

Cancer Council NSW Multicultural Plan 2023-2025

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Acknowledgement of Country



Cancer Council NSW would like to acknowledge the Traditional Custodians of the land on which we live and work. We would also like to pay respect to the Elders past, present and emerging and extend that respect to all other Aboriginal and Torres Strait Islander peoples.

MESSAGE FROM OUR CEO

Who we are and where we come from influences how we view our health. It also influences how we as individuals understand and respond to cancer and, importantly how health services in turn understand and respond to people with cancer.

People from culturally and linguistically diverse backgrounds are not just one community. Diversity exists both within and across New South Wales culturally and linguistically diverse communities, with people belonging to many different cultural groups with different needs, experiences and views.

Cancer Council NSW uses the term culturally and linguistically diverse (CALD) to describe and recognise the diverse range of people from culturally and linguistically diverse backgrounds. We use the inclusive definition that encompasses:

- people born in a non-English speaking country and who have a cultural heritage different from the dominant Australian culture*
- migrants and refugees (including asylum seekers) who identify as being from a culturally and linguistically diverse background. This includes those who are recently arrived as well as those who have lived in Australia for some time*
- people born in Australia who identify as being from a culturally and linguistically diverse background, even where their families have been settled for several generations*
- people with dual heritage.*

The health of CALD consumers can be affected by poor access to health services and a lack of culturally appropriate or in-language information to make informed decisions. Communities in which equity considerations are particularly important include refugees and people from CALD backgrounds.

We know, factors that can affect access to appropriate healthcare services include, but are not limited to:

- English language proficiency and access to professional interpreters*
- lack of knowledge of the healthcare system, particularly primary health care*
- isolation and absence of social and family support networks*
- cultural stigma and shame around health issues*
- previous unfavourable or negative experiences with a health system, overseas or after migration to Australia*
- past and ongoing experience of psychological trauma.*

A significant proportion of CALD people diagnosed with cancer have been shown to experience cultural isolation or a sense of alienation. Providing equitable care is more than providing equal access to services. Vulnerable individuals and communities may need assistance to achieve the same level of health outcomes as others. The refugee subsection of the CALD population is particularly vulnerable. Being able to identify and understand the specific needs of refugees is essential to improving their health.

It is my pleasure to present the first Multicultural Plan for Cancer Council NSW. Alongside our Reconciliation Action Plan (RAP) and Being Me @ NSWCC, the Multicultural Plan will sharpen our focus on diversity in many aspects of our work.

Through this Plan, Cancer Council NSW outlines our commitment to improving cancer outcomes for people from CALD backgrounds.

We will lead, partner and support on key activities to reduce cancer risk, increase cancer survival and improve the quality of life of people affected by cancer for all Australians.

Professor Sarah Hosking

IMPROVING EQUITY IN CANCER OUTCOMES FOR CULTURALLY AND LINGUISTICALLY DIVERSE POPULATIONS

OUR COMMITMENTS

Demonstrate a commitment to multicultural access and equity and take responsibility for its implementation	Identify, strategically engage & partner with CALD consumers, stakeholders and communities to deliver co-designed programs	Strategies are in place to ensure that policies, programs, community interactions and service delivery are responsive to CALD communities	Strong and clear mechanisms are in place to measure multicultural access and equity performance	Understand , and have the capacity to respond to, the cultural and linguistic diversity of NSW's population	Be transparent in the implementation of multicultural access and equity
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FOCUS AREAS

OUR PEOPLE

INFORMATION & COMMUNICATION

ENGAGEMENT AND PARTNERSHIPS

KNOWLEDGE



GUIDED BY PRINCIPLES

EVIDENCE Priorities should be based on the best available evidence and interpretation of the evidence.	SKILLS Priorities should be based on whether our workforce has the skills or can acquire the skills.	CAPACITY Priority actions should have capacity to support delivery, both workforce time & budget.	FEASIBILITY Priority actions are feasible to implement with a commitment to ongoing review
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ENABLES

EQUITABLE ACCESS TO CCNSW PROGRAMS, INFORMATION AND SUPPORT SERVICES



THAT ARE

CULTURALLY RESPONSIBLE

PERSON-CENTRED

HIGH QUALITY

Respectful of, and responsive to, the preferences, needs and values of the individual centredness and the community as a whole.

PURPOSE

As part of our five-year strategic intent, **Cancer Council NSW has committed to improving cancer outcomes for priority populations.**

We know that there are communities experiencing a disproportionate burden of disease and poorer cancer outcomes. While progress has been made in the development and implementation of a second Reconciliation Action Plan to support out work with Aboriginal and Torres Strait Islander peoples, we have made slower progress in implementing a Multicultural Plan to partner with and support culturally and linguistically diverse communities in NSW.



Improving cancer outcomes for priority populations

We aim to partner with and support key culturally and linguistically diverse communities to improve cancer outcomes for communities experiencing a disproportionate burden of disease and poorer cancer outcomes.



A trusted partner

Our aim is for CALD communities to identify Cancer Council NSW as a credible and trusted community organisation. We want to strengthen existing and grow new relationships throughout NSW. We will achieve this only through engaging with CALD communities through a mutually beneficial co-design process which can then be embedded into our ways of working.



An inspirational place to volunteer and work

Providing opportunities to increase the culturally and linguistically diverse workforce at Cancer Council NSW and partner with culturally and linguistically diverse organisations and communities will ensure people from these communities are positioned to lead, influence and guide cancer solutions for their communities.



An innovative, agile and effective organisation

Take leadership in multicultural equity through innovation, and by setting and aspiring to best practice benchmarks.

OUR COMMITMENTS

Multicultural Access and Equity is about ensuring that our programs and services meet the needs of the NSW community, regardless of their cultural and linguistic background.

Access – means that barriers of culture and language should not impede the delivery of our programs and services to those who are entitled to receive them.

Equity – means that our programs and services should deliver outcomes for culturally and linguistically diverse Australians on par with those for other Australians.

The policy contains six commitments essential to the effective delivery of programs and services in a multicultural society. It includes:

1

Demonstrate a **commitment** to multicultural access and equity and take responsibility for its implementation

2

Identify, strategically **engage & partner** with CALD consumers, stakeholders and communities to deliver co-designed programs

3

Strategies are in place to ensure that policies, programs, community interactions and service delivery are **responsive** to CALD communities

4

Strong and clear mechanisms are in place to **measure** multicultural access and equity performance

5

Understand, and have the capacity to respond to, the cultural and linguistic diversity of NSW's population

6

Be **transparent** in the implementation of multicultural access and equity

OUR COMMUNITY - CULTURAL AND LINGUISTIC DIVERSITY IN NSW¹

NSW

NSW is home to 33.6% of Australia's overseas born population



Language

25% spoke a language other than English at home



Country of Birth

Most common countries of birth (other than Australia)



Population

NSW population 7,480,237

28% were born overseas

47% had one or both parents born overseas

21% were born in a country other than main English-speaking countries



English Skills

7% of NSW's CALD population spoke English poorly or not at all



Our Diversity

We come from 307 ancestries, practice 146 religions and speak more than 215 languages



Metropolitan and Regional NSW

% people who speak a language other than English

50% Western Sydney	12% Illawarra
49% South Western Sydney	7% Southern
48% Sydney	6% Murrumbidgee
36% South Eastern Sydney	5% Hunter New England
29% Northern Sydney	5% Mid North Coast
13% Nepean Blue Mountains	4% Western
6% Central Coast	4% Northern
	3% Far West



Spoken languages

Most commonly spoken languages in the home other than English: Mandarin, Arabic, Cantonese, Vietnamese, Greek



¹ Australian Bureau of Statistics, 2017, 2016 Census Quickstats, <http://quickstats.censusdata.abs.gov.au>
 Multicultural NSW 2018, *Community Profiles, Ancestry*, <http://multiculturalnsw.id.com.au/multiculturalnsw/lga-ancestry?WebID=40>
 Multicultural NSW 2018, *Community Profiles, Birthplace*, <http://multiculturalnsw.id.com.au/multiculturalnsw/electoral-division-birthplace>
 Multicultural NSW 2018, *Community Profiles, Language spoken at home*, <http://multiculturalnsw.id.com.au/multiculturalnsw/electoral-division-language>

CANCER AND CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES

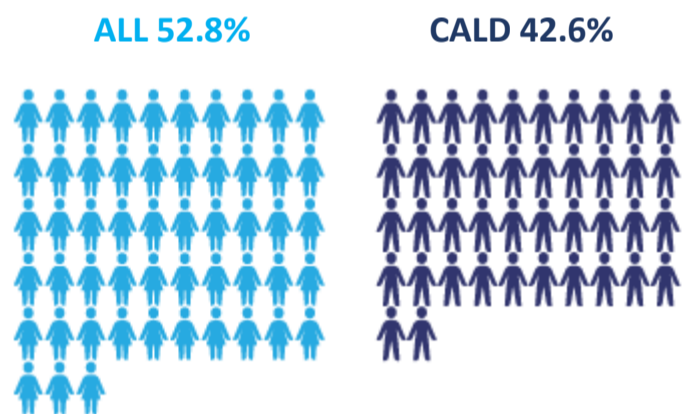
According to NSW Population Health Survey data for 2014–17, when compared to all NSW residents, people born in some countries:

- have a higher incidence of cancer
- have a higher prevalence of cancer-related risk factors:
 - daily or occasional smoking
 - overweight or obesity
 - inadequate physical activity
- are less likely to use screening or cancer support services, so they may experience poorer outcomes during and after cancer treatment, vary in their knowledge, awareness and beliefs about cancer, its causes and treatments.

Evidence shows there are a number of key areas where major disparities in cancer exist between CALD communities and the general population, including:

- Lung cancer numbers are expected to increase based on smoking trends.
- Primary liver cancer numbers are high due to the prevalence of hepatitis B or C viruses in some CALD communities, which is one cause of this cancer.
- Other cancers caused by infection (e.g., stomach cancer) are significantly higher in CALD populations, in both incidence and mortality².
- Bowel, breast and cervical cancer outcomes are often poorer than the general population, due to low participation in the national screening programs for these cancers³.
- There is a lower participation in cancer clinical trials amongst focus populations, including multicultural communities⁴

Biennial breast screening participation trends for women aged 50–to74 by population type – 2018⁵



² Xue Qin Yu, Eleonora Feletto, Megan A. Smith, Susan Yuill and Peter D. Baade. Cancer Incidence in Migrants in Australia: Patterns of Three Infection-Related Cancers. *Cancer Epidemiology, Biomarkers & Prevention*.

³ NSW Population Health Survey data for 2014-2017. Survey participants are aged 16 years and over. Source: NSW Population Health Survey, SAPHaRI, NSW Ministry of Health, 2018

⁴ Smith, AB, Agar, M, Delaney, G, et al. Lower trial participation by culturally and linguistically diverse (CALD) cancer patients is largely due to language barriers. *Asia-Pacific Journal of Clinical Oncology* 2018; 14: 52-60. 10.1111/ajco.12818

⁵ BreastScreen NSW (population data are sourced from SAPHaRI, Centre for Epidemiology and Evidence, NSW Ministry of Health and Australian Bureau of Statistics).

GUIDING PRINCIPLES

The Multicultural Plan is guided by a set of principles which provide a framework for CALD inclusion across our programs, information and support services that is responsive to the cultural and linguistic needs of the consumer.

The principles are designed to assist our workforce in considering CALD-appropriate program and service delivery. These principles provide the foundation for the Multicultural Plan's goals and action areas and should be considered in the implementation of the proposed key focus areas for supporting action.



Evidence

Priorities should be based on the best available evidence and interpretation of the evidence and support best practice. Evidence encompasses both evidence of problem and evidence for solution.

We will use data led insights and organisational strategic objectives to prioritise CALD communities, collect evidence of multicultural equity issues and developing targeted programs for NSW's CALD communities

Skills

Priorities should be based on whether our workforce has the skills or can acquire the skills.

Does our workforce have the skills to implement the proposed activity and if not, what skill development opportunities should we pursue? Multicultural health issues should integrate the best available evidence with professional, community and peer-based expertise.

Capacity

Priority actions should have capacity to support delivery, both workforce time and budget.

Do we have the time and resources to dedicate to the activity to give it the best chance of success? Local strategies to develop the capacity of CCNSW to respond to CALD communities include the use of dedicated reference groups; engaging with local community advisors; projects responding to local needs; and engagement with local community groups or organisations. Developing trustful relationships and engagement takes time and resources, and this needs to be accounted for in project planning.

Feasibility

In practice, consideration of feasibility and implementation issues is an essential component of the priority-setting process in order to increase likelihood of achieving successful activities.

How feasible it is that the activity or initiative can be implemented and whether we have agreed mechanisms in place to review implementation and course correct when and if necessary.

OUR PEOPLE

Actions	Owner and (Interdependencies)	Year 1 2022/23	Year 2 2023/24
1.1 Assign a Director to be a dedicated point of leadership for Multicultural Plan implementation	MWG (Anita Dessaix and Annie Miller)		
1.2 Establish internal working group to monitor delivery of multicultural access and equity activities and to identify and respond to multicultural access and equity concerns	MWG		
1.3 Incorporate a commitment to multicultural access and equity internally and externally and in key corporate documents.	FSO		
1.4 Strengthen alignment with existing strategies, frameworks and plans developed by the NSW Ministry of Health, NSW Health pillars, the Australian Government Department of Health, Cancer Australia, the Aboriginal Health & Medical Research Council (AH&MRC), CC Federation and other nongovernment organisations.	MWG		
1.5 Promote awareness of and adherence to principles of Multicultural Plan to staff	P&C (M&F) (FSO) (CPA) (CE) (CISS)		
1.6 Create an internal process to reward and promote strong multicultural access and equity performance and innovation	MWG (P&C)		
1.7 Support key actions of the Diversity and Inclusion Strategy including: <ul style="list-style-type: none"> – Provide cultural diversity training to staff and volunteers and support partners and their staff to improve their cultural competency skills – Maintain a register of staff diversity and personal language skills – Participate in events that celebrate cultural diversity – Implement policies to increase the recruitment and retention of staff and volunteers from CALD backgrounds 	D&I (P&C)		

INFORMATION AND COMMUNICATION

Actions	Owner and (Interdependencies)	Year 1 2022/23	Year 2 2023/24
2.1 Develop an intranet page with access to all CALD Resources, Policies and Protocols.	P&C		
2.2 Provide staff with clear guidelines about when and how to use translating and interpreting services	M&F (ALL)		
2.3 Create a priority language list that defines the languages to be selected when translating information and resources	CISS (CPA) (M&F)		
2.4 Ensure information products use strategies for effective communication with CALD clients, such as plain and Easy English	M&F (CISS)(CPA)		
2.5 Establish communication guidelines that promote the use of multicultural media as a way to engage with a culturally diverse audience	M&F (CISS) (CPA) (CE)		
2.6 Have feedback mechanisms that include arrangements to allow clients with CALD backgrounds, including those with limited or no English language skills, to provide their views on policies, programs and services	CISS (P&C) (FSO) (CPA) (CE)		
2.7 . Support key actions of the Diversity and Inclusion Strategy <ul style="list-style-type: none"> – Educate workforce in relation to the different CALD communities across NSW. 	MWG (D&I) (P&C)		

ENGAGEMENT AND PARTNERSHIPS

Actions	Owner and (Interdependencies)	Year 1 2022/23	Year 2 2023/24
3.1 Build the costs of language services into procurement processes to ensure these costs into tender proposals or grant applications	M&F (CPA) (CE) (FSO)		
3.2 Where appropriate, include people from different cultural and linguistic backgrounds on advisory, reference and review bodies.	MWG (CPA) (CE) (M&F) (P&C)		
3.3 Have funding partnership/contract/grant agreement templates that include clauses specifying multicultural access and equity accountabilities, such as the provision of appropriate translating and interpreting services and the collection of CALD data	M&F (CISS)		
3.4 Explore and formalise a partnership with Ethnic Communities' Council of NSW to outline the principles of how ECCNSW and CCNSW will work together to improve cancer outcomes in CALD communities in NSW.	CPA (DC)		
3.5 Consult with CALD communities at all stages in policy design, service planning, delivery and evaluation. CCNSW routinely includes CALD consumers when developing, implementing and evaluating programs, projects and resources	MWG (CPA) (CE) CISS CRD		
3.6 Maintain, or have access to, a forum to engage with representatives of multicultural communities including peak bodies and/or community leaders—also use to disseminate information to the wider community.	CE (CPA) (M&F) (DC)		
3.7 Learn from and share strategies proven to remove barriers to access and equity with other agencies	MWG (CPA)		
3.8 Design framework for responding to feedback provided by CALD clients regarding access and equity issues	CISS (FSO) (CE) (CPA) (M&F) (P&C)		

KNOWLEDGE

Actions	Owner and (Interdependencies)	Year 1 2022/23	Year 2 2023/24
4.1 Have performance indicators to monitor and evaluate progress in removing barriers to access and equity in the delivery of policies, programs and services	MWG		
4.2 Collect and analyse data on the cultural and linguistic diversity of the consumers who use our programs and services	CISS (CPA) (DC) (CE) (FSO)		
4.3 When commissioning research, ensure that data collected can be disaggregated by cultural and linguistic diversity	DC (CPA)(M&F)		
4.4 Profile the communities we serve and partner, to ensure our activities, programs and services are culturally appropriate and targeted.	CISS (CPA) (CE) (M&F)		
4.5 Make non-sensitive cultural and linguistic data available to other agencies and the public and ensure reciprocity	CPA (DC) (CISS) (M&F)		
4.6 Incorporate outcomes of multicultural access and equity activities in reporting	MWG (FSO) (CE) (CISS) (CPA)		
4.7 Engage directly with CALD communities to obtain their perceptions of policies, programs and services through targeted face-to-face consultations, online forms or other alternative survey methods.	CPA (FSO)(CISS)(DC)		
4.8 Advocate for and represent the issues and concerns of CALD communities to government	CPA (CE) (CISS) (DC)		

GOVERNANCE

Multicultural Working Group

The Multicultural Working Group consists of Cancer Council NSW staff members from every division within the organisation and contribute expertise in prevention, research, community engagement, marketing and fundraising, cancer information and support, policy and advocacy, HR and project management.

This group reports to Executive Leadership Team, is sponsored by Anita Dessaix, Director of Cancer Prevention and Advocacy.

The MWG's key responsibilities include:

- Ensure our people are aware of our commitment to represent all people within NSW in our work
- Share resources and expertise through improved internal communication
- All areas work together to avoid duplication and deliver the most comprehensive services underpinned by research and project development

The MWG meets monthly and will actively monitor the implementation of the Multicultural Plan actions, tracking progress and reporting. The implementation plan that supports this Multicultural Plan provides further detail on driving forward progress under each action of the of the four focus areas.

Caitlin Vasica - Cancer Prevention and Advocacy

Cosie Sekhas – Community Engagement

Elli Pelosi - Cancer Information and Support Services

Fina Whilton – Marketing and Fundraising

Kavya Reji – People and Communications

Laila Khan - Cancer Information and Support Services

Marguerite Hudson - Finance Strategy and Operations

Martha Gerges - Cancer Prevention and Advocacy

Natalia Arnas – Community Engagement

Paul Grogan - Daffodil Centre

Glossary and Abbreviations

MWG	Multicultural Working Group
CALD	Culturally and Linguistically Diverse
CE	Community Engagement, Cancer Council NSW
CISS	Cancer Information and Support Services Division, Cancer Council NSW
CRD	Cancer Research Division, Cancer Council NSW
CPA	Cancer Prevention & Advocacy Division, Cancer Council NSW
DC	Daffodil Centre
D&I	Diversity and Inclusion (Strategy)
FSO	Finance Strategy and Operations Division, Cancer Council NSW
M&F	Marketing & Fundraising Division, Cancer Council NSW
P&C	People & Communications Division, Cancer Council NSW

CALD

CO DESIGN

MULTICULTURAL

EQUITY

EQUALITY