ACON's Multicultural Engagement Plan

2021 - 2024

About ACON

ACON is NSW's leading health organisation specialising in community health, inclusion, and HIV responses for people of diverse sexualities and genders. Established in 1985, ACON works to create opportunities for people in our communities to live their healthiest lives.

We provide free community health services regardless of Medicare eligibility, citizenship or visa status.

Acknowledgements

We pay our respects to the Traditional Owners and Custodians of all the lands on which we work, and acknowledge Elders, past, present and emerging.

We acknowledge the cultural and linguistic diversity of Aboriginal and Torres Strait Islander people across this continent. Aboriginal and Torres Strait Islander people have looked after country and culture for over 60,000 years.

Today, there are more than 250 living languages, including 800 dialects, spoken by Aboriginal and Torres Strait Islander people. Languages connect people to Country and culture.

Progressive Pride Flag

The Progress Pride Flag was a redesign of the Pride Flag by artist Daniel Quasar in 2018 which added a five-striped chevron with the colours light blue, light pink, white, brown and black. The additional stripes represent a meaningful inclusion of black, brown and other LGBTQ+ people of colour and trans and gender diverse communities who have often experienced marginalisation within mainstream LGBTQ+ movements in Western countries. The Progressive Pride Flag represents a movement that celebrates the intersections and diversity of culture, ethnicity, sexuality and gender.

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Summary

The Plan provides a three-year framework to guide the way ACON engages with and empowers **community members and staff from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and people of colour**.

The goals of the Plan are to achieve**:**

- **Greater health equity and health outcomes** for lesbian, gay, bisexual, trans, and queer (LGBTQ) people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour; and

- **Greater inclusion, career advancement and leadership** of ACON employees and volunteers from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour.

The Plan aligns with ACON's Strategic Plan (2019-2022) goals of ending HIV transmissions for all; delivering excellent, client-centred care; giving voice to our communities and strengthening inclusion; and attracting and developing the best staff.

The principles that underpin the Multicultural Engagement Plan are:

- Equity

- Intersectionality

- Anti-Racism

- Participation & Representation

- Accountability

The way we will work is guided by the following:

As we design, develop, deliver and evaluate our work at ACON, we will learn and **reflect** on how our own cultural background and unconscious biases affect our work and behaviours.

- The most effective way to overcome our personal unconscious bias is to meaningfully **include** people from culturally, linguistically and ethnically diverse, migrant and refugee backgrounds, and people of colour in the decision making, development, implementation and evaluation of our programs.

- Wherever possible we will strive to **empower** LGBTQ people and communities from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour.

The Plan centres on five focus areas:

Focus Area 1: Using inclusive, meaningful, and appropriate language.

Focus Area 2: Working in partnership and empowering community groups led by and for LGBTQ people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour.

Focus Area 3: Delivering programs and services with and for LGBTQ people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour.

Focus Area 4: Measuring outcomes for LGBTQ people from culturally, linguistically and ethnically diverse, migrant and refugee backgrounds, and LGBTQ people of colour.

Focus Area 5: Building an inclusive workplace that attracts, develops, and retains the best people from culturally, linguistically and ethnically diverse, migrant and refugee backgrounds, and people of colour.

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Introduction

Australia is a highly multicultural country. Nearly half (49%) of Australians were either born overseas or had one or both parents born overseas.[1] Lesbian, gay, bisexual, trans and queer (LGBTQ) people are just as culturally diverse as the rest of Australia.

Sexual, gender, cultural, linguistic, and ethnic diversity all play a role in our health and often combine to produce specific needs. The NSW Government *Plan for Healthy Culturally and Linguistically Diverse Communities: 2019- 2023* recognises that LGBTIQ people from culturally and linguistically diverse communities "can be particularly vulnerable to poor health outcomes or poor access to health services."[2]

The ACON Multicultural Engagement Plan aims to achieve greater health equity for LGBTQ people from culturally, linguistically and ethnically diverse, migrant and refugee backgrounds, and LGBTQ people of colour. It will guide the way ACON engages with and empowers community members, volunteers and staff from such backgrounds.

The Plan aligns with the *ACON Strategic Plan 2019 – 2022* [i] and builds on the successes of existing ACON initiatives, programs and services. It draws on the strengths, expertise and leadership of ACON staff from culturally, linguistically and ethnically diverse, migrant and refugee backgrounds, and LGBTQ people of colour, as well as on academic and grey literature.

i ACON, Strategic Plan 2019 – 2022.

Why We Need A Multicultural Engagement Plan

As the range and depth of ACON's programs continues to grow, the Plan will guide the delivery of high quality and culturally appropriate services for and with people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and people of colour across our program areas.

We have many success stories to share, but we acknowledge that more needs to be done to address the intersecting health needs and health determinants of people in our communities. These needs and determinants include racism. Some of our services and programs – such as our HIV testing centres – are highly effective at reaching priority culturally, linguistically and ethnically diverse populations, but we often lack data to assess other LGBTQ health programs.

We also need to make sure that staff from culturally, linguistically and ethnically diverse, migrant and refugee backgrounds or who are people of colour are represented across the organisation in the future, including in leadership positions and in roles that involve them in key decision making processes. Our understanding of intersectionality in the workplace continues to grow, including through the work of Pride in Diversity.[3] We can tap into this expertise to improve our policies, systems, and practices to make ACON a culturally safer and more inclusive workplace.

Central to both our services and our workplace improvements is our commitment to anti-racism. This involves taking a pro-active approach to identifying and addressing unconscious and systemic biases. Just as we would recommend to non-LGBTQ organisations that their policies and procedures actively include LGBTQ communities and people, our policies and procedures must become active tools against racism.

Population Focus

The Plan seeks to improve inclusion and health outcomes for LGBTQ people from culturally, linguistically and ethnically diverse, migrant and refugee backgrounds, and LGBTQ people of colour.

ACON's commitments to Aboriginal and Torres Strait Islander people are outlined in a separate document, our Reconciliation Action Plan. [4]

Audience

The Plan is to be used by ACON staff across all divisions to guide the way they work. The Plan should be translated into actions in all ACON staff annual workplans. The Plan will guide ACON managers and the Senior Leadership Team (SLT) as they develop new programs and services and review relevant strategies, policies, procedures, and budget decisions.

The plan will be taken into consideration and funding will be allocated to the highest priority of need, and additional funding will be pursued wherever possible.

Developing The Plan

The development of ACON's Multicultural Engagement Plan was initiated and led by a working group of ACON staff from culturally, linguistically and ethnically diverse, migrant and refugee backgrounds, and people of colour, under the guidance of an advisory panel of community health and engagement experts.

We conducted extensive consultations with LGBTQ community leaders and members from culturally, linguistically and ethnically diverse, migrant and refugee backgrounds, and LGBTQ people of colour, as well as health experts and service providers over a 12-month period across the organisation. We spoke with 25 community leaders and members representing highly diverse, grassroots multicultural LGBTQ groups and leaders. We also spoke with 32 staff from councils and service providers, including multicultural, regional, sexual health, and refugee services.

We have captured what we heard in a separate consultation report available on ACON's website. This consultation report has informed the recommendations and deliverables in this Plan.
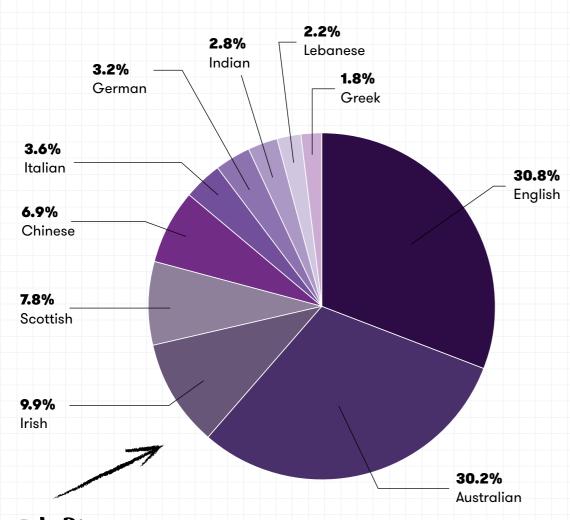
The *Multicultural Working Group* (ACON staff) includes: Dai Aoki, Megan Baiocchi, Tim Chen, Danielle Curnoe, Félix Delhomme, Joseph Lonn, Loc Nguyen, Samara Shehata, and Tim Wark.

The *External Advisory Panel* includes: Ben Bavinton, George Bisas, Kamalika Dasgupta, Christina Kenny, Kunal Mirchandani, Susana Ng, and Jessica Aasha Sekar.

The Plan also draws on ACON client data, Government statistics, academic and grey literature, and the *NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023.*

Snapshot

Of Cultural & Linguistic Diversity In NSW

2.2% Lebanese

2.8% Indian

3.2% German

1.8% Greek

3.6% Italian

6.9% Chinese

30.8% English

7.8% Scottish

9.9% Irish

30.2% Australian

ANCESTRY

Analysis of the ancestry responses of the population in New South Wales in 2016 shows that the top ten ancestries nominated were[47]:

1. English (2,302,480 people or 30.8%)
2. Australian (2,261,065 people or 30.2%)
3. Irish (741,671 people or 9.9%)
4. Scottish (587,051 people or 7.8%)
5. Chinese (514,740 people or 6.9%)
6. Italian (272,124 people or 3.6%)
7. German (236,146 people or 3.2%)
8. Indian (211,931 people or 2.8%)
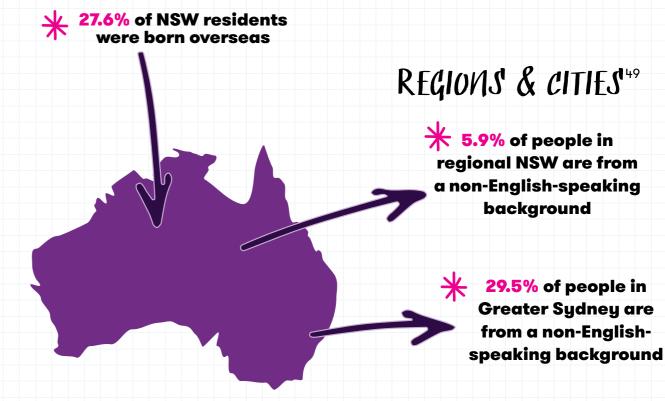9. Lebanese (166,594 people or 2.2%)
10. Greek (132,831 or 1.8%)

The largest changes in the reported ancestries of New South Wales population between 2011 and 2016 were:

- English (+150,699 persons)
- Chinese (+136,244 persons)
- Irish (+80,446 persons)
- Indian (+73,281 persons)

LANGUAGE

✳ **21.2% of people in NSW came from countries where English was not their first language**

- In a quarter of NSW homes, people speak one of 275 languages other than English.[48]
- The largest non-English language groups are Mandarin, Arabic, Cantonese, Vietnamese and Greek.

COUNTRY OF BIRTH

✳ **27.6% of NSW residents were born overseas**

REGIONS & CITIES[49]

✳ **5.9% of people in regional NSW are from a non-English-speaking background**

✳ **29.5% of people in Greater Sydney are from a non-English-speaking background**

RELIGION

✳ **47 religions are practiced in NSW**

- Of those who report being religious, 55% are Christian, 3.6% Islamic, 2.8% Buddhist, and 2.4% Hindu
- A quarter of the state's population does not report any religion

What We Know

Our experience, community consultations, and a preliminary review of the literature point to several pressing health needs regarding mental and sexual health.

This process has also revealed there is a lot we do not know. There is a lack of research on intersecting health needs, as well as gaps in ACON's data collection and reporting systems. Insufficient data obfuscates the reality of this population's health and our programs' reach.

1.

THE HEALTH OF LGBTQ PEOPLE

A lack of data and agreed set of predetermined terminology in Australian academic research precludes a comprehensive understanding of the intersectional health needs of LGBTQ people from culturally, linguistically and ethnically diverse, migrant and refugee backgrounds, and LGBTQ people of colour.

Sexual and gender identity indicators are not routinely collected by service providers and researchers, and cultural, ethnic and linguistic diversity indicators are often inadequate.[5] People from culturally, linguistically and ethnically diverse, migrant and refugee backgrounds, and people of colour are often under-represented in research design, implementation, and data collection.

Public health studies often focus specifically on the health needs of people who are either LGBTQ or from culturally, linguistically and ethnically diverse, migrant and refugee backgrounds or people of colour, but rarely both.

Evidence From LGBTQ Health Studies

Evidence from LGBTQ-targeted studies have highlighted health disparities compared with non-LGBTQ people in relation to mental health, sexual health, and risk factors such as rates of smoking, alcohol consumption, and drug use.[6-7-8]

Studies have shown the great diversity of health needs within LGBTQ communities, including, but not limited to, a chronic lack of services for trans and gender diverse people,[9-10] the particular mental health needs of women in our communities,[11] and the continued priority of HIV among gay and bisexual men.[12-13]

Evidence From Culturally, Linguistically And Ethnically Diverse, Migrant, Refugee, And People Of Colour Health Studies

Some immigrants are healthier than the Australian-born population. This may be partly explained by the selective nature of Australia's immigration system, which favours higher income individuals and requires health screenings.

However, this 'healthy migrant effect' does not apply for all migrant populations and tends to disappear over time. *Some* migrant groups experience greater risk factors,[14] and poorer outcomes in relation to specific health conditions.[15] **People from non-English speaking countries who have been in Australia for more than 10 years report worse mental health and self-assessed health than Australian-born individuals.**[16]

Intersecting Health Needs

From the evidence cited above, and a small number of studies that looked at people who are both LGBTQ and from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour, HIV and mental health emerge as key priorities.

There are greater rates of new HIV notifications in gay, bisexual and other men who have sex with men (GBMSM) born in South East Asia and South America compared with Australian-born men, requiring specific responses.[17] In 2019, there was a 33% decrease in HIV notifications for Australian-born MSM and a 2% increase for those born overseas, compared with the five-year average.[18]

Sexual, gender, and cultural diversity and migration can be predictors of poorer mental health outcomes.[19-20] A recent report found that more LGBTQ+ young people from 'multicultural backgrounds' reported a suicide attempt (10.4%) in the last 12 months than those from Anglo-Celtic backgrounds (8.4%).[21]

Refugees, asylum-seekers, stateless, and internally displaced persons that identify as lesbian, gay, bisexual, transgender, or intersex (LGBTI) face a complex array of challenges, including compounding experiences of war displacement and trauma alongside homophobia, transphobia, and inhumane treatment in Australian detention.[22]

While there continues to be a lack of evidence on the intersecting health needs of these populations, several overlapping factors combine to predict service access and health outcomes for LGBTQ from culturally, linguistically and ethnically diverse, migrant and refugee backgrounds, and LGBTQ people of colour. These factors can have a

negative impact on health outcomes (barriers), a positive impact (resilience factors), or both negative and positive impacts.

Discrimination And Exclusion

LGBTQ people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour often report having to navigate spaces that never fully embrace the complexities of their identities. They may experience racism or a lack of understanding of cultural diversity in LGBTQ spaces. People from culturally, linguistically and ethnically diverse, migrant and refugee backgrounds, and people of colour have reported experiencing racism within LGBTQ spaces, including on dating apps.[23]

At the same time, LGBTQ people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour may also struggle to be fully accepted by their families or cultural communities of origin because of their sexuality or gender identity. This is especially important because connection to peers and the LGBTQ community is associated to greater health outcomes and access to services.

Inequity and inequalities based on gender are compounded for LGBTQ women from culturally, linguistically and ethnically diverse, refugee and migrant backgrounds, and LGBTQ women of colour.

Stigma, discrimination and false assumptions made by health professionals based on sexuality and gender can lead to inadequate care and poorer health outcomes.[24-25-26] **Simultaneously, racism and xenophobia also have health impacts.** The inadequacy of white-centred health approaches ignores the role of racism as a significant determinant of health.

Migration Status And Access To Medicare

Temporary visa holders remain excluded from Medicare, which severely reduces access to services. People living with HIV – many of whom are gay men – are also affected by strict immigration rules[ii] that require HIV testing and may limit their ability to stay permanently in Australia.[27]

The migration system and experiences prior to migrating to Australia also contribute to how perceptions of health systems and health risks are formed. For instance, a study among Australian migrants born in Sub-Saharan

Africa, Southeast Asia, and Northeast Asia found that there were false perceptions that "Australia has no HIV" due to compulsory HIV testing to obtain permanent residency status.[28]

Evidence suggests that immigrant and refugee women are less likely to use health services than Australian-born women.[29] This same study reports the expectation that LBQ women within these communities have even poorer health access and more complicated issues surrounding access to services.

While there is a lack of evidence for this population, it is clear that access to health services and appropriate and affordable gender affirming care is a priority for all trans people – which includes trans people from culturally, linguistically and ethnically diverse, migrant and refugee backgrounds, and trans people of colour.

Language, Culture, Religion And Values

There is a lack of health information and services that are culturally appropriate and available in languages other than English. Immigrants from English-speaking countries were found to have advantages related to physical health, mental health, and self-assessed health.[30]

Linguistic diversity can also be a strength, providing a richness to describe LGBTQ identities and experiences. Culture and values also play a role in shaping health behaviours and risk factors; for example, lower levels of alcohol consumption among migrants from countries where it is considered unacceptable.

The complexities and nuances of the relationships between LGBTQ people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour and their families and cultural communities of origin are poorly understood and often observed from a white-Australian perspective.

While some research reports less familial acceptance among these cohorts (53.1% compared to 62.4% of those from an Anglo-Celtic background),[31] this kind of evidence doesn't account for the various modalities of expressing one's own identity or the need for discretion. Rather than 'coming out,' the concept of 'inviting in' has been put forward as a way for LGBTQ people to realign their relationship with families of origin.[32]

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ii   For more information and legal advice on HIV and migration, visit
https://halc.org.au/

2.

DIVERSITY AND INTERSECTIONALITY AT WORK

A recent joint report from Pride in Diversity and the Diversity Council of Australia shows that experiences of LGBTQ people from culturally and linguistically diverse (CALD) backgrounds in the workforce are complex and shaped by multiple intersecting factors.[33] Of the 193 culturally diverse LGBTQ workers surveyed for this project, three quarters said cultural background makes a difference.

A review of the literature conducted for this report found that:

- The dominant voices in academic research on LGBTQ people at work tend to "position white and middle-class individuals as the social norm."
- **LGBTQ people from CALD backgrounds may still experience exclusion in organisations that invest in LGBTQ workplace diversity and inclusion**. Many workplace diversity initiatives for LGBT people have been developed in organisations where 'whiteness' is the prevailing norm and don't examine the needs or experiences of LGBTQ people from CALD backgrounds.
- **A lack of visibility means that many people do not see themselves represented in the workplace**. Organisations have little experience in dealing with the racism and gender- or sexual-identity-based oppression that LGBTQ people from CALD backgrounds experience.
- **Lesbian, gay and bisexual (LGB) workers who are from CALD backgrounds must continually negotiate a different set of norms** and may experience conflict between their intersecting identities.
- **Disclosure can be complicated.** Family and community can be a source of support and safety from racism, which can lead to different disclosures at work compared to at home or in community.
- Although this cohort are at higher risk of stress and negative mental health, the research suggests that LGBTQ people from CALD backgrounds **may have greater resilience in the workplace when they are connected to community**.[34]

The report identified three main approaches to unlocking barriers to inclusion of LGBTQ talent from CALD backgrounds at work:

- **Intersectional approaches to diversity;**
- **Boosting visibility;** and
- **Creating connections** to address loneliness and isolation in the workplace.

3.

ACON PROGRAMS AND SERVICES FOR PRIORITY CULTURALLY, LINGUISTICALLY AND ETHNICALLY DIVERSE POPULATIONS

This section provides an overview of what we know about cultural, linguistic and ethnic diversity among the people who access ACON services, and our staff.

However, the development of this Plan has revealed that significant gaps in our data collection and reporting systems impede our ability to get a full picture of diversity, much as in the broader health sector. Country of birth is the only relevant indicator of cultural diversity available in our client data management system and it is not systematically collected.

ACON Programs And Services For Priority Culturally, Linguistically And Ethnically Diverse Populations

Our community consultations, reporting systems and some program evaluations suggest that ACON has had varying levels of success across different health areas and across different culturally, linguistically, and ethnically diverse populations.

Gay And Bisexual Men's Sexual Health

Evaluation reports and community consultations have highlighted some of the successes ACON has had in relation to sexual health programs for gay and bisexual men from culturally, linguistically and ethnically diverse and migrant backgrounds.

ACON has developed a suite of effective HIV information, peer support and testing services for and with people from culturally, linguistically, and ethnically diverse backgrounds. This includes a dedicated program for Asian Gay Men's sexual health, a dedicated HIV and STI testing service run by and for Mandarin speakers, peer education workshops for targeted cultural groups, and in-language resources.[35]

An evaluation of a[TEST], our HIV and STI testing clinics, found that it was highly effective at reaching overseas-born gay and bisexual men, who accounted for 57% of the clinics' 29,268 clients between 2015-2019.

The reach of ACON's programs in other health areas could not be reliably assessed due to a lack of data collection.

Trans And Gender Diverse People's Health

ACON's resource for all trans people in NSW and their loved ones, allies and health providers – TransHub – was cited by several participants in our community consultations as a highly useful resource. The intersectional approach adopted for this program was recognised as essential to improving health outcomes, in line with ACON's *Trans and Gender Diverse Blueprint for Improving the Health and Wellbeing of the Trans and Gender Diverse Community in NSW.*[36]

The cultural, linguistic and ethnic diversity of trans and gender diverse participants who access ACON services could not be reliably assessed, due to gaps in the collection of gender, sexuality, cultural, and linguistic diversity indicators.

A Lack Of Funding And Spaces For Women (Cis And Trans) And Gender Diverse People From Culturally, Linguistically And Ethnically Diverse, Migrant And Refugee Backgrounds, And People Of Colour

Check OUT, our LGBTIQ+ sexual health clinic, saw 205 clients for HIV and STI testing, and/or cervical screening in FY2019/2020. 22% of clients speak a language other than English at home.[37]

Thanks to small funding grants, ACON's *Here for Women* has delivered initiatives that have successfully reached culturally, linguistically, and ethnically diverse women. This included a resilience workshop in Western Sydney and a leadership workshop series with 60% of participants from culturally, linguistically, and ethnically diverse backgrounds. The program also implemented methodologies and recruitment processes informed by intersectionality to maintain relevance in content and delivery.

Community consultations highlight the need for such initiatives to be scaled up. The women and non-binary people of colour that we consulted raised the issue of the lack of spaces for them, and reported shocking instances of racism within LGBTQ communities, as well as a lack of acceptance because of their sexuality or gender identity in certain cultural communities. There was a perception that ACON is here exclusively for white gay men.

Other ACON Program Areas

ACON delivers a range of other services, but the extent to which these have reached people from culturally, linguistically, and ethnically diverse backgrounds could not be fully assessed.

Our counselling, care coordination, and substance support services were accessed by 988 people in the 2019-2020 financial year. [iii] 26% reported they were born overseas, 53% in Australia, and for the remaining 21% no country of birth was recorded in our systems.

As we developed this Plan, significant gaps in our data collection and reporting systems were identified. These include an insufficiently diverse range of indicators – for example, country of birth is often the only indicator of cultural diversity being used – and missing data or data that has not been systematically collected. Our satisfaction surveys do not enable us to assess the cultural appropriateness of our services.

Diversity Of ACON Staff

To inform the development of the Plan, we conducted a survey of 91 ACON staff in 2020. We found that:

- 46.15% of surveyed staff were born overseas, above the State average
- 30% can fluently speak a language other than English

There is a high level of cultural and linguistic diversity among staff at ACON, but this is not equally represented across the hierarchy of the organisation. Like many other companies and organisations, structural barriers and unconscious biases with ACON may prevent talent from culturally, linguistically and ethnically diverse, migrant backgrounds and people of colour from attaining positions of leadership.

Our survey showed there is a core group of staff who engage a lot with culturally and linguistically diverse communities in their work, and 28% said that engagement with culturally and linguistically diverse people was reflected in their position description.

It also highlighted a range of ideas to improve our engagement, including through outreach; by implementing plans to 'decentre' ACON in community partnerships; partnership co-design; peer-guided translation and interpreting services; and initiatives to improve diversity and visibility within ACON at all levels.

Gender, sexuality and cultural diversity is represented on the ACON Board.

ACON does not collect socio-demographic statistics about our volunteers.

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iii The following services are included: Care Coordination (Sydney), Client Services Intake, HIV Support Counselling, Hunter Care Coordination, Hunter Community Support Network, Hunter Counselling, Hunter Intake, Hunter Substance Support, LGBTI Counselling, Male DFV SAM, Northern Rivers Care Coordination, NR Intake, NR Substance Support, Pride Counselling, Proud Partners, Psychological Support, Regional Counselling, Substance Support Community Support Network (CSN). Community Visitors Scheme (CVS).

The Plan is guided by five principles:

Equity

Intersectionality

Anti-Racism

Participation & Representation

Accountability

Guiding Principles

Equity

The World Health Organisation defines health equity as "the absence of unfair and avoidable or remediable differences in health among population groups".[38] In other words, health equity means that everyone can be as healthy as possible and access the services they need. This requires removing obstacles to health, such as racism and discrimination.

ACON will strive for the highest possible standard of health for all people in our communities and will give special attention to the needs of LGBTQ people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour who may be at greatest risk of poor health.

Intersectionality

The term "intersectionality" was coined by the academic and activist Kimberlé Crenshaw to emphasise how people's identity is shaped by multiple distinct, but nevertheless *intersecting*, factors. These can include gender, sexuality, age, social class, race, ethnicity, culture and many other aspects of our identities. Working from an intersectional framework enhances our understandings of our differences, needs and offers explanations of the ways in which LGBTQ people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds and LGBTQ people of colour people might experience the workplace or health settings differently depending on their ethnicity, gender experience, disabilities, sexual orientation, and/or class. Sensitivity to such differences enhances insight into issues of social injustice and inequality thus providing insight for the chance of social change and inclusion.

Anti-Racism

Anti-racism is a conscious and active effort to work against the multiple dimensions of racism. It involves examining one's own biases and challenging both overt racism, which is experienced directly or can be observed, and other structural forms of racism, oppression, and exclusion, including systemic racism and white privilege. Adopting an anti-racist approach to ACON, we will examine our systems, policies and practices for these forms of racism. We will also advocate against racism in the health system and society more broadly.

Participation & Representation

We are committed to ensuring that our policies and practices enable access, representation, opportunities, and meaningful participation in ACON's programs, services, and workforce. Meaningful participation should be considered at all stages of service development and delivery, all the way through to accountability mechanisms.

Meaningful representation, engagement, and participation are key to ensuring that LGBTQ people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour see themselves in our programs and services, in our campaigns, in our workforce, and as the future leaders of our organisation and the LGBTQ community.

Accountability

We are committed to an organisational culture of accountability whereby we continually evaluate our performance, and are transparent with the results of such evaluations, so as to continually improve and innovate. This means maintaining an iterative process with our communities to feed back on the outcomes of our programs and working with these communities to achieve better outcomes in the future.

The Way We Will Work

To ensure that the way we work aligns with our five guiding principles, we have developed a three-step process of engagement when working with and for LGBTQ communities and people from culturally, linguistically and ethnically diverse, migrant and refugee backgrounds, and LGBTQ people and communities of colour, as well as multicultural and multifaith communities more broadly. These steps are informed by the concept of cultural safety in health service provision.

At the core of this process is learning to **reflect** upon and understand how our own culture and cultural systems (both personal and professional) inform our knowledge, attitudes, beliefs, and behaviours and, thus, how they inform how we design, develop, and evaluate the work we do at ACON. Through this process of reflection, we can examine our own cultural and unconscious bias and challenge the ways in which these might create barriers for people accessing our services. This is important as most organisations in Australia have developed polices, practices, and procedures which position 'whiteness' as a prevailing norm that is unexamined, and in turn, inadvertently creates barriers to accessing health services.

Reflect

Include

Empower

Lastly, we will strive wherever possible to **empower** LGBTQ people and communities from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people and communities of colour by continually investing resources in capacity building, supporting, championing, and protecting the diverse voices of our community members through advocacy, by ensuring visibility, and by creating opportunities and space for them to become future community leaders.

The most effective way to overcome our personal and professional unconscious bias is to **include** LGBTQ communities and people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour wherever possible in the decision making, development, implementation, and evaluation of our programs, services, and campaigns. Including a diversity of lived experience and knowledge into all aspects of our work will enable us to adopt intersectional frameworks and modes of thinking that remain responsive to the multiple, varied, and interdependent factors that shape our service users' particular experiences and health needs. Inclusion must be based on trust and transparency and be mutually beneficial.

Goals

Aligned with ACON's Strategic Plan 2019 – 2022, the goals of ACON's Multicultural Engagement Plan are:

1 **Goal 1:** Ending HIV transmissions for all by increasing access to and the inclusion of gay, bisexual and other men who have sex with men and LGBTQ people from culturally, linguistically, ethnically diverse, migrant and refugee backgrounds, and people of colour in our HIV testing, prevention and support programs.

2 **Goal 2:** Ensuring ACON's services are culturally appropriate and safe and guided by an anti-racist approach.

3 **Goal 3:** Empowering community groups led by and for LGBTQ people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour to flourish and thrive.

4 **Goal 4:** Improving language and research standards about LGBTQ people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour across the health sector, including in research.

5 **Goal 5:** Creating an inclusive and empowering workplace that attracts, develops and retains the best people from culturally, linguistically and ethnically diverse, migrant and refugee backgrounds, and people of colour.

Multicultural Engagement Plan Focus Areas

Our community and staff consultation have highlighted the need for tailored approaches that address the complex, intersecting needs of LGBTQ people from culturally, linguistically and ethnically diverse, migrant and refugee backgrounds, and LGBTQ people of colour, because no one solution fits all communities or individuals.

Focus Area 1:

Using inclusive, meaningful & appropriate language

Language is a powerful tool for building equity, inclusion, and empowerment. Using affirming language is particularly important for people whose identities and experiences have often been denied, ignored, or simplified.

We need to engage in the complexity of language – our community consultations show that the terms used to describe diverse cultural identity and heritage depend on the context in which they are being used and by whom.

They also highlight that terminology and concepts of gender and sexuality vary significantly across culturally, linguistically and ethnically diverse, migrant, and refugee communities and communities of colour.

Recommendations	Deliverables
1.1. **Increase knowledge of ACON staff around the appropriate and meaningful use of language**	**1.1.1.** Develop a language guide on when and how to talk about LGBTQ people from culturally, linguistically and ethnically diverse, migrant and refugee backgrounds, and LGBTQ people of colour, in partnership with key community groups and stakeholders.
1.2. **Advocate for the use of appropriate and meaningful language**	**1.2.1.** Produce a discussion paper in partnership with key stakeholders on how the way the HIV sector talks about cultural, linguistic, ethnic diversity and migration experiences needs to be standardised to support NSW Health's goal of virtually eliminating HIV transmissions

Focus Area 2:

Working in partnership & empowering community groups

ACON was founded by community, for community. With this approach in mind, we believe that LGBTQ people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour should be at the centre of the services and programs that seek to address their needs.

ACON is committed to supporting initiatives led by and for LGBTQ people from culturally, linguistically and ethnically diverse, migrant and refugee backgrounds, and LGBTQ people of colour.

We are committed to deepening our existing relationships and partnerships with diverse communities and organisations and to forming new ones. To do so, we will need to recognise our positions of power, reflect on our current community development practices, develop transparent and non-transactional ways of working that are mutually beneficial, and adopt culturally safe and anti-racist practices.

Recommendations	Deliverables
2.1. **Build the capacity of community leaders and groups**	**2.1.1.** Provide access to ACON's spaces, staff support, toolkits and resources
	2.1.2. Create opportunities to support training community leaders in relation to leadership, conflict resolution, public speaking, digital promotion strategies, grant writing, and good governance.
2.2. **Build networks amongst community groups**	**2.2.1** Develop a series of networking opportunities for different community groups to facilitate shared learning and build cross-cultural networks of support
2.3. **Review and expand ACON's Community Grants program**	**2.3.1.** Ensure adequate representation of LGBTQ people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour on the Community Grants selection panel
	2.3.2. Prioritise funding more groups led by and for LGBTQ people from culturally, linguistically and ethnically diverse, migrant and refugee backgrounds, and LGBTQ people of colour, especially groups that centre the needs of women (cis and trans) and gender diverse people.
2.4. **De-centre ACON in community partnerships**	**2.4.1** Tailor ACON's partnership agreements to the needs of the community groups to ensure they are mutually beneficial and not a one size fits all approach
2.5. **Build sector capacity to increase cultural safety**	**2.5.1** Pursue funding in partnership with key culturally, linguistically and ethnically diverse peak bodies, such as Multicultural NSW, to develop cultural safety training for the sector that focuses on LGBTQ people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour
2.6. **Diversify income sources**	**2.6.1.** Identify policy and strategy frameworks that mention LGBTQ people or people from culturally, linguistically and ethnically diverse, migrant and refugee backgrounds, and LGBTQ people of colour, and pursue opportunities for funding in partnership with key stakeholders, such as Multicultural NSW, to provide health services and programs for people in our communities that live at these intersections.

Focus Area 3:

Delivering programs & services with & for LGBTQ people from culturally, linguistically & ethnically diverse, migrant, & refugee backgrounds, & LGBTQ people of colour

To improve health outcomes for LGBTQ people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour, it is vital that these communities are included and represented throughout the process of designing, implementing and delivering campaigns, programs and services. Campaigns, programs and services need to be culturally safe and conveniently located, including the delivery of programs and services in Western Sydney.

Recommendations	Deliverables
3.1. Ensure LGBTQ people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour are meaningfully involved at ACON	**3.1.1.** Design a best-practice guide and checklist for ACON staff to use when co-designing or collaborating on programs, services and campaigns with LGBTQ people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour
3.2. Increase accessibility to culturally appropriate health and wellbeing services and resources for LGBTQ people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour and their families and communities.	**3.2.1.** Work with key community groups and stakeholders, such as Multicultural NSW, to pursue funding to develop and implement an online information hub (resource) on health, wellbeing, language and cultural inclusivity around being LGBTQ, specifically aimed at LGBTQ people, communities and their families from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people, communities and families of colour
3.3. Create opportunities for LGBTQ women (cis and trans) and gender diverse people from culturally, linguistically and ethnically diverse, migrant and refugee backgrounds, and LGBTQ women (cis and trans) and gender diverse people of colour to connect in safe and supportive ways	**3.3.1** Expand (in co-design) our existing offering of peer education autonomous workshops and strengthen the cultural safety of existing peer education workshops and programs.
	3.3.2 Co-design other events, programs and opportunities specifically with for these communities
3.3. Translate resources in an accessible and meaningful way	**3.3.1.** Develop a best-practice guide that divides methods for translating resources into three tiers (based on available resources) for staff to ensure that language, messages, and images used are linguistically correct, culturally appropriate and engaging.
3.4. Increase availability of culturally safe interpreter services	**3.4.1.** Develop a policy that defines the circumstances in which LGBTQ peers are preferred for translation and interpreting services and when the use of interpreter services may be necessary, as well as how to access these services.
3.5. Expand ACON's health, wellbeing and inclusive practice services, programs and campaigns to Western Sydney with a specific focus on LGBTQ people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour	**3.5.1** Ensure Western Sydney services and programs have a strong understanding of the needs of our communities in Western Sydney, as well as strong relationships and ties to the community, via lived experience or other relevant experience
	3.5.2 Target Western Sydney for delivery of inclusive practice models, including Pride Training, Pride in Diversity, Pride in Health and Wellbeing, and Pride in Sport
	3.5.3 Expand where possible the delivery of ACON services to Western Sydney, through existing partnership and outreach models, for example client services, peer education, and community engagement events and activities

Focus Area 4:

Measuring outcomes for LGBTQ people from culturally, linguistically & ethnically diverse, migrant, & refugee backgrounds, & LGBTQ people of colour

Ensuring LGBTQ people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds and LGBTQ people of colour are included in data collection, research, and evaluations is key to understanding health needs, identifying gaps in service provision, and designing effective programs.

In line with our history of constantly improving and advocating for inclusive data collection, ACON will ensure we address limitations in our own data collection processes and ensure minimum data collection standards across our services.

Recommendations	Deliverables
4.1. **Engage with researchers, service providers and communities to define minimum data collection standards**	**4.1.1.** Define minimum data collection standards for ACON in relation to: • Cultural diversity, which may include ancestry and self-identified indicators. • Linguistic diversity, which may include languages spoken fluently. • Migration, which may include country of birth, visa status and Medicare eligibility. • Ethnicity, which may include a self-identified indicator.
4.2. **Meaningfully involve LGBTQ people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour in research**	**4.2.1.** Ensure representation of LGBTQ people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour in the Research Ethics Review Committee
	4.2.2. Update the Research Policy to improve linguistic, cultural and ethnic data collection and community involvement in ACON-led and ACON-supported research
4.3 **Develop a better understanding of community health needs and community strengths**	**4.3.1** Pursue funding with key stakeholders, such as Multicultural NSW, and academic partners to conduct a health needs assessment of LGBTQ people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour

Focus Area 5:

Building an inclusive workplace

Ensuring that ACON attracts, develops and retains the best employees and volunteers from culturally, linguistically and ethnically diverse, migrant and refugee backgrounds, and people of colour, especially those who are LGBTQ, is crucial to delivering health programs, services and campaigns.

Creating an inclusive and empowering workplace requires examining organisational practices, policies and procedures with an anti-racist perspective, and ensure they are consistent with the evidence highlighted in the Pride in Diversity/Diversity Council Australia report[50] on the experiences of LGBTQ talent from culturally, linguistically and ethnically diverse, migrant and refugee backgrounds and people of colour.

Recommendations	Deliverables
5.1. **Increase representation of LGBTQ people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour across all levels of the organisation**	**5.1.1** The board has developed and will continue to implement a strategy around increasing the representation of LGBTQ People from culturally, linguistically, and ethnically diverse, migrant and refugee backgrounds and LGBTQ people of colour.
	5.1.2. Review recruitment processes and policies to overcome barriers to LGBTQ people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour applying and interviewing for job vacancies
	5.1.3. Develop strategies to overcome unconscious bias on recruitment panels
	5.1.4. Provide learning and development opportunities for existing staff from linguistically diverse backgrounds to enhance their verbal and written skills to perform vital business functions
	5.1.5 Develop strategies to specifically engage women (cis and trans) and gender diverse people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and women (cis and trans) and gender diverse people of colour in employment opportunities.
5.2 **Implement innovative ways to involve LGBTQ people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour through volunteerism and internships.**	**5.2.1.** Review models of community engagement piloted at ACON to assess if it is a viable mode of engagement with LGBTQ people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour in the organisation more broadly
	5.2.2. Work with universities and student groups to establish partnerships and policies that mean curriculum-based internships can be completed in a meaningful way at ACON.
	5.2.3. Conduct a scoping review into the possibility of paid internships at ACON as a potential opportunity to upskill members of the community and provide them with a pathway to employment
	5.2.4 Develop strategies to specifically engage women (cis and trans) and gender diverse people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and women (cis and trans) and gender diverse people of colour in volunteering and internships.

5.3 **Actively implement effective anti-racism initiatives**	**5.3.1.** Review ACON's policies and procedures to address racism in the workplace and conflict and grievance mechanisms, and investigate the possibility of an anti-racism in the workplace policy
	5.3.2. Establish a people of colour network to provide space for people of colour to empower and support each other
5.4. **Implement initiatives to increase cultural safety**	**5.4.1.** Celebrate and promote days of cultural significance internally and across ACON's social media platforms
	5.4.2. Seek out learning and development providers who can deliver unconscious bias and cultural safety training for relevant staff
	5.4.3. Invest in working with interpreters training for key staff members
	5.4.4. Explore options to provide culturally safe facilities at ACON offices, for people to use for cultural and/or religious practices
	5.4.5 Work with staff to implement relevant flexible working arrangements to accommodate cultural and/or religious practices
5.5. **Recognition and remuneration of lived expertise**	**5.5.1** Recognition of the value of lived expertise as a form of expertise by appropriately remunerating staff with a strong understanding of ACON's communities, particularly LGBTQ people from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds, and LGBTQ people of colour

Key Terms

We know that the way our communities define and describe themselves is ever evolving. We recognise that there is no single term that is used by culturally, linguistically and ethnically diverse people. With this in mind, and we will strive to ensure that all people we work with feel safe and welcomed by the services we offer and the language we use.[39]

Cisgender: A term used to describe people whose gender is the same as what was presumed for them at birth (male or female). 'Cis' is a Latin term meaning 'on the same side as.'

Culturally, Linguistically and Ethnically Diverse: The acronym culturally and linguistically diverse (CALD), is primarily used by Government agencies. The ***NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023***, defines CALD as "the non-Indigenous cultural and linguistic groups represented in the Australian population who identify as having cultural or linguistic connections with their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home."[40]

ACON opted to use of the expression **"culturally, linguistically and ethnically diverse" as it more accurately captures the lived experience of people in our communities.**

According to FECCA, the peak body representing Australians from culturally and linguistically diverse backgrounds, some commentators view the acronym 'CALD' as increasingly problematic and note that is does not include consideration of race/ethnicity which are regarded as impacting significantly on health and other inequalities. It has also been suggested that the term is not readily understood or actively used by the communities which are defined by it.

Cultural Safety: Cultural safety is about acknowledging the barriers to clinical effectiveness arising from the inherent power imbalance between provider and patient. This concept rejects the notion that health providers should focus on learning cultural customs of different ethnic groups. Instead, cultural safety seeks to achieve better care through being aware of difference, decolonising, considering power relationships, implementing reflective practice, and by allowing the patient to determine whether a clinical encounter is safe.[41]

GBMSM: Gay, bisexual and other men who have sex with men. This terminology is often used in HIV statistics and services.

Intersectionality: Intersectionality emerged from black feminist, Indigenous feminist, queer, and postcolonial theories.[42] It was first coined by American sociologist Kimberlé Crenshaw in 1989.[43] Intersectionality is an approach that recognises that health is shaped by multi-dimensional and overlapping factors such as class, sexual orientation, race, immigration status, ethnicity, age, ability.[44]

LGBTQ: For this report we use the acronym LGBTQ (lesbian, gay, bisexual, transgender/ gender diverse, and queer). Where we use different acronyms in this report, including LGBT, LGBTI, and LGBTIQ+, we are quoting from other sources and using the acronyms the authors used.

Migrant: a person who moves away from their place of usual residence, usually across an international border, temporarily or permanently, and for a variety of reasons. More information can be found on the IOM, the UN Migration Agency, website.

Multicultural: understanding and embracing the myriad of different customs, beliefs and cultures that we are immersed in locally, nationally and internationally, with a goal of achieving greater equity and social cohesion.

People of Colour (POC) & Black, Indigenous, People of Colour (BIPOC): This term originated in the USA and its use has become more common in Australia.[45] The term usually describes someone of African, Latinx, South American, Arab (Middle Eastern), Asian, Indigenous, Pacific Islander, Aboriginal, Torres Strait Islander, Caribbean or from a multiracial background.

The term BIPOC centres the experiences of Black and Indigenous peoples within the POC population. It recognises that although people of colour face varying types of discrimination and prejudice, the lives of Black and Indigenous peoples continue to be deeply affected by systemic racism in ways that other people of colour may not necessarily have experienced and that these communities still bear the lasting effects of colonisation, slavery, and genocide today.

Refugee: people who have fled war, violence, conflict or persecution and have crossed an international border to find safety in another country (Australia). Refugees are defined and protected in international law. Their rights are defined in the 1951 Refugee Convention. More information can be found on the UNHCR, the UN Refugee Agency, website.

Trans and Gender Diverse: These are inclusive umbrella terms that describe people whose gender is different to what was presumed for them at birth. Trans people may position 'being trans' as a history or experience rather than an identity and consider their gender identity as simply being female, male, or a non-binary identity. Some trans people connect strongly with their trans experience, whereas others do not. Processes of gender affirmation may or may not be part of a trans or gender diverse person's life. For more, information use TransHub's trans-affirming language guide.

Whiteness: Whiteness is an historically variable and vague concept of race that emerged through Europe's contact with non-European countries. Historically, this concept has marked out European countries' national and cultural dominance by naturalising it through the colour of someone's skin. Whiteness operates through the production of images, discourse, and representations that 'construct' the idea of race as an ideal. By asserting this ideal as the standard by which other, non-white people ought to be judged, whiteness has historically been used as a tool for justifying violence against non-white bodies and for hierarchically placing non-white people below white people.[46]

White Privilege: A phrase coined by Peggy McIntosh in her 1988 paper called *White Privilege and Male Privilege: A Personal Account of Coming to See Correspondences Through Work in Women's Studies* as follows: "I have come to see white privilege as an invisible package of unearned assets that I can count on cashing in each day, but about which I was 'meant' to remain oblivious. White privilege is like an invisible weightless knapsack of special provisions, assurances, tools, maps, guides, codebooks, passports, visas, clothes, compass, emergency gear, and blank checks."

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