Acknowledgements

Many thanks to consumers, staff and senior leadership teams across the country for their contribution to the final framework.

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Foreword

Neami understands that in order to achieve safe, accessible and culturally competent/responsive service environments and workplaces, we must take a whole-of-organisation approach that celebrates, values and includes people of all backgrounds, identities, cultures and experiences. This aligns with our vision of full citizenship for all people living with a mental illness.

As a national mainstream service provider, we have a particular responsibility to develop strategies, projects and policies that move beyond ‘treating everyone the same’, to consider the unique circumstances of oppression, marginalisation and discrimination that can impact the access of marginalised people and communities to services. As specialists in mental health support and recovery, we have an obligation to recognise and respond to the disproportionately high rates of mental illness and psychological distress amongst marginalised populations and communities.

Our Diversity and Inclusion Framework is the result of several years of reflection and consideration about what we need to do to encourage greater access and inclusion across our operations, and how we can best achieve this. It draws on best practice approaches and academic research and applies them in a way that is both contextual and adaptable.

The Framework is supported by implementation planning that recognises that we all have a role to play in achieving greater diversity and inclusion, and that it starts with how we provide leadership and cultivate a culture that celebrates difference, while creating connection. It is also designed to be actionable within the period of significant sector reform we are currently in. With the introduction of the NDIS, it is even more vital that we prioritise and deliver more inclusive models of care.

Thank you to all of the contributors to this process over time, including consumers, management, staff and external stakeholders.

I look forward to us all working to achieve the objectives of the Framework, so that our organisation may continue to grow and change with a continuously improving commitment to safety, access and inclusion.

Arthur Papakotsias
Chief Executive Officer
Introduction

Purpose

Overview

The Neami Diversity and Inclusion Framework formalises an organisational commitment to promoting and supporting diversity and inclusion at all levels of our operations and provides a resource tool for planning and innovation.

The Framework recognises that Neami’s continued relevance as a mainstream provider of mental health services is contingent on our ensuring diversity and inclusion in the core of our service operations and governance with consistent base expectations across all regions and States.

The Framework seeks to provide strategic commitments to developing safe and inclusive environments across all diversity factors, including cultural, indigenous, ethnicity, gender, gender identity, sexual orientation, physical and intellectual disability, age, socio-economic status and religious/spiritual beliefs.

Objectives

The objectives of the Framework are to:

- Provide diversity and inclusion strategies that align with Neami’s vision, mission and values.
- Develop standards of responsive, competent and inclusive practice that enable increased service access for consumers/customers or potential consumers/customers who sit within or across marginalised population groups, with particular attention towards Aboriginal and/or Torres Strait Islander, CALD, LGBTIQ and people living with disability.
- Develop strategies for increasing diversity within our workforce across all levels of the organisation and retaining high quality staff.
- Incorporate diversity considerations in design and delivery of service innovations.
- Increase marketability of Neami by demonstrating we support, promote and strengthen diversity and inclusion within our service frameworks, workforce and governance.
- Provide a holistic approach to diversity and inclusion that recognises that there are intersecting identities and associated experiences of discrimination and/or oppression for individuals and communities.
- Meet required accreditation standards and align with best practice approaches for service delivery in the primary areas of our work.
Introduction

Critical Concepts

The following concepts underpin Neami’s Diversity and Inclusion framework. They are based on evidence informing the understanding and approach that must be considered to affect systemic change in policy and practice.

Primary Concepts

Diversity

The Diversity Council of Australia (DCA) report on Inclusive Leadership defines diversity as “all the differences between people in how they identify in relation to factors including their age, caring responsibilities, cultural background, disability, gender, Indigenous background, sexual orientation, and socio-economic background.” (O’Leary et al. 2015, p.8)

Inclusion

The DCA recognises that the extension of effective diversity strategies relates to inclusion (O’Leary et al. 2015) i.e. when a diversity of people feel valued and respected, have access to opportunities and resources and can contribute meaningfully to the communities in which they belong.

Secondary Concepts

Intersectionality

The recognition of multiple interlocking identities that are defined in terms of relative sociocultural power and privilege that shape peoples' individual and collective identities and experience in relation to systemic oppression (Shields 2008 in Parent et al. 2013). Intersectionality acknowledges that each individual identity/ies creates unique barriers, reactions, challenges or experiences.

Cultural competency/responsiveness

Cultural competency/responsiveness involves recognising, affirming, and valuing the worth of individuals, families and communities and protects and preserves the dignity of each. Operationally, we aim to meet standards of cultural competence by integrating and transforming knowledge about individuals and groups of people across all diversity factors into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services, thereby producing better outcomes (Oregon Dept. Human Services, 2003).

Cultural safety

An environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need (Williams 1999, p.213).

Discrimination related stress

Considerable evidence shows that minority groups including women, racial, ethnic and sexual minorities report higher levels of discrimination both over a lifetime and in day-to-day experiences and that these experiences are significantly associated with chronic health conditions, disabilities, psychological distress, anxiety disorder, and major depressive disorder, among other conditions (Thoits 2010, S45).

Fear relating to actual and potential of discrimination can contribute to ongoing and persistent stress understood as ‘minority stress’ i.e. stigma, prejudice and discrimination create a hostile and stressful social environment that causes mental health problems (Meyer, 2003).
Privilege

Privilege is defined through social groups or identities, in terms of how unearned benefits are afforded to powerful social groups/identities within the context of societal and institutional oppression e.g. white, heterosexual (Case, 2012). These social norms have the potential to provide the dominant group members the option of remaining ignorant or avoidant of awareness of both privilege and oppression (Kendall 2006; Johnson 2006 in Case 2012).

Unconscious bias

Unconscious bias can be explained as social stereotypes that individuals form outside their own conscious awareness. In the workplace, it can be categorised as making decisions in favour of one group, to the detriment of others, without realising one is doing so. Unconscious bias is far more prevalent than conscious prejudice and often incompatible with one’s conscious values (diversity.ucsf.edu/resources/unconsciousbias).

These concepts are presented in relation to Individual Experience and Service Response in image 1 (page 8)

Rationale and Context

A formal organisational approach to diversity and inclusion is a recognised priority of Neami – as demonstrated by its listing as a priority in the 2017-2020 Strategic Directions. Diversity is one of Neami’s core values as are other relatable values such as respect, empowerment, change, quality, self-determination and choice. Neami has long been committed to equity of access and seeking to ensure services are welcoming and respectful of diversity.

Progress towards a national strategic framework has been undertaken, with significant and targeted pieces of work including:

- 2016 – Diversity Initiatives and Projects Staff Survey.
- 2014 – Consultations and reports written by Strategic Directions Project Worker.

A number of other State and/or national initiatives have also taken place relating to key areas of diversity and inclusion. These include:

- Priority population focused working and reference groups at State or regional level
- Modification of work resources and processes at site level to facilitate inclusion of staff with physical disabilities
- Specific employment positions and services for Aboriginal and/or Torres Strait Islanders
- Specific LGBTIQ Support Facilitator roles within Partners in Recovery
- The commencement of Neami’s first Reconciliation Action Plan
- Focused work on LGBTIQ Inclusivity – through working group activities, provision of training, assessing of systems/databases for inclusivity levels and community event participation
- Partnerships with priority population focused organisations e.g. Neami Victoria’s partnership with Victorian Transcultural Mental Health (VTMH) to assess and develop areas of improvement.
Introduction

Image 1. Critical concepts in relation to an individual experience and service response.

Low
1. Discriminatory/exclusive language and environments
2. Dominant perspectives/structures unchallenged
3. Unidentified cultural and identity related barriers to service and employment.

Mid
1. Equal access, treats everyone the same
2. Some consideration/process relating to accessibility and inclusion
3. Some practices and strategies recognise and support unique barriers to service and employment.

High
1. Recognition of unique and varying needs relating to diversity factors
2. Prioritises accessibility and inclusion, challenges existing structures/perspectives
3. Policies, practices and attitudes affirm and value identity, culture and difference while addressing related barriers to service and employment.

Culturally competent/responsive, safe and accessible environments
Framework Overview

The Framework’s development is underpinned by research, standards of practice and organisational context. The following image provides an overview of the components that underpin the Framework. The detail of these is provided in the next sections.

The Framework is underpinned by a theory of change that considers: context, change activities, intended outcomes, benefits and assumptions. This can be viewed in Appendix A.
Guiding Principles

The following principles will form the design of the Diversity and Inclusion Framework across all levels of Neami’s governance and operations. They have been developed based on three central understandings of diversity – equity, management and celebration (GLHV@ARCSHS, 2016).

SOCIAL JUSTICE AND HUMAN RIGHTS

A belief in equity, respect, advocacy and justice for all people regardless of background, identity or experience.

We are committed to recognising and responding to aspects of power and privilege in our systemic environment and how we can best work to challenge and overcome resulting barriers. This includes our preparedness to recognise where unconscious bias may factor in order to adapt and enhance our service and workforce accordingly to best ensure equal experiences of access, inclusion and cultural safety.

Our approach to diversity is in line with our broader vision of full citizenship for all Australians living with a mental illness.

INNOVATIVE & EFFECTIVE BUSINESS OPERATIONS

Delivering mental health services that best meet the needs of consumers/customers, while ensuring best and most efficient use of resources.

There is now significant research showing diversity as a critical component of a strategic, innovative and efficient business model (O’Leary et al. 2015). Diversity and inclusion strategies can contribute to more effective and efficient business operations through enhanced innovation, adaptability, effectiveness and improved performance.

CELEBRATION OF DIFFERENCE

Our common humanity is understood to consist of many differences and does not value any one of these as better or lesser than the other.

Our approach to diversity and inclusion looks beyond accepting what is different about people and communities, to celebrating it. In doing so, we acknowledge that there is no one identity or way of being (GLHV@ARCSHS, 2016).

While we recognise the unique needs of particular population groups, we also work to acknowledge and celebrate the diversity that exists within and beyond them – recognising how different identities, experiences, communities and backgrounds intersect to create individual realities.
Priority Population Groups

The implementation activities of the Framework will seek to address unique barriers to service and employment for more vulnerable population groups. In our initial work, we will focus on the four priority population groups shown below. We recognise that these groups may experience collective and overlapping challenges relating to discrimination and oppression (intersectionality), but also hold unique needs relating to identity, culture and/or experience. These priority populations may change and/or increase in number if our diversity and inclusion work identifies other populations that would be supported by focused attention. The basis for the selection of the four priority population groups relates to:

- disproportionate rates of mental ill-health;
- barriers to service/employment access and inclusion; and
- the context of structural discrimination, marginalisation, and/or isolation.

It is critical that implementation activities of the Framework incorporate the perspectives and ideas of representatives from each of the four priority populations.

Further context can be found in Appendix B.
Performance Capabilities

The framework is designed to turn objectives, critical concepts and principles into practical and achievable outcomes. Organisational capability areas are identified in order to drive implementation priorities. Each of the capability areas have standards which are used to benchmark performance whilst allowing for contextual differences between service environments.

The following five capability areas were identified in order to achieve the vision of the Framework. These capabilities and standards were derived from consultations, research and the work of the Diversity & Inclusion Framework Project.

**Capability 1 - Inclusive leadership culture and governance**

<table>
<thead>
<tr>
<th>Standards</th>
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<tbody>
<tr>
<td>1 Organisational commitments to support diversity and inclusion.</td>
</tr>
<tr>
<td>2 Inclusive leadership standards established.</td>
</tr>
<tr>
<td>3 Strategic partnerships and associations.</td>
</tr>
<tr>
<td>4 Diversity and inclusion strategies and initiatives prioritised and measured.</td>
</tr>
<tr>
<td>5 Diversity and inclusion represented at Executive and Board level.</td>
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</table>

**Capability 2 - Robust and responsive systems and policies**

<table>
<thead>
<tr>
<th>Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Feedback systems and service planning are responsive and inclusive of diversity factors.</td>
</tr>
<tr>
<td>2 Risk frameworks incorporate the unique needs and associated risks of priority population groups.</td>
</tr>
<tr>
<td>3 Documentation and technology platforms are responsive and adaptable to diversity and inclusion standards.</td>
</tr>
<tr>
<td>4 Policies and standards seek continuous improvement regarding diversity-related access and inclusion.</td>
</tr>
</tbody>
</table>
### Capability 3 - A dynamic and diverse culture and workforce

**Standards**

| 1 | Recruitment strategies incorporate organisational commitments to diversity and inclusion. |
| 2 | The expertise of people with diverse backgrounds and identities is recognised, valued and utilised. |
| 3 | Development pathways demonstrate recognition of diversity related barriers. |
| 4 | Employees of diverse backgrounds and identities feel supported and affirmed. |

### Capability 4 - Safe, quality and accessible services

**Standards**

| 1 | Staff training and professional development incorporates best practice standards of diversity-related access and inclusion. |
| 2 | Services cultivate culturally safe and accessible environments. |
| 3 | Service tools and processes reflect continuous improvement in inclusion and accessibility. |
| 4 | Services work collaboratively with community/population groups and organisations. |

### Capability 5 - Consumer/customer leadership and co-design

**Standards**

| 1 | Consumer/customer participation opportunities incorporate diversity and inclusion principles. |
| 2 | The expertise of consumers/customers from diverse backgrounds and/or communities is valued and utilised. |
| 3 | Consumer/customer consultation and co-design is foundational in the development of diversity and inclusion strategies. |
| 4 | Consumer/customer experience is enhanced through culturally safe and accessible environments. |
Implementation and Evaluation

Implementation

Implementing the Framework is a quality improvement initiative, which will involve an incremental approach to achieve sustainable change.

Implementation planning

A two year implementation plan draft template has been developed to provide an overview of potential activities at national, State and site/team level. The plan draws on the Framework’s capability areas and standards to guide resulting actions.

The final plan will be developed in consultation with relevant members of State and Senior Management in order to ensure its workability with other demands and priorities. More localised plans may develop as a result of this. Implementation and associated actions will be contextual, and responsive to varied service delivery environments.

Diversity and Inclusion Taskforce

Implementation activities will be overseen by a Diversity and Inclusion Taskforce with cross-representation from executive, senior management, staff, consumers and external representatives. Integral to the Taskforce will be representation of members of the priority population groups. The Taskforce will be responsible for appointing project working groups as required. The Chair of the Taskforce will be responsible for reporting to the National Leadership Team.

Evaluation

In order to ensure ongoing action and effectiveness, evaluating the success of the Framework will occur through the Diversity and Inclusion Taskforce who will oversee fidelity of activities with intent and purpose of the Framework. The Taskforce monitor and review the:

- Implementation plan;
- Assessment of activities against outcomes measurements developed through a model of evaluation – developed by Innovation & Projects with support from Research & Evaluation;
- Timelines and barriers to development; and
- Priority population inclusion and contribution.

The Taskforce will meet three times a year to undertake these activities.

Neami staff at Melbourne Pride March, 2017
References


GLHV@ARCSHS, La Trobe University (2016) The Rainbow Tick guide to LGBTI-inclusive practice. Prepared by Pamela Kennedy, Melbourne: La Trobe University.


## Appendix A - Theory of Change

<table>
<thead>
<tr>
<th>What is the context?</th>
<th>What are we doing to bring change?</th>
<th>What will change?</th>
<th>What are the wider benefits?</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving organisational diversity and inclusion strengthens our operations across multiple levels.</td>
<td>Cultivating knowledge and awareness of critical concepts that will enable change.</td>
<td>Improved diversity and inclusion Standards, with priority population groups explicitly recognised.</td>
<td>Innovative, sustainable and effective cultural change.</td>
<td>Organisational commitments will be supported and implemented actively at State, Regional and site levels.</td>
</tr>
<tr>
<td>Diversity and inclusion relates to all areas of Neami’s work from governance to service delivery.</td>
<td>Developing key capability areas that reflect a whole-of-organisation approach.</td>
<td>Recruitment and employment processes support a more inclusive and diverse workforce.</td>
<td>Improved mental health service access for people who identify within priority population groups.</td>
<td>Consumers/customers and staff will demonstrate willingness and have capacity to engage and contribute.</td>
</tr>
<tr>
<td>Leadership is critical to drive and sustain change.</td>
<td>Communicating to connect, educate and inform.</td>
<td>Systems and policies reflect greater inclusiveness.</td>
<td>Knowledge and insight about what works - informed by evaluation framework.</td>
<td>Increasing diversity of workforce will improve service experiences for consumers/customers.</td>
</tr>
<tr>
<td>Experiences of discrimination and marginalisation relating to diversity factors have direct impacts on mental health.</td>
<td>Developing strategic partnership commitments and collaborations.</td>
<td>Increased consciousness around complexity of barriers relating to diversity and inclusion.</td>
<td>Wide-ranging employee engagement through cultivation of lived experience perspectives of diversity and inclusion.</td>
<td></td>
</tr>
<tr>
<td>Neami’s compliance requirements recognise key standards of diverse and inclusive practice.</td>
<td>Engaging staff and consumers to inform and drive change.</td>
<td>Organisational structures are strengthened to remain continually adaptive to ongoing change.</td>
<td>Diverse perspectives / thinking guide the development and implementation of mental health service operations.</td>
<td>Initiatives will be adaptable to changing service environments.</td>
</tr>
<tr>
<td></td>
<td>Enabling innovation and adaptability.</td>
<td>Consumer/customer consultation reflects greater contribution and/or perspectives of diversity and inclusion.</td>
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### Principles of Practice

**Social justice and human rights:** a belief in equity, respect, advocacy and justice for all people regardless of background, identity or experience.

**Innovative and effective business operations:** delivering mental health services that best meet the needs of consumers/customers, while ensuring best and most efficient use of resources.

**Celebration of difference:** our common humanity is understood to consist of many differences and does not value any one of these as better or lesser than the other.
Appendix B - Priority Population Insights

Aboriginal and/or Torres Strait Islander

Aboriginal and Torres Strait Islander Australians experience persistently poorer health outcomes for their entire lives than non-Indigenous Australians (Dudgeon et al., 2014, p.2). In prioritising this population, we recognise the following factors:

- The disproportionate rates of mental ill-health amongst Aboriginal and Torres Strait Islander people.
- The circumstances of ill-health and accessibility as they relate to historical impact, colonisation and dispossession.
- The importance of understanding and responding with culturally appropriate models of care e.g. social and emotional wellbeing.
- Unique barriers to employment access and inclusion and the need for flexible and adaptive recruitment and retention strategies that recognise expertise of lived experience.
- Reluctance to engage with mainstream providers due to colonial history and past injustices.

The following resources provide further context:


LGBTIQ

LGBTI people have the highest rates of suicidality of any population in Australia (Rosenstreich, 2013). In prioritising this population, we recognise the following factors:

- The significant variations in the mental ill-health of same-sex attracted and gender diverse people as compared to mainstream populations.
- The associated experiences of discrimination, marginalisation and rejection.
- Unique barriers to employment access and inclusion and the need for flexible and adaptive recruitment and retention strategies that recognise expertise of lived experience.
- Barriers to accessing services due to real or perceived fears about disclosure.
There is a large amount of evidence relating to these areas, these have been previously collated within Neami through the ‘LGBTIQ Inclusivity: Exploring current standards and practice within Neami Victoria’ report (2015). More information can be found through accessing this report at: https://intranet.e-mi.org.au/hubs/research/Research_and_Evaluation_Publications/LGBTIQ%20Inclusivity%20at%20Neami%20Victoria%20-%20Project%20Report.pdf#search=lgbtiq

Or at:


CALD

Over a quarter of a million first-generation adult Australians from culturally and linguistically diverse backgrounds are estimated to experience some form of mental disorder in a 12-month period. Many second generation Australians from multicultural background face life stressors linked to their cultural identity or to traumatic events experienced by themselves or their parents (NMHCCF, 2014).

In prioritising this population, we recognise the following factors:

• The potential impacts of migration, settlement, limited English, separated cultural identity, cultural/race-based discrimination, adjustment, isolation, family/community ties, and/or trauma.
• The importance of understanding and responding with culturally appropriate models of care and recognition of unique barriers to access e.g. language, stigma.
• The need to develop models of care that recognise family & community in their approach.
• Unique barriers to employment access and inclusion and the need for flexible and adaptive recruitment and retention strategies that recognise expertise of lived experience.

The following resources provide further context:


Disability

Australians with disability have significantly worse life outcomes compared to others or to people with disability in similar countries. People with disability are more likely to experience: relatively poor health; lower levels of participation in education, training and employment; social exclusion; lack of access to goods, services and facilities; and, ongoing discrimination (Commonwealth of Australia, 2011).

In prioritising this population, we are focusing on intellectual and long-term physical disability (as distinct from psychosocial disability which is fundamentally addressed through Neami’s core service delivery) and recognise the following factors:

• Attitudes, practices and structures are disabling and relatable barriers, discrimination and exclusion can be more preventative to inclusion for people with a disability than an individual impairment.
• Low levels of diagnosed illness and inadequate management of care.
• Unique barriers to paid, highly skilled and/or full-time work and the need for employment initiatives that both recognise these and seek to improve potential for participation.

The following resources provide further context:

About Neami National

Neami National is a community mental health service supporting people to improve their health, live independently and pursue a life based on their own strengths, values and goals.

Our vision
Full citizenship for all people living with a mental illness in Australian society

Our mission
Improving mental health and wellbeing in local communities

www.neaminational.org.au

More information
For more information, contact the Service Development Team on 03 8691 5300.

We acknowledge the Aboriginal and Torres Strait Islander people as the traditional owners of the land we work on and pay our respects to their elders past and present.

We welcome and appreciate diversity in all its forms, including staff and consumers, and believe diversity makes our teams, services and organisation stronger.