



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.

Designed by Marcus Lee, a descendant of the Karajarri people. The visual concept is an interpretation of an Indigenous styled daffodil. The symbol of the daffodil is our trusted icon and is the international symbol for hope.

Contents

Message from our CEO	4
Directors	5
Our commitments	5
Our community	6
Cultural and linguistic diversity in NSW	6
The role culture and language play in cancer care	7
Our aim	8
Our focus areas	9
Guiding principles	9
People	10
Information and Communication	11
Engagement and Partnerships	12
Knowledge	13
Governance	14
Multicultural Working Group	14

Glossary and abbreviations

CALD

Culturally and Linguistically Diverse

CISS

Cancer Information and Support Services

CPA

Cancer Prevention and Advocacy

DC

Daffodil Centre

D&I

Diversity and Inclusion (Strategy)

FSO

Finance Strategy and Operations

M&F

Marketing and Fundraising

MWG

Multicultural Working Group

P&C

People and Communications

Message from our CEO

Through this Plan, Cancer Council NSW outlines our commitment to improving cancer outcomes for people from culturally and linguistically diverse backgrounds.



It is my pleasure to present the inaugural Multicultural Plan for Cancer Council NSW developed in partnership with our people from across 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.

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.

New South Wales is one of the most culturally and linguistically diverse populations in the world comprising more than 307 ancestries, 215 languages and 148 religious beliefs, each with their different needs, experiences and views.

The health of CALD people can be affected by poor access to health services and a lack of culturally appropriate or in-language information to make informed decisions.

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.

Here for All will enhance our capacity to 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
Chief Executive Officer
Cancer Council NSW

Directors



Anita Dessaix
Director, Cancer
Prevention and Advocacy
*Sponsor of
Multicultural Plan*



Annie Miller
Director, Cancer Information
and Support Services
*Co-sponsor of
Multicultural Plan*



Greg Bisset
Chief Operating Officer



Professor Karen Canfell
Director, Cancer Research



Kaylene Jacques
Director, People
and Communications



Naomi Watson
Director, Marketing
and Fundraising

Our commitments

Cancer Council NSW's Multicultural Plan contains 6 commitments essential to the effective delivery of programs and services in culturally and linguistically diverse communities. We will:

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

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

 - 3** Put strategies in place to ensure that policies, programs, community interactions, and service delivery are responsive to CALD communities.

 - 4** Measure multicultural access and equity performance with strong and clear mechanisms.

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

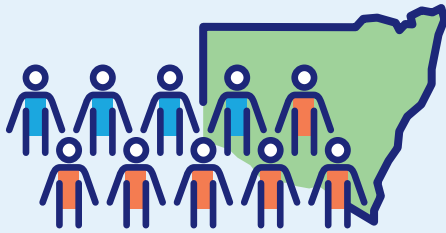
 - 6** Be transparent in how we improve multicultural access and equity.
-

Our community

Cultural and linguistic diversity in NSW

New South Wales

We come from **307** ancestries, practice **146** religions and speak more than **215** languages¹



% people who speak a language other than English

50% Western Sydney	12% Illawarra Shoalhaven
49% South Western Sydney	7% Southern NSW
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 NSW
6% Central Coast	4% Northern NSW
	3% Far West

Population and diversity²



NSW population: **8,072,163**

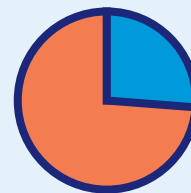
- 29.3%** were born overseas
- 50.3%** had one or both parents born overseas
- 23%** were born in a country other than main English-speaking countries

Country of birth²



Most common countries of birth (other than Australia)

Language other than English²



26.6% spoke a language other than English at home

English skills³



4.5% of NSW's CALD population spoke English poorly or not at all

Spoken languages at home²



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

The role culture and language play in cancer care

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 CALD 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 CALD background, even where their families have been settled for several generations, and people with dual heritage.

Many factors can affect access to appropriate health care services. Some of these include:

- ability to understand English and access to professional interpreters
- lack of knowledge of the health care 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.

Why it matters

Cancer can affect multicultural communities differently. Compared to all NSW residents, people born in some countries:⁴

- have a higher incidence of cancer
- have a higher prevalence of cancer-related risk factors:
 - daily or occasional smoking
 - being overweight or obesity
 - not getting enough physical activity
 - are less likely to use screening or cancer support services, so they may experience poorer outcomes during and after cancer treatment.

Research shows that there are major differences in cancer incidence and experience between CALD communities and the general population, including:

- Lung cancer incidence is expected to increase based on smoking trends.⁵
- Primary liver cancer incidence is high due to the prevalence of hepatitis B or C viruses in some CALD communities, which is one cause of this cancer.⁵
- The incidence of some cancers caused by infection (e.g. stomach cancer) are significantly higher in CALD populations, in both incidence and mortality.⁵
- Bowel, breast and cervical cancer outcomes are often poorer than the general population, due to low participation in the national screening programs for these cancers.⁴
- Lower participation in cancer clinical trials amongst multicultural communities.⁶

1. NSW Ministry of Health, *NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019–2023*, Ministry of Health, Sydney, 2019.

2. Australian Bureau of Statistics 2022, *Snapshot of New South Wales*, ABS, viewed 15 March 2023, available from abs.gov.au/articles/snapshot-nsw-2021

3. Australian Bureau of Statistics, *Census of Population and Housing 2016 and 2021*, viewed 15 March 2023, available from abs.gov.au.

4. 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.

5. XQ Yu, et al., "Cancer Incidence in Migrants in Australia: Patterns of Three Infection-Related Cancers", *Cancer Epidemiology, Biomarkers & Prevention*, vol. 31. no. 7, 2022, pp. 1394–1401.

6. AB Smith 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*, vol. 14, no. 1, 2018, pp. 52–60. 10.1111/ajco.12818.

Our aim

Cancer Council is committed to improving equity in cancer outcomes for culturally and linguistically diverse populations in NSW.

We know that there are communities experiencing a disproportionate burden of disease and poorer cancer outcomes. As part of our 5-year strategic intent, Cancer Council NSW has committed to improving cancer outcomes for priority populations.

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.

What do access and equity mean?

Access – This 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 – This means that our programs and services should deliver outcomes for culturally and linguistically diverse Australians that are the same for other Australians.



Our focus areas

People

We'll work with our staff and volunteers to build and support a culturally responsive and diverse workforce.



Information and Communication

We'll make our Multicultural Plan accessible to everyone, and work with the community to ensure our information and communications are inclusive for all.



Engagement and Partnerships

We'll engage and partner with key stakeholders, to embrace new perspectives and ways of working.



Knowledge

We'll work to understand the needs, experiences and identities of the CALD communities in NSW.



Guiding principles

Our Multicultural Plan is guided by a set of principles that provide a framework for how Cancer Council NSW will improve inclusion for CALD communities across our programs, information and support services. These principles should be considered when implementing the actions within the 4 focus areas.

Evidence – Actions should be based on the best available evidence and interpretation of the evidence, and support best practice.


Skills – Actions should be based on whether our workforce has the skills or can acquire the skills.

Capacity – Actions should be prioritised based on availability of resources.

Feasibility – Actions should be prioritised based on greatest likelihood of being effective and sustainable, and if needed, refined to optimise our impact.

People













ACTION	Owner and (Interdependencies)	Year 1 2022/23	Year 2 2023/24
1.1 Assign a Director/s to be a dedicated point of leadership for implementing the Multicultural Plan.	MWG (Anita Dessaix and Annie Miller)		
1.2 Establish an 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 our commitment to multicultural access and equity into internal and external key corporate documents.	FSO (M&F)		
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 and Aged Care, Cancer Australia, Cancer Council Federation and other non-government organisations.	MWG (CPA) (DC)		
1.5 Promote awareness of and adherence to the principles of the Multicultural Plan to staff and volunteers.	P&C (M&F) (FSO) (CPA) (CISS) (DC)		
1.6 Create an internal process to reward and promote initiatives that support strong multicultural access and equity.	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)		

 **People's choice:** Action item prioritised by internal consultation process with Cancer Council NSW staff and volunteers

Information and Communication




ACTION	Owner and (Interdependencies)	Year 1 2022/23	Year 2 2023/24
2.1 Develop an intranet page listing all CALD resources, policies and protocols. 	MWG (P&C)		
2.2 Provide staff with clear guidelines about when and how to use translating and interpreting services, and develop a list of priority languages to be selected when translating information and resources.	M&F (CPA) (CISS)		
2.3 Develop communication guidelines that encourage the use of multicultural media as a way to engage with CALD communities.	M&F (CISS) (CPA)		
2.4 Establish and share a list of CALD stakeholders, which will support community engagement and consultation.	MWG (CPA) (CISS) (M&F)		
2.5 Ensure information resources use strategies for effective communication with CALD communities, such as plain English.	M&F (CISS) (CPA)		
2.6 Have feedback mechanisms that include opportunities for 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) (M&F)		
2.7 Codesign prevention resources and social marketing campaigns to support people from CALD backgrounds to build their health literacy and reduce their risk of cancer.	CPA (DC) (CISS) (M&F)		
2.8 Support key actions of the Diversity and Inclusion Strategy, including: <ul style="list-style-type: none"> educate staff and volunteers about the different CALD communities across NSW. 	MWG (D&I) (P&C)		

 **People's choice:** Action item prioritised by internal consultation process with Cancer Council NSW staff and volunteers













Engagement and Partnerships

ACTION	Owner and (Interdependencies)	Year 1 2022/23	Year 2 2023/24
3.1 Explore and formalise a partnership with Ethnic Communities' Council of NSW outlining how ECCNSW and CCNSW will work together to improve cancer outcomes in CALD communities in NSW.	MWG (CPA) (CISS) (DC)	✓	
3.2 Work with other agencies to learn from and share strategies proven to remove barriers to access and equity.	MWG (CPA) (CISS) (M&F)	✓	
3.3 Ensure, where appropriate, that people from different CALD communities are included on advisory, reference and review bodies.	MWG (CPA) (M&F) (P&C)		✓
3.4 Identify applications for funding opportunities for CALD-specific cancer control initiatives and update funding partnership/contract/grant agreement templates to include clauses specifying multicultural access and equity accountabilities.	M&F (CISS) (CPA) (FSO) (DC)		✓
3.5 Consult with CALD communities at all stages of policy design, service planning, delivery and evaluation. 	MWG (CPA) (CISS) (DC) (CISS)		✓
3.6 Maintain, or have access to, a forum to engage with representatives of CALD communities including peak bodies and/or community leaders.	CPA (M&F) (DC)		✓
3.7 Develop a framework for collecting and responding to feedback provided by CALD clients regarding access and equity issues.	CISS (FSO) (CPA) (M&F) (P&C)		✓
3.8 Improve participation rates from CALD communities through greater collaboration, and targeted, effective engagement and communication.	M&F (CPA) (CISS) (P&C) (DC)		✓

 **People's choice:** Action item prioritised by internal consultation process with Cancer Council NSW staff and volunteers

Knowledge



ACTION	Owner and (Interdependencies)	Year 1 2022/23	Year 2 2023/24
4.1 Profile the CALD communities we serve and partner, to ensure our activities, programs and services are culturally appropriate and targeted.	CISS (CPA) (M&F) (DC)		
4.2 Report outcomes of multicultural access and equity activities.	MWG (FSO) (CISS) (CPA)		
4.3 Develop performance indicators to monitor and evaluate progress in removing barriers to access and equity in the delivery of policies, programs and services.	MWG (FSO)		
4.4 Collect and analyse data on the cultural and linguistic diversity of the people who use our programs and services.	CISS (CPA) (FSO)		
4.5 Ensure that when commissioning research, that data collected can be disaggregated by cultural and linguistic diversity.	DC (CPA) (M&F) (FSO)		
4.6 Share non-sensitive cultural and linguistic data with other agencies and the public and encourage reciprocity.	CPA (DC) (CISS) (CPA)		
4.7 Engage with CALD communities to obtain their perceptions of policies, programs and services, and identify strategies for increasing survey response rates to improve CALD data. 	DC (FSO) (CPA) (CISS)		
4.8 Advocate for and represent the issues and concerns of CALD communities to government.	CPA (CISS) (DC)		

 **People's choice:** Action item prioritised by internal consultation process with Cancer Council NSW staff and volunteers

Governance

Multicultural Working Group

The Multicultural Working Group (MWG) consists of Cancer Council NSW staff members from every division within the organisation. They 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 the Executive Leadership Team, and is sponsored by Anita Dessaix, Director of Cancer Prevention and Advocacy.

The MWG meets monthly and its key responsibilities include:

- provide oversight and advice on implementation, monitoring and reporting to ensure actions are achieved
- share resources and expertise through improved internal communication
- ensure all divisions work together to avoid duplication in programs and services.

The Implementation Plan, which supports this Multicultural Plan, details how each action within the 4 focus areas will be achieved.

Consultation

Consultation to inform the development of the Multicultural Plan took place through meetings, roundtable discussions and workshops over 12 months. These included consultation with our staff and volunteers, including divisional leaders, teams delivering services to or engaging with CALD communities, and staff and volunteers from different cultural backgrounds.

Monitoring and reporting

Monitoring, evaluation and reporting on success is vital to understand if we have achieved the goals of the plan. The MWG will monitor and track the progress of the Multicultural Plan and will report on our progress through reports to the Executive Leadership Team and the Cancer Council NSW Board of Directors, and consultation with staff and volunteers.

How to contact the MWG

Email: Multicultural@nswcc.org.au

Notes



Contact us

✉ Multicultural@nswcc.org.au

f facebook.com/cancercouncilnsw

🐦 [@ccnewsouthwales](#) or [#cancercouncilnsw](#)

📺 youtube.com/cancercouncilnsw

📷 [@cancercouncilnsw](#) or [#cancercouncilnsw](#)

in linkedin.com/company/cancer-council-nsw

cancercouncil.com.au

