Inclusion and Wellbeing Impact Assessment

Draft 2

# Purpose

The purpose of this form is to identify potential barriers to inclusion and any adjustments that we can make that might support people to be at their best.

Our intent, as outlined in our [DEI Policy](https://www.threesixtygiving.org/about/diversity-and-inclusion/diversity-equity-and-inclusion-policy/) and [Inclusion appendix](https://www.threesixtygiving.org/about/diversity-and-inclusion/neurodiversity-policy/), are that the policy and this Inclusion and Wellbeing Impact Assessment process will apply to all and not just those with a visible or obvious need, or formal diagnosis. This form and our approach will be dynamic and continue to be updated as our learning grows.

As a small team, there is no guarantee that we will be able to accommodate every need, but we will endeavour to explore options.

This form has been designed primarily for staff, trustees and volunteers working with us, but some elements will also be considered when working with customers, partners and suppliers. It is a prompt to help people to think about when they are at their best and what adjustments it might be possible to make to support that.

Completed forms should be returned to [director@threesixtygiving.org](mailto:director@threesixtygiving.org).

# Assessment

|  |  |
| --- | --- |
| **Name** |  |
| **Role** |  |
| **Email address** |  |
| **Phone number** |  |

## How to fill out this assessment form

Rate your preference/need from 1 to 10 where 1 means an adjustment would make my work slightly easier and 10 means it is an absolutely essential need and I can’t work without it, even for short periods of time.

Any parts that are not an area of concern for you can be left blank.

If you have questions about filling out this form, or it would help to have the form in a different format, or you would prefer to complete it by discussing your needs please contact [director@threesixtygiving.org](mailto:director@threesixtygiving.org).

## Environment and facilities

| **Area/Concern** | **Preference/need/request** | **Rating** |
| --- | --- | --- |
| Travel/ location/ parking |  |  |
| Physical access to office/venue including evacuation requirements |  |  |
| Lighting and windows |  |  |
| Temperature/ heating/ air conditioning/ fans |  |  |
| Sound |  |  |
| Smell |  |  |
| Furniture/ chair/ table for meetings  (separate VDU assessment will be undertaken for staff desks) |  |  |
| Proximity/position of other people when working |  |  |
| Decoration/ environment |  |  |
| Quiet/prayer room |  |  |
| Toilets (Unisex etc) |  |  |
| Facilities (eg Shower) |  |  |
| Allergies and dietary requirements |  |  |
| Other |  |  |

## Time and job design

| **Area/Concern** | **Preference/need/request** | **Rating** |
| --- | --- | --- |
| Working location |  |  |
| Working hours |  |  |
| Working pattern |  |  |
| Meeting scheduling |  |  |
| Meeting length |  |  |
| Meeting format |  |  |
| Work management |  |  |
| Duties |  |  |
| Physical eg manual dexterity, lifting |  |  |
| Additional requirements when working at home |  |  |
| Other |  |  |

## IT and software

| **Area/Concern** | **Preference/need/request** | **Rating** |
| --- | --- | --- |
| Personal software |  |  |
| Collaborative tools |  |  |
| Communication tools |  |  |
| Other |  |  |

## Communication and social interaction

| **Area/Concern** | **Preference/need/request** | **Rating** |
| --- | --- | --- |
| Meeting materials |  |  |
| Document formats (including large print) |  |  |
| Communication style |  |  |
| Electronic notetaker/ transcript |  |  |
| Voice recording |  |  |
| BSL / English interpreter |  |  |
| Subtitles/video captions |  |  |
| Hearing loop |  |  |
| Other communication |  |  |
| Social interaction |  |  |
| Events (including team social event format/ activities) |  |  |
| Other |  |  |
|  |  |  |

## Management and support

| **Area/Concern** | **Preference/need/request** | **Rating** |
| --- | --- | --- |
| Management |  |  |
| Supervision |  |  |
| Practical support |  |  |
| Specialist coaching/ mentoring support needs |  |  |
| Other |  |  |
|  |  |  |

## Other

| **Area/Concern** | **Preference/need/request** | **Rating** |
| --- | --- | --- |
| Enter any other areas that would help you/ identified needs or requests |  |  |
|  |  |
|  |  |
|  |  |
|  |  |