

Calvary Statement of Diversity and Inclusion

1 Applies to

This Statement applies to:

- All Calvary services and all Calvary Employees.

2 Acknowledgment

Calvary acknowledges the Traditional Custodians and Owners of the lands on which all our services operate, commits to Closing the Gap and to the ongoing journey of Reconciliation.

3 Diversity and Inclusion

At Calvary, “Everyone is welcome. You matter. We care about you.”

The Spirit of Calvary underpins our commitment, as an inclusive organisation to

- value the integral dignity of each person, regardless of religion, race, gender, cultural background, political opinion, economic condition, social condition or social group;
- be attentive to each one’s physical, emotional and spiritual needs;
- respect choice;
- care for each and every person who seeks Calvary’s services; and
- care for the whole person.

Calvary commits to provide respectful, culturally safe services to the people we serve, welcoming environments and a genuinely inclusive workforce where people are supported to draw strengths from their identity, culture and community.

Accordingly, Calvary

1. **Supports** access to healthcare as a basic human right.
2. **Affirms**
 - a. that health is a state of complete physical, mental, social and spiritual wellbeing and not merely the absence of disease or disability; and
 - b. that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction.
3. **Recognises** the impact of social determinants on health outcomes, noting that up to 50% of people’s health can be attributed to their social, economic, and physical environment.
4. **Will** consult and include First Peoples of Australia and peoples of culturally diverse and linguistic backgrounds in creating culturally safe workplace settings and environments reflective of the inherent dignity and value of each and every human being.

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5. **Commits** to implementing measures to promote cultural safety and create a genuinely inclusive workforce; investing in our First Peoples and peoples of culturally diverse and linguistic backgrounds; and developing *specific* measures of accountability.
6. **Acknowledges** the effects of structural racism and intergenerational trauma, in particular on our First Peoples, which manifests in demonstratively negative health outcomes and disproportionate incarceration rates.
7. **Opposes** all forms of discrimination and will not tolerate any policy or behaviour that excludes and marginalises people, especially for disability, race ethnicity, identity or experience (LGBTIQ+).
8. **Values** collecting better data to understand disparities and provide the evidence to address implicit and explicit biases of health care workers and in the health system.
9. **Advocates** for the long-term health and well-being of all members of the communities in which Calvary serves, ensuring this is done in an inclusive and sustainable manner.
10. **Accompanies** and stands with the vulnerable, in fidelity to our heritage and charism (founding spirit).

4 Related Calvary Documents

- [Workplace Diversity Policy](#)
- [Code of Conduct](#)
- [Diversity and Inclusion Strategy](#)

5 Definitions

- **Calvary** refers to the Little Company of Mary Health Care and all of its employing entities.
- **Data** refers to data on gender, race, ethnicity, age, identity, experience, etc.
- **Discrimination** refers to Australian anti-discrimination legislation which requires that we do not discriminate. While Covid-19 provides the most recent evidence, race-based health care disparities are not new. Data shows that Black women in Canada are [43% more likely](#) to die of breast cancer than white women. In the United States, Black men are [19% more likely](#) to die of cancer than white men. Pre-existing diabetes is [3.6 times](#) more prevalent in Indigenous compared with non-Indigenous pregnant women in Australia. In New Zealand, life expectancy at birth is [seven years lower](#) for Māori people than non-Māori people. See <https://www.advisory.com/research/global-forum-for-health-care-innovators/the-forum/2020/06/racism-public-health-crisis>
- **Disproportionate incarceration rates** refers to key ABS statistics of persons in custody, March quarter 2020. The average daily imprisonment rate was 223 persons per 100,000 adult population, increasing from 218 persons in the December quarter 2019. The national average daily Aboriginal and Torres Strait Islander imprisonment rate was 2,589 persons per 100,000 adult Aboriginal and Torres Strait Islander population. <https://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4512.0Main%20Features1March%20Quarter%202020?opendocument&tabname=Summary&prodno=4512.0&issue=March%20Quarter%202020&num=&view=> accessed 8 July 2020.
- **Employees** for the purposes of this statement refers to:
 - Every Calvary employee;
 - Contractors/sub-contractors and any of their employees whilst engaged on work for Calvary;
 - Visiting Medical Officers;
 - Volunteers and unpaid employees;
 - Students on placement

- Researchers
- Partners and visitors (e.g. Medirest, Local Health District employees)
- Consultants or consultants' employees whilst on Calvary work; and
- Agents who are acting on behalf of Calvary.
- **First Peoples** is a term broadly used to describe the indigenous people of nations across the globe. In this context, the First Peoples of Australia refers to the Aboriginal and Torres Strait Islander peoples. Language, place and community of origin are significant differentiators between Aboriginal and Torres Strait Islander peoples, with each group identifying as a sovereign nation with their own language, cultural norms and protocols.
- **LGBTIQA+** A person may also identify as lesbian, gay, bisexual, transgender, gender diverse, intersex, queer, asexual and questioning (LGBTIQA+). While there is no single LGBTIQA+ community, there is a plurality of identities and experiences. See <https://aifs.gov.au/cfca/publications/lgbtiq-communities>
- **Social determinants on health outcomes** refers to Economic stability, education, community and social context, neighbourhood and physical environment, food, health care system. See Advisory Board, The [Field Guide](#) for Defining Providers' Role in Addressing Social Determinants of Health.
- **Specific measures of accountability** may include the following:
 - a. equitable access to career development opportunities,
 - b. (affirmative action to) increase the numbers of First Peoples and peoples of culturally diverse and linguistic backgrounds in positions of leadership,
 - c. ensure that selection criteria and recruitment policies are fair, transparent and adhered to,
 - d. develop a diversity dashboard to demonstrate metrics,
 - e. a cultural competency education programme for all Calvary staff, focused on cultural awareness, unconscious bias and health literacy, including
 - i. strategies which allow access to flexible learning models,
 - ii. development of diversity and inclusiveness competencies within Calvary leadership programs,
 - iii. a plan for ongoing systematic evaluation of cultural competency and ensuring that results are acted upon, and
 - f. develop specific strategies which target the barriers faced by health care workers in relation to inclusivity, gender equity and parity.

6 References

- As noted in the definitions section.