

Ensuring the Provision of Equitable and Inclusive Community Services

The purpose of this practice brief is to (1) introduce the issue of equitable and inclusive service provision; (2) examine some of the key components of equitable programming and service provision; and (3) make connections between equitable service provision and community well-being. EDs/CEOs, managers, frontline staff, consultants, volunteers and community residents can use this practice brief in order to implement some of the key commitments in the D&I Charter of Peel.

INTRODUCING THE ISSUE

Community services, broadly conceived, exist to respond to and address the varying needs of a particular community (e.g., a faith community, a neighbourhood, a school community, an ethnocultural community). Regardless of the sector with which organizations are associated, community services aim to promote the “physical, social, emotional, mental and spiritual wellbeing” of community members (Queensland Council of Social Service).

As defined by the D&I Charter Initiative, equitable & inclusive community services are characterized by:

- The **RECOGNITION** of human diversity in all its forms
- The **ACCOMMODATION** of differing needs and expectations
- The **CREATION** of safe and welcoming spaces that allow individuals to achieve their full potential

In the context of growing community service needs, the development of equitable and inclusive “community health and social infrastructure” is key to ensuring that populations do not become increasingly vulnerable and are not left behind (Portraits of Peel, 2011). Thus, organizations that provide services to the community need to be aware of people’s diverse needs and starting points in order to develop effective programs and provide appropriate and responsive services.

‘HOW TO’: TIPS AND SUGGESTIONS

There are a number of key components of equitable and inclusive service provision to keep in mind:

- **Accessibility:** Acknowledgement of visible and invisible (dis)abilities; use of inclusive language; adherence of AODA standards; recognition of structural needs (e.g., food, cost, timing, location, etc.)
- **Relevance:** Examination of who is/isn’t accessing services; understanding the communities being served; ensuring service/program development is informed by community needs
- **Consistent Evaluation:** Regular monitoring & evaluation of programs/services; employment of diverse methods and feedback tools (e.g., surveys, phone calls, focus groups, etc.)
- **Community Collaboration:** Regular community engagement to inform service/program development
- **Intersecting Lenses:** Understanding that there are multiple identity markers that determine individual/community service needs (e.g., race, gender, age, income)

RESOURCES & MORE INFORMATION

- PowerPoint – Ensuring Equitable & Inclusive Community Services
- Webinar – Ensuring Equitable & Inclusive Community Services
- Infographic – An Ecological Approach to Equitable & Inclusive Service Provision
- D&I Charter Practice Brief 1.1 – Creating Safer Spaces

MAKING CONNECTIONS: EQUITABLE SERVICE PROVISION AND HEALTHY COMMUNITIES

When you commit to ensuring equitable and inclusive community services, you are:

- Starting to ‘live’ the commitments in the Charter!
- Improving people’s quality of life by increasing access to needed information, services, supports, and opportunities
- Contributing to a more vibrant, healthy, engaged and connected community

WHICH CHARTER COMMITMENTS AM I IMPLEMENTING?

- ✓ Enabling full participation and engagement by all through equitable access to information, services, opportunities
- ✓ Creating safer spaces that foster mutual understanding, respect and growth
- ✓ Dedicating resources, including people, time and/or money, to equity and inclusion
- ✓ Partnering and collaborating to support and build equity and inclusion