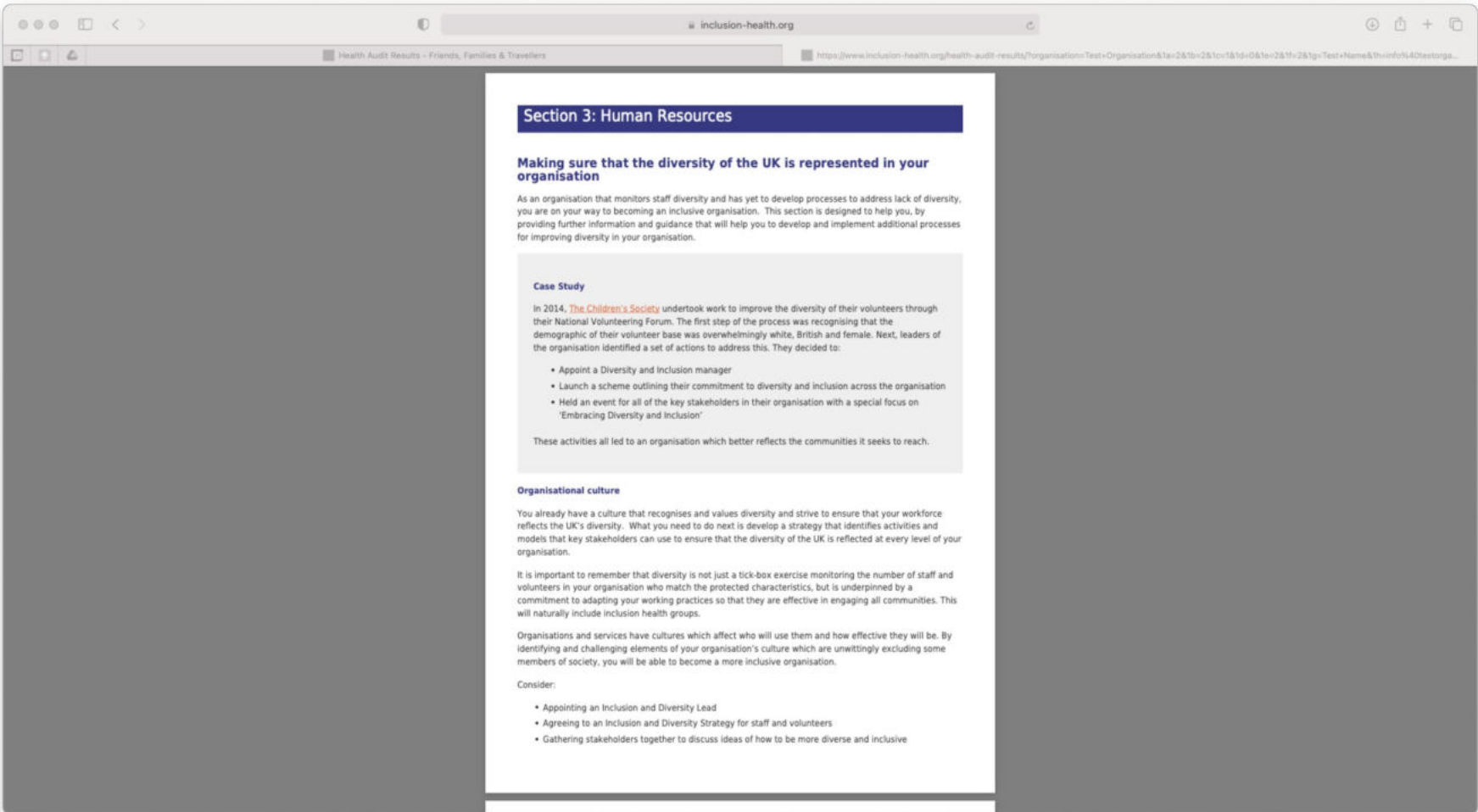
Adaptation of diagram by Dr Fu-Meng Khaw.

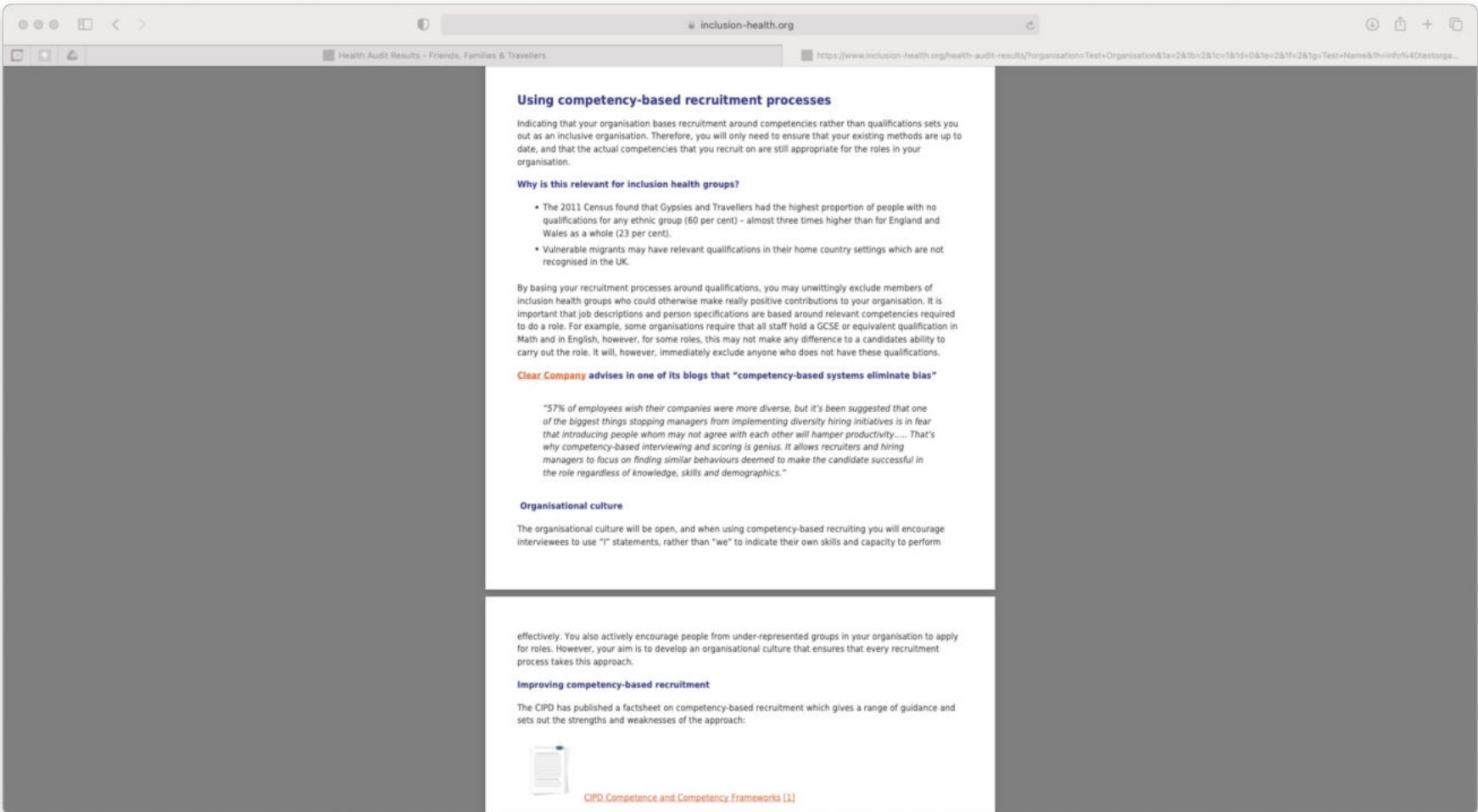
If your organisation seeks to achieve its mission statement for all people, it is essential that your strategy and activities are viewed through the lens of proportionate universalism.

You should consider:

- Does your organisation state that it works with all people, but then tends to work with the easy to reach, or the people that can access your service on their own?
- How will you work differently to include all people, or how can you allocate more resources to engage those deemed 'harder to reach'?







Using competency-based recruitment processes

Indicating that your organisation bases recruitment around competencies rather than qualifications sets you out as an inclusive organisation. Therefore, you will only need to ensure that your existing methods are up to date, and that the actual competencies that you recruit on are still appropriate for the roles in your organisation.

Why is this relevant for inclusion health groups?

- The 2011 Census found that Gypsies and Travellers had the highest proportion of people with no qualifications for any ethnic group (60 per cent) - almost three times higher than for England and Wales as a whole (23 per cent).
- Vulnerable migrants may have relevant qualifications in their home country settings which are not recognised in the UK.

By basing your recruitment processes around qualifications, you may unwittingly exclude members of inclusion health groups who could otherwise make really positive contributions to your organisation. It is important that job descriptions and person specifications are based around relevant competencies required to do a role. For example, some organisations require that all staff hold a GCSE or equivalent qualification in Math and in English, however, for some roles, this may not make any difference to a candidates ability to carry out the role. It will, however, immediately exclude anyone who does not have these qualifications.

Clear Company advises in one of its blogs that "competency-based systems eliminate bias"

"57% of employees wish their companies were more diverse, but it's been suggested that one of the biggest things stopping managers from implementing diversity hiring initiatives is in fear that introducing people whom may not agree with each other will hamper productivity.... That's why competency-based interviewing and scoring is genius. It allows recruiters and hiring managers to focus on finding similar behaviours deemed to make the candidate successful in the role regardless of knowledge, skills and demographics."

Organisational culture

The organisational culture will be open, and when using competency-based recruiting you will encourage interviewees to use "I" statements, rather than "we" to indicate their own skills and capacity to perform

effectively. You also actively encourage people from under-represented groups in your organisation to apply for roles. However, your aim is to develop an organisational culture that ensures that every recruitment process takes this approach.

Improving competency-based recruitment

The CIPD has published a factsheet on competency-based recruitment which gives a range of guidance and sets out the strengths and weaknesses of the approach:



[CIPD Competence and Competency Frameworks \[1\]](#)

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https://www.inclusion-health.org/health-audit-results/?organisation=Test+Organisation&1a=2&1b=2&1c=1&1d=0&1e=2&1f=2&1g=Test+Name&1h=info%40testorga...

It is important to:

- Keep adequate records and information on work with clients so this can be shared with organisations in other areas (with the client's consent of course)
- Arrange a phone call with service providers in new areas to handover work and share information
- Help clients to identify relevant services in the area they are moving to

Monitoring if service users are from inclusion health groups

Many charitable organisations aim to reach all people in a certain area or all people affected by a certain issue and assume that because their doors are open to all, everyone will be equally likely and equally able to access their services. Members of inclusion health groups may be less likely to access services because of historically bad experiences and lack of trust in services, inflexibility of service delivery, lack of knowledge or information on a service and many other reasons.

Without monitoring whether your service users are from inclusion health groups and benchmarking this against the number of members of inclusion health groups in your area, you will not know if your organisation is failing to meet certain communities. Only then can you take steps to address this.

Ideally, monitoring of inclusion health groups will be built into your usual monitoring of protected characteristics. As with monitoring of protected characteristics, you should make it clear that all information shared is confidential, will be used to ensure that services are more inclusive and service users can choose not to disclose information without any repercussions.

An example of a monitoring form which you can use in your organisation can be found in the resources section of the Inclusion Health Audit Tool website.

Sometimes, staff and/or volunteers can be unsure of how to ask monitoring and evaluation questions. Some information for monitoring and evaluation will naturally come to the surface as you get to know a service user, however, here are some pointers for posing monitoring questions to each of the main inclusion health groups:

Vulnerable migrants

This can be a difficult question to ask to people who you are trying to build trust with but who may not have right to remain in the country or who are fearful of discrimination, so you will need to approach it sensitively. You can ask:

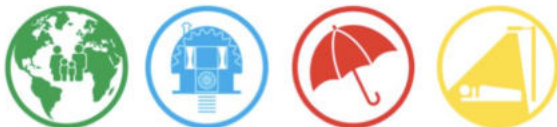
"Can I ask if you are new to the UK? We want to capture information on people who are new to the country because we can offer extra support with navigating the health and care systems"

"You get so used to getting turned away that you don't even bother going through the door. If I saw the symbol for homelessness outside of an organisation, I'd feel much more confident that if I go in, I won't be turned away or judged."

Stuart, age 54 - homeless.

Ideas for symbols for inclusion health groups

We've designed symbols which you can use to communicate that your service is welcoming to Inclusion Health groups. Please feel free to use and adapt these as you see fit:



WHATEVER YOUR WORLD, YOU'RE WELCOME IN OURS

Gypsies and Travellers - Symbol of a vardo wheel or vardo. [Download JPG](#) | [PNG](#)

Homeless People - Symbol of person sleeping under a street lamp. [Download JPG](#) | [PNG](#)

Sex Workers - Symbol of red umbrella opened up. [Download JPG](#) | [PNG](#)

Vulnerable Migrants - Symbol of people and a globe. [Download JPG](#) | [PNG](#)

Image with all four symbols and statement, "Whatever your world, you're welcome in ours". [Download JPG](#) | [PNG](#)

"They have a leaflet with a picture of a vardo wheel on it. I usually find forms and leaflets difficult because I can't read too well. When I saw the vardo wheel, I knew it was for Gypsies and Travellers and I asked the receptionist what the leaflet was about. She told me that she would help me read it if I wanted, or that they had leaflets which were supposed to be easier to read, if I wanted to give it a go. It's nice to see the vardo wheel on things, because you know that they've thought about us and our culture."

Pat, age 36 - Romany Gypsy

Please see the resources section of the Inclusion Health Audit Tool website for images you can download and use and a poster too.

www.inclusion-health.org

Key points

Interactive online tool with instant results

Multiple paths (Healthcare providers, Voluntary sector providers/umbrella organisations)

Based around practical steps to demonstrate inclusivity and embed principles

Output: Bespoke report in PDF format with tailored responses, advice and resources

Built by external developers but the tool is operating via Wordpress