Transforming an organisation, empowering the community and winning policy change

The Cancer Council NSW Story
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The Cancer Council Story

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1. Introduction

This document outlines Cancer Council NSW's approach to systems advocacy. In this context, advocacy refers to efforts to amend policies, laws and rules to create change across the system. Examples include changing smoking legislation, increasing financial assistance for country patients travelling for specialist treatment, influencing decisions to improve access to healthcare in rural areas.

Transforming an organisation, empowering the community and winning policy change – the Cancer Council NSW Story provides an overview of how our approach developed and what we learnt in the process.

The document reflects the evolution of Cancer Council's advocacy approach from relying entirely on evidence as a means of persuasion, to including a strong focus and investment in community organising.

The Cancer Council approach to influencing policy, includes:

- **Advocacy via expertise and evidence (policy focus)**. Focus on collecting evidence, preparing policy positions, convening health experts to advise on key issues, and speaking to the media.
- **Engaging the community in Cancer Council advocacy efforts (mobilising)**. Focus on maximising the number of people involved in taking action and showing the government the ‘faces and names’ of people who care enough about the issue to take action.
- **Building people power and community capacity (community organising)**. Focus on increasing the skills and involvement of our supporters and volunteers, helping to create connections between our activists and empowering them to take leadership for local groups and initiatives.

Each approach builds on the strengths of the previous approach. The foundation of our advocacy is evidence-based but with an emphasis on active community engagement. Our approaches are complementary rather than substitional or competing. An organisation that uses expertise and evidence to underpin its advocacy goals, and can mobilise and organise community members around these, has a much stronger chance of achieving social change.

This document is a guide for organisations considering adopting grassroots organising as part of their advocacy strategy. The primary audiences for this document are Cancer Council NSW staff and Board members. The potential secondary audiences include other Cancer Councils and non-government organisations (NGOs) interested in the Cancer Council NSW (CCNSW) experience. To reach a broader readership, this document could serve as the foundation for a series of short articles.
2. Why share the Cancer Council NSW story?

Between 2002 and 2015, our advocacy approach evolved from expertise-based advocacy to include people power. CCNSW is the only Cancer Council to use community engagement as part of its policy advocacy.

The reasons for sharing our story include:

- To provide a guide for other health organisations who want to engage supporters in their advocacy.
- To fill a knowledge gap that would have helped us when we started refining our approach to policy advocacy.
- To share our reflections on our key strategic decisions, enabling factors and the evolution of our approach.
- To capture the evolution for our organisational history, to help future staff and Board members understand why and how we developed our approach to grassroots campaigning.
- To answer the questions often asked by other organisations about how we made the change. Although there is no ‘one size fits all’ approach to campaigning, we hope our insights and reflections will spark ideas for other NGOs working on issues where changes to public policy hold the key to making a difference, and face similar challenges and constraints when it comes to influencing public policy.

3. Why people power?

While NGOs often use different approaches to solve the problems at the core of their mission, they face similar challenges.

- All non-government organisations tackle issues resulting from broad systemic challenges/problems. Examples include cancer or other health issues, poverty, homelessness, unemployment, climate change, racial justice. While many NGOs provide programs and services to meet the immediate needs of those facing these challenges, policy intervention is needed for wide-reaching change.
- While systemic problems often have evidence-based public policy solutions, these are rarely enough to persuade politicians to act. Often the reason government refuses to accept the recommendation of an NGO, is because of the politics of the issue, not the lack of evidence.
- Industries with powerful interests in maintaining the status quo sometimes cause social problems. Examples include the tobacco industry and the health problems caused by smoking, the solarium providers and skin cancer, the junk food industry and advertisers and obesity. In these cases, NGOs have faced strong opposition from well-resourced and politically powerful opponents to recommended social or policy reforms.
- Even where there are no conflicting interests, governments and corporations may be uninterested in addressing issues due to competing priorities or inertia.
- NGOs often operate with tight financial budgets, which means staff tend to be centralised in capital cities or regional centres with little physical presence outside of these areas.
The policy advocacy strategies used by many NGOs (policy papers, participating in government committees, responding to Parliamentary inquiries, briefing Ministers, pre-election policy agendas, roundtables) are important mechanisms for bringing attention to issues and increasing knowledge of decision-makers. However, these strategies don’t address the power or the political dynamics required to secure meaningful policy change.

3.1 People are our biggest resource

With limited funding and often a limited capacity to generate additional revenue for more paid staff, NGOs need to strengthen their relationships with their community of supporters – volunteers, donors and others who care about their cause.

Engaging their community of supporters in their advocacy efforts is one obvious way for NGOs to build public pressure for needed policy change – advocating for systemic change by the people, for the people, who are most passionate about the cause.

3.2 Why build and support an active constituency?

Building an active community constituency helps to:

- Bring together citizens and decision-makers
- Extend the number of people connected to your organisation
- Broaden the political profile and footprint of the organisation
- Create visible public support for your cause
- Change the political considerations around your issues and your organisation.
There are also benefits in engaging organisational supporters (such as volunteers and donors) in advocacy and campaigning. These include strengthening their connection to your organisation; providing ways for them to contribute other than through donations; and extending the reach and impact of an organisation by harnessing the social connections and dispersed geography of supporters. It can also help bring new voices to your issue – people interested in changing the system.

Importantly, building an active constituency helps harness the different dimensions of power. Securing policy change is one dimension of power, but an active constituency can help change the more entrenched power structures of society, laying the groundwork for continued influence and ability to make change. True change comes by changing what is on the agenda and who has influence.

4. The Cancer Council NSW experience

This document outlines the evolution of Cancer Council’s approach to policy advocacy over a 10–15 year period. While there was no master plan for our transformation, we were guided by some core principles and intentions and willingness to learn and experiment.

It is possible to identify some key turning points, where we responded to specific by trying approaches that were new to us.

4.1 Advocacy via expertise and evidence (policy focus)\(^1\)

Our assumptions

Before 2002, Cancer Council NSW’s approach to policy advocacy relied on evidence and experts to influence politicians to take action to change the health system. This was similar to other NGOs, particularly those in the health sector.

This approach assumed that lack of information was the main barrier to better policy and programs.

Our approach

We focussed on collecting evidence, preparing policy positions and convening health experts to advise on key issues. This approach meant we worked with health experts (i.e. clinicians, researchers and staff with health qualifications) to amplify their voices on issues. They spoke to the media, to Ministers and to government representatives.

We also participated in government-initiated mechanisms such as working groups; established our own advisory groups; and wrote policy papers, position statements and submissions.

\(^1\) Late 1990s – to 2002–03
Our work during this stage

- Convening a two day summit on access to radiotherapy to bring together the different disciplines and researchers involved in radiotherapy. The aim was to produce an authoritative report on the key issues in the system and make recommendations for change.  
- Commissioning a book outlining the legal issues surrounding exposure to second-hand smoke to help raise awareness for legislating for smoke-free public places.
- Developing a policy agenda *Investing in Life: An Agenda for cancer control* outlining policy recommendations in the context of a NSW election. This was publicly launched at NSW Parliament, and provided the basis of representations by the (then) CEO to relevant policymakers.
- Hosting two visiting Californian tobacco control experts for a week of tobacco action. They shared their expertise through talks, forums and media events to draw public attention to the need to address second-hand smoke, particularly in pubs and clubs.

We also supported the launch of two external bodies to provide different approaches to advocacy:

- Cancer Voices NSW was established as a consumer representative group to provide a formal channel for the voice of people directly affected by cancer. Cancer Voices NSW adopted the ‘inside track’ option for influence, seeking representation on all key working parties, advisory committees and other mechanisms established by government and its departments.
- ASH (Action on Smoking and Health) was funded to focus on advocacy around tobacco control issues, in recognition of the need to have a dedicated and active voice on tobacco control. ASH’s primary approach involved media advocacy and participation in government processes for policy change.

Enabling factors

- Board endorsement that advocacy should be a key function of the organisation and a core part of our mission to defeat cancer.
- Staff positions supporting expert committees to develop technical advice and reach collective ‘sign-off’ on position statements and policy recommendations.
- CEO and senior staff with expertise in health evidence and cancer issues.

Benefits and limitations of this approach

- Highly-controlled communications from the organisation, often focussed on the voice of experts (rather than of the community in general).
- Clear link to evidence and supported by expert opinion.
- Strong collaboration with health experts, providing easy access to technical advice. For those clinicians and health professionals employed within the government health system, collaborating with Cancer Council provided an avenue for them to share their insights and observations about needed policy changes, without jeopardising their employment.
- Under the model of evidence-based advocacy, paid staff handled all political relations and the CEO led most representations with senior policymakers (Ministers, Shadow Ministers). This centralised staff control of government engagement, made co-ordination easy, but limited our reach to key Ministers due to staffing constraints.

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• Participation in government-initiated working groups, provided a ‘seat at the table’, but sometimes at the cost of ceding control over process and being captive to outcomes.
• Consumer involvement was limited to those who had central roles in peak bodies, with few opportunities for larger scale involvement of people with lived experience.

4.2 Engaging the community in Cancer Council advocacy efforts (mobilising)

Turning points
The three key turning points for our shift towards engaging the community in our advocacy efforts, included:

1. The failure of evidence alone in achieving change – The NSW Government passed the Smoke-Free Environment Act 2000 based on evidence of the health dangers of breathing second-hand smoke, and long term policy advocacy from health groups. While the legislation required all indoor public places to be smoke-free, it exempted pubs and clubs. The exemption had no basis in health evidence, but reflected the interests and political influence of the pub and club industry. This exemption confirmed that evidence is only one, sometimes minor, factor when governments decide on public policy. Evidence is a necessary, but not sufficient condition for policy change. This is particularly true when the interests of industry are in conflict with the evidence. The exemption of pubs and clubs motivated us to find new ways to influence public policy.

2. Establishing an advocacy training program for community members – To increase the number of people affected by cancer who could become active voices for a better health system, Cancer Voices NSW suggested Cancer Council develop a two-day Consumer Advocacy Training (CAT) program based on the Working the System workshop offered by the Public Interest Advocacy Centre.\(^5\) The two-day program covered how laws are made, using the media, campaign planning, and understanding the cancer policy context and key players. After a successful trial, the workshop became a core part of Cancer Council’s advocacy, being offered 3–4 times per year since 2003. The workshop was open to anyone affected by cancer (survivor or carer) or who was interested in cancer or health system issues. By engaging and supporting highly motivated people to participate in the training, Cancer Council established the core of what would later become the CanAct Community – our network of grassroots advocates.

3. Reviewing our strategic directions – In 2002-03, a review of our organisational strengths and the work of other cancer organisations, plus the establishment of a new statutory authority for cancer (Cancer Institute NSW), made it clear we had an opportunity to expand the way we supported people in the community. We focussed on community engagement as our way of making a distinctive impact on cancer.

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\(^5\) [http://www.piac.asn.au/](http://www.piac.asn.au/)
**Our approach**

During this stage, our approach is best described as mobilising. We concentrated on maximising the number of people involved, but did not develop their capacity to take action.\(^6\) Our aim was to influence public policy by demonstrating to government that people cared enough to take action. We shifted from the figures and statistics of a ‘evidence as advocacy’ approach to showing the ‘faces and names’ of individuals that cared about issues.

Under this approach, all campaigns and decisions were directed and controlled by CCNSW, but with elements of grassroots engagement.

Our focus was on engaging people already committed to defeating cancer and inviting them to take a simple standard action as determined by CCNSW staff, which fit with their existing level of interest. It helped grow support for our campaigns from people already committed to the cause of defeating cancer, helped show existing supporters that addressing systemic issues was key to defeating cancer, and provided a way for people to contribute other than by donating.

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\(^6\) For more, see *How Organizations Develop Activists: Civic associations & leadership in the 21st century*, Hahrie Han, 2014
Our work during this stage

- **The Community Advocacy Training program (formally Consumer Advocacy Training program)** – Through the program participants learnt advocacy skills, but received no ongoing support or connection to other participants after the two day program. We made several assumptions – people would feel more confident about speaking out and use their new skills and knowledge in whatever way they wanted and that participants would have the opportunity to become active Cancer Voices NSW, predominantly as consumer representatives on advisory committees in the health system. In the early days, participants were primarily recruited though cancer support groups, current CCNSW volunteers, and existing members of Cancer Voices NSW, and most were highly motivated, given the level of commitment needed to participate in a two day training program.

- **Go Smoke-Free campaign** – Energised by survey results showing that over 80% of the community wanted pubs and clubs to be smoke-free, we created a campaign to show politicians that people cared about the issue. We mobilised over 10,000 people to cut out and return coupons from their Sunday paper in support of smoke-free pubs and clubs. This action was supplemented by a postcard campaign which was aimed at mobilising Cancer Council volunteers and supporters (including Relay for Life participants). The coupons and postcards were addressed to local MPs – Cancer Council batched all returned materials by electorate and forwarded to local MPs. This was an experiment for us based on the data. It involved some risks, including the cost of the advertisement and cut-out and the potential of a poor response. Fortunately, a huge number of coupons were returned and this attracted strong media interest. This was the beginning of a people-powered movement.

- **Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS)** – a campaign aimed at securing improvements to IPTAAS mobilised supporters to sign postcards, which were sent to policymakers to demonstrate public support for the recommended changes. The Less Distance for Assistance Alliance, established specifically for this campaign, provided a unified voice and access to diverse member networks for the purpose of mobilisation.

- **Fat Free TV** – Similar mobilisation tactics to those described above were used in a campaign about restricting junk food advertising during children’s television viewing hours.

Experimentation with mass mobilisation predated the explosion of online campaigning platforms and organisations. Our mobilisation tactics included postcard actions, simple emails to MPs, standard submission forms, or petitions, generally distributed through broadcast emails to specifically segmented lists (e.g. Tobacco Action Group, Parents Jury) or by engaging with people participating at other Cancer Council events, such as Relay for Life. Our reach was primarily limited to people already connected with Cancer Council NSW and often required face-to-face contact with people to invite them to take action.

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7 By way of reference, GetUp Australia was launched in August 2005
8 The Tobacco Action Group was an email list of people specifically interested in tobacco control issues. Parents Jury is an online network of parents interested in improving the food and activity environments for children. It was established in 2004 and is now known as Parents’ Voice http://parentsvoice.org.au/
9 Relay for Life is a community event that involves teams of people camping out overnight while to “celebrate, remember, and fight back” while also raising funds for Cancer Council
Enabling factors and insights

- Recognising that people who have been directly affected by cancer or who care about a cancer-free future are motivated to act for change, and that we already had a relationship with thousands of such people.
- Realising that there was broad community support for most of our issues, and people could demonstrate their support to decision-makers through simple actions.
- Creating the opportunity for supporters of the organisation to have an impact beyond traditional forms of volunteering. This stage of our advocacy development coincided with the development of new strategic directions for the organisation, including a new approach to engaging volunteers. This organisational focus included maximising opportunities for meaningful and mission-related volunteer engagement.
- Capturing the details of anyone who participated in the Community Advocacy Training (CAT) workshops and, where possible, mass mobilisation tactics, meant we were able to start building the foundation for a statewide network of activists. This later became known as the CanAct Community.
- A CEO open to innovation and an organisational culture that encouraged calculated risks.
- Internal accountability structures that allowed for discretionary budget decisions.

Benefits and limitations of this approach

The benefits of this approach include:

- Showing decision-makers that people care about an issue.
- An easy way to tap into latent support for an issue, and convert people to active support. All our campaigns focussed on issues with existing broad community support for the change we were recommending. Providing simple mechanisms enabled ordinary people to act on their values and show decision-makers that when people care enough about the issue, they will take action (moving from numbers, to names).
- Enabling our organisation and campaigns to widen our focus to include local MPs and showed them that people in their electorates cared about the issues and were seeking their support.
- Offering new ways to engage our supporters in our work. Those individuals already volunteering, donating or participating in events, were generally delighted to be invited to take simple actions on issues they care about.
- Building links between different parts of the organisation (e.g. policy and advocacy and fundraising) and working together on goals such as securing legislation for smoke-free environments.
- Increasing the profile of CCNSW as a voice for improved government action on cancer, and as an organisation that enabled community members to express their views on policy issues. Expanding our advocacy footprint beyond the Sydney main office to regional NSW.

However, this approach had limitations, including:

- Highly centralised – The organisation makes all the decisions, including designing the message and the actions and then issuing an invitation to participate. There is limited scope for creativity or local tailoring of the campaign, or for building the capacity of the community in campaigning.
• Engages the already interested – It focuses on people who have expressed interest and are motivated to take action. It doesn’t encourage people to develop an interest in the issue or to increase their level of commitment to the cause.
• Conveys to decision-makers the breadth of feeling about an issue, but not the depth of feeling. The more standardised the action, the easier it is to take, which can be interpreted as being proportional to the depth of interest. Mass actions, particularly online, are now much more common than a decade ago. These need to be part of an overall campaign strategy to ensure effectiveness.
• Engages the highly motivated – The two day CAT workshop provides an important skill development opportunity but only those who are highly motivated, and able to give up two days for a training workshop, are able to participate.

4.3 Building people power and community capacity (community organising) – post 2006

We built people power and community capacity in two phases:

1. Established local Cancer Advocacy Networks\(^{10}\) to provide local level organising for local campaigns, while statewide campaigns focussed on grassroots mobilisation.
2. Expanded the principles and practices of community organising to our statewide work. By then, we had developed enough local capacity, and had enough experience and knowledge, to apply our people power to statewide campaigns.

Participants at Community Advocacy Training

\(^{10}\) Originally referred to as Regional Advocacy Networks
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Turning points and insights

Although we received positive feedback from the community for our mobilisation efforts, and won some key campaigns, several insights helped us realise that we could make a bigger impact on policy by adopting community capacity building practices. These included:

- One of our most engaged volunteers with roles across fundraising, practical support and local engagement, said that people who volunteer for the organisation are passionate about making a difference and want to know that their skills and energy will be put to good use. He stressed that if volunteers don’t feel that they have enough to do with us, they will look for other places to be involved, “We want to do more and to have more responsibility. Ask us to do more.”
- Survey results showed that while CAT workshop participants enjoyed the training and left inspired, they were not using their skills. They said they needed ways to remain connected to CCNSW and to others, and to put their skills into action.
- Seeing that people tended to be more energised by local issues and connections, and so needed a way to connect and act locally, we established local groups. Because local groups and community members can have more impact on persuading local MPs about issue that matter to people in their electorate, this infrastructure helped us become more effective in policy influence as well as meeting the needs of our community members.
- Developing a network of people with the confidence and skills to campaign and speak out on cancer issues helped protect our cause against any future constraints on the organisation in speaking out.
- Recognising that local groups and a network of citizens are closer ‘to the ground’ and better placed to identify local issues needing attention and can respond flexibly and more appropriately than a larger organisation.
- Recognising that MPs place a greater value on relationships with people from within their electorates, and that people want stronger relationships with local MPs.
- Results from qualitative research we commissioned identified effective ways to engage activists, and these influenced our practice and approach. The report’s conclusions included the importance of bringing people together and the social nature of activism and the importance of ‘learning by doing’. Recommendations included establishing decentralised and ‘scaled-down’ structures for participation.

Our approach

These insights challenged some of our long-held assumptions about volunteering and community engagement, and prompted us to explore different ways to build community capacity for policy influence. We increased the skills and involvement of our supporters and volunteers, helped create connections between our activists, and empowered them to take leadership for their own local groups and initiatives. These approaches are all hallmarks of community organising, although we did not explicitly refer to our practices as ‘community organising’ at the time.

11 Partridge, Emma, (2007), Strategies to engage people in activism and advocacy: research report, prepared for the Cancer Council (NSW), by the Institute for Sustainable Futures, University of Technology, Sydney.
Over 6–7 years, we introduced several new approaches, each one building on the previous efforts. The shift to embracing community organising was not explicitly planned, although our direction was intentional. In 2007, CCNSW had formally adopted the community engagement spectrum as a planning method, and we recognised that policy advocacy would be more effective if we incorporated high levels of community engagement (empower).

The key elements of our approach to building community capacity for influencing policy on cancer issues included:

- Setting up local networks of community members to take collective action on issues in their area and to support CCNSW campaigns – Cancer Advocacy Networks (CAN). These local networks addressed the need for local connections, responding to local issues, offering more opportunities for action for volunteers, and organic growth. The networks were established with an expectation of collaboration and reciprocity. CCNSW provided logistic and strategic support for the networks, and ensured that campaigns focussed on evidence-based issues.
- Providing training workshops in local areas, to build numbers and connections for CANs in specific areas. We also developed partnerships with other organisations to deliver advocacy training tailored for teens, young adults and Aboriginal people.
- Starting to host events that would bring together our community members together from across the state – CAN facilitator gatherings, and some NSW wide gatherings (conferences, summits).
- Providing simple online and offline grassroots actions in all campaigns.
- Consolidating the separate email databases for different interests (e.g. Tobacco Action Group (TAG), CAT participants) into a centralised email database and sending regular emails with calls to action for everyone on the list.
- Developing leadership roles for highly committed volunteers. For examples, volunteer role of MP Liaison, a specially chosen local person to be the ‘face’ of the Cancer Council with their local Member of Parliament; local campaign leaders for specific campaigns; or taking responsibility for re-engaging people in our local advocacy work through our Connect and Activate initiative.
- Leadership development for community members, to build their skills and confidence to organise other people and to see themselves as leaders not just doers, and as a way to share knowledge between staff and volunteers. In 2013, we held a two day workshop called Camp CanAct to bring together community members who had been active advocates with CCNSW. The workshop was based on a Harvard training program, Leadership, Organising and Action: Leading Change, completed by the then Manager.

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13 Originally called Regional Advocacy Networks (RANs), later called Cancer Advocacy Networks (CANs)
14 In partnership with CanTeen 2006
15 Together with the Aboriginal Health and Medical Research Council
16 2007
17 Leadership, Organising and Action: Leading Change is a 14 week online course offered through the Kennedy School of Government at Harvard University
Our work in building people power and increasing community capacity spanned a range of initiatives and campaigns. The core characteristics of this approach included:

- Adopting the ‘circles of commitment’ model from *Purpose Driven Church* – this stresses the importance of people in the core reaching out to people in other circles, and for ways to move people from one level to another through to the core; distributed organising, explicit leadership roles and development.
- Going local – we designed initiatives and activities that took place locally (rather than centralising everything in Sydney). This meant that we could attract a broader cross-section of people, with differing levels of time and energy, and people could meet and connect with people from their own area.
- Developing a unique identity for the CanAct Community – branding was applied to the website, Facebook, t-shirts, publications and campaign material.
- Making responsibilities clear – this was reflected in new selection processes for CAT workshops and other training, and rigorous application processes for leadership roles.

**Our work during this stage**

During the early stages of this approach, we developed and implemented large-scale campaigns to offer community members different ways to participate, and to enable local groups to focus on issues relevant to their community. This two-tiered process allowed us to experiment before moving to statewide organising.

Establishing CAN’s helped build community capacity by connecting local people passionate about cancer to each other, providing structures where community members (rather than paid staff) took leadership responsibility, and enabling communities to act autonomously within parameters. In this way, CCNSW fostered new skills, relationships and voices for cancer-related issues.

The local networks identified the issues for the local campaign, designed the campaigns (with guidance and support from CCNSW staff), and led local actions. Examples of local CAN campaigns included:

- Securing Government funding for regional cancer centres, and for public radiotherapy services.
- Protecting a visiting oncology service to a regional centre that was at risk of being cut.
- Securing free car parking for cancer patients at a major teaching hospital.
- Lobbying local Councils to adopt smoke-free policies.

Large scale statewide campaigns focussed on maximising community participation and influence. For example, in response to a 2007–8 Government discussion paper on *Protecting Children from Tobacco*, we engaged donors and advocates to make submissions, arranged for community members to present to a Parliamentary forum and to make calls to local MPs with Cabinet posts. This mobilising effort was easier because of the local organising infrastructure. The local Networks could spread the word about the campaign, and identify individuals to participate in the Parliamentary forum or to make personal calls to MPs.

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Similarly, the 2011–12 Clear the Air campaign to secure legislation for smoke-free outdoor areas included mobilised CCNSW volunteers to collect over 10,000 signatures for a hard copy petition, and to meet with backbench MPs. The existence of local Networks meant we could delegate responsibility for petition signing activities across NSW, and to call on people to make contact with their MPs.

Our Unfinished Business campaign aimed at persuading the Minister for Education to update and upgrade the policy on sun protection in schools. During this campaign, our investment in people power and local groups meant that we were able to design a range of actions to maximise participation regardless of time, interest, or skill of community members.

Because we had seen the effectiveness of organised active local groups, had strong relationships with members and volunteers, and had successfully mobilised through local networks for statewide campaigns, it was both easy and logical to deepen our community engagement to include organising for statewide advocacy campaigns.

At a statewide level, we started identifying specific leadership roles and deliberately set out to identify potential leaders, recruit and develop them, then support them to act with strategic autonomy and responsibility for outcomes not tasks.

The first initiative to adopt community organising practices was Operation Connect and Activate in 2012. We created specific leadership roles to help organise and reconnect community members with our advocacy work. We also hosted two forums during which participants helped prioritise issues for our advocacy agenda and learnt how they could become more actively involved in CCNSW advocacy.

Community engagement was also part of the 2012 statewide audit of tobacco retail outlets to assess retailer compliance with relevant legislation about selling tobacco. The citizen data collectors were recruited from our community advocates. By participating in the field audit, the data collectors were more informed about the issue and had a larger stake in arguing for action on retailing of tobacco. Many of the community members who were involved in collecting the data later become part of our grassroots campaign to more tightly regulate the retailing of tobacco.19

The Saving Life 2015 campaign, run in the lead up to the NSW State election, was designed to systematically build community capacity and to empower people to lead local campaign activities to support the statewide strategy. Our approach to building people power and community organising in this campaign went deeper than ever before. We invited CanAct Community members to take responsibility for leading local campaigns in line with a centralised strategy, but with decision-making autonomy about local events and tactics. For the first time, CanAct leaders also led local media engagement. This was possible because we had extensive experience in local organising, statewide mobilising, and had a strong network of trusted and skilled volunteers. Our previous work in establishing local Networks, and providing training and leadership development, made it possible to progress to the empowerment part of the community engagement spectrum.

19 See Selling Tobacco Anywhere Anytime: Harmful not Helpful
Enabling factors

Organisational factors that allowed us to expand and improve our community engagement included:

- Adjusting our staffing profile to provide more resources in community organising and campaigning, and fewer on supporting expert committees and central political engagement. We didn’t restructure or establish a whole new team. We tried new things and adjusted staffing as needed.
- Trusting local leaders. We started by transferring responsibility for campaigning to local networks and then to local leaders for statewide campaigns. Our investment of time and energy in face-to-face training and building relationships made it easier to decentralise campaigning and distribute leadership. We realised this was the only practical way to expand our reach.
- Developing internal mechanisms that integrate advocacy across the organisation. For example, including key performance indicators on advocacy in the performance plans of regional staff; ensuring that local staff dedicated time to supporting local networks and campaigns; and encouraging staff outside of the Policy and Advocacy team to participate in CAT workshops and other advocacy activities as a way to build relationships, skills and enthusiasm.
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- Willingness to learn from other organisations and sectors. For example, joining the Sydney Alliance, having a manager complete Harvard University’s intensive community organising course, and encouraging staff to read widely and closely observe other national and international campaigns.
- Recognising that the nature of our organisation and range of activities were a strong fit for engaging and organising people based on establishing strong relationships.
- Budgeting for face-to-face training and connection.
- Building positive relationships internally and strong organisational understanding of campaigning. This allowed for specific arrangements for social media, digital, and approaches to donors and event participants (particularly Relay For Life).

Benefits and limitations of this approach

Community organising takes time and investment in people and relationships. This is not about ‘quick wins’. It takes time and a structured approach to identify and develop community leaders, establish structures within which community members can take action and develop relationships with each other as well as with paid staff.

Community organising relies on distributed responsibility. This requires organisations to be willing to share control with community leaders, and to establish processes and structures for shared responsibility and scope for tactical or strategic autonomy.

The most significant benefits of community organising come from the additional reach – depth and breadth – for a cause or a campaign. Community organising enables action at a scale not possible from paid staff alone, together with the additional credibility that comes from engaging people with a lived experience of the issue.

As with mobilising, community organising offers a new way to engage supporters of the organisation, and to show decision-makers that there is a strong community expectation for action to solve the identified problem.

Most importantly, the Cancer Council experience shows that community organising is much more likely to lead to campaign wins, and build credible and responsive relationships with decision makers, than either advocacy via expertise and evidence, or mobilising alone.

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20 Sydney Alliance brings together civil society organisations (unions, faith groups and community organisations) to campaign together on issues of common interest, and adopts an explicit approach to community organising.
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**The Cancer Council Story**

#### Increasing level of policy influence

<table>
<thead>
<tr>
<th>Starting point</th>
<th>Evidence as advocacy</th>
<th>Mobilising</th>
<th>Community organising</th>
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<tbody>
<tr>
<td><strong>Lack of information was the main barrier to better policy and advocacy.</strong></td>
<td>Evidence is necessary, but not sufficient condition for policy change.</td>
<td>Feedback from our most engaged volunteer, “we want to do more and to have more responsibility.” Community Advocacy Training workshop participants weren’t using their skills.</td>
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<th>Approach</th>
<th>Evidence as advocacy</th>
<th>Mobilising</th>
<th>Community organising</th>
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<td><strong>Collecting evidence, preparing policy positions, convening health experts to advice on key issues and speak to the media.</strong></td>
<td>Maximising the number of people involved and showing government the ‘faces and names’ of people who care enough to take action.</td>
<td>Increasing the skills and involvement of our supporters and volunteers, helping to create connections between our activists and empowering them to take leadership for their local groups and initiatives.</td>
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<tr>
<th>Examples</th>
<th>Evidence as advocacy</th>
<th>Mobilising</th>
<th>Community organising</th>
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<tr>
<td><strong>Convene a two day summit bringing together different disciplines and researchers.</strong> <strong>Commission a book outlining the legal issues.</strong> <strong>Develop a policy agenda Share expertise of two visiting US experts through talks, forums and media events.</strong></td>
<td>Establish Consumer Advocacy Training (CAT) program. 10,000 people supported the Go Smoke-free campaign by returning a cut-out coupon in the Sunday newspaper to their local MP. Postcard campaign to show support for IPTAAS. Postcard campaign to show support for restricting junk food advertising during children’s TV viewing times.</td>
<td>Set up Cancer Advocacy Networks (CANS). Local networks identified and designed their own campaigns. Identify leadership roles and support them to act with strategic autonomy and responsibility. CanAct community members took responsibility for leading local campaigns and local media engagement.</td>
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5. Our key principles

While our advocacy path was not fully mapped out, we have been guided by a set of key principles from the beginning. These principles have been applied to all our local or statewide campaigns and advocacy work:

1. Be evidence-based. Local networks could campaign only on evidence-based issues that were consistent with CCNSW positions.
2. Hold people to account, respectfully. This applied to politicians, to advocates and to each other.
3. Nurture relationships with politicians, but remember that these relationships need to serve a purpose. Relationships are built on reciprocity and some exchange of interests.
4. Be explicitly non-partisan. When we published reports, or launched campaigns, or offered briefings, all parties were given access to the same material and offered the same opportunities for information.
5. Give MP or Minister the opportunity to respond to your issue before moving to a public campaign.
6. Establish a ‘no surprises’ relationship with government. For example, if planning to do media, provide the relevant Minister’s office with an advance copy of the media statement, as a courtesy.

6. Community engagement and organising – benefits beyond winning on campaigns

Over the years, Cancer Council advocacy has led to policy changes across a wide range of statewide issues – smoke-free environments (indoor and outdoor), funding for radiotherapy, improving access to financial assistance for country patients needing to travel for treatment, protecting consumers from the harms of solariums, and better sun protection in primary schools.

Locally, CANs were successful in influencing hospital policies on car parking at cancer treatment centres; influencing local Councils on smoke-free policies; and protecting visiting oncology services in regional centres.

Our ability to influence policy decisions improved as our engagement with the community strengthened. Adding community mobilisation and organising to our evidence-based expertise and advocacy provided more voices on issues, and increased our ability to connect policymakers with citizens who care about cancer issues. Feedback from policymakers and others suggests this combination was key to our success.

Political influence and credibility

Our government relations strategy included a centralised component (Ministers, Shadow Ministers, crossbench members) and a distributed component through local relationships, particularly through our MP Liaison Program. Our community engagement approach meant we developed relationships
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with political decision-makers that extended beyond Minister and Shadow Minister and local CCNSW staff. Politicians recognised that our relationships were built on reciprocity, respect and public accountability. Our localised approach builds on the value of constituent power and stories that builds political credibility and responsiveness. See Appendix One for a summary of the results of qualitative research with politicians of their perceptions of CCNSW campaigning, and other feedback from MPs.

Organisational reach and impact

Adopting community organising has increased our community reach – having local people drive our campaigning and belonging to local groups creates a community presence that could not be achieved by paid staff alone.

This approach has enabled local community members to take responsibility for developing relationships with MPs. The MP Liaison Program has allowed us to develop more meaningful and localised relationships with MPs in more electorates than would be possible with paid staff, and in a way that builds local connections and accountability. Having local people and networks has also helped increase share of media voice and media presence locally.

We wouldn’t have achieved the same outcomes without the scale allowed by community mobilising and organising.

Creating strong social connections

Between citizens and the organisation – Having local groups run decentralised campaigns helps localise issues, enables people to own campaigns, and shows that the CCNSW can have an impact in people’s own neighbourhoods. It also provides an opportunity for people to connect with others with shared passions and commitments from their own areas, as well as providing a strong local presence for CCNSW across the state.

Between community members – We were able to build strong relationships with and between advocates through the structure of local groups and establishing key leadership roles. Advocates say that the friendships and connections they form through the networks and other gatherings have kept them energised and inspired, and show them that they are part of something bigger. These relationships also strengthen the relationship of advocates to Cancer Council because we provide the mechanism for these experiences and relationships.

Transforming the lives of those who lead or participate in our campaigns

The majority of CanAct members have no previous experience in advocacy or in influencing government decisions and are transformed by the experience of participating in campaigns.

Adopting a community organising approach that explicitly builds community capacity provides positive and meaningful experiences for volunteers and supporters. When community members
are given the opportunity to build on their existing interests and provided with new experiences and skills, they benefit from the increase in confidence and their ability to make a difference. Many advocates say being involved in advocacy is a privilege. They feel honoured to speak out for the needs of others, and to help find solutions to problems affecting people with cancer. When we have a campaign win, they have a strong sense of pride and ownership about the changes they helped secure.

**Internal benefits to the organisation**

Aside from winning on campaigns, the benefits of adopting a community organising approach to advocacy include:

- Developing stronger working relationships across the organisation, and providing a good model for volunteer engagement at the empowerment level. Our grassroots campaigning model has created opportunities for internal engagement across fundraising events (particularly *Relay for Life*), local staff, media, and supportive care.
- Offering other ways to help defeat cancer other than donating, volunteering in an office or participating in a fundraising event.
- Attracting people with different skills, interests, availability and demographics.
- Connecting with, learning from and gaining a reputation amongst organisations outside the cancer control field.
- Sharing our advocacy wins with donors to show them how their donation has made a difference.
- Demonstrating our values of innovation and courage in a public way. We were the first health organisation to adopt grassroots activity in advocacy; showed courage in sharing control with supporters, and in speaking out even where there was initial disapproval from government and public servants.
- Increasing staff satisfaction and pride in our advocacy approach, impact and achievements.

**Return on investment and building ongoing capability and extended reach and impact**

- Investment in staff resources, training and support of volunteers has led to exponential benefits in terms of public health gains from campaign wins, stronger engagement with the organisation, and public profile.
- Ability to work on multiple issues simultaneously because of increased capacity and different levels of campaigning.
- Very low cost base and most of it in infrastructure and capacity building. The Policy and Advocacy team has 6 FTE positions, up from 4FTE positions during the time of ‘advocacy via expertise and evidence’. Positions changed as our approach evolved.
7. What drove this change?

We identified some key enabling factors for the transformation of our advocacy approach:

- Recognising that focusing solely on evidence was not leading to the required policy changes.
- Willingness to change our approach and amplify and diversify the voice on cancer issues.
- Acknowledging that our organisational strengths – our presence in different regional centres, our focus on volunteering and community engagement, and our suite of community activities – were a good fit for grassroots advocacy.
- Intention and direction but not a pre-determined plan. We didn’t spend time and energy on developing a ‘grand plan’ but took logical steps that gradually broadened our advocacy to be increasingly community oriented and inclusive. This meant that we decided to start from where we were, took the steps that we could within our existing resources, and adapted along the way.
- Learning as we went and accepting that it was important to try new things to test what is possible. We also deliberately sought to learn from organisations outside the health sector, including formal channels (Harvard program), and reading widely.
- An organisational philosophy that values the potential of community members, a broad concept of volunteering, and respect for the passion and commitment of people affected by cancer. Cancer Council’s mission is “to lead, empower and mobilise the community to beat cancer,” which means recognise that everyone has a role to play. This wasn’t about ‘us’ the professionals vs ‘them’ the community it is about doing more collaboratively.21
- Willingness across the organisation to integrate advocacy with fundraising, community events, media, and programs.
- Integrating grassroots mobilising and organising with evidence, strategic research, media advocacy, and government relations to add power and reach to our advocacy.

8. Challenges and considerations

1. Building people power and community capacity is a long term strategy. It takes time to identify, train and support leaders, and to develop the infrastructure that allows people to connect with each other and to work together. It is a slow endeavour to establish, building power and momentum over time.

2. Measuring mobilisation efforts (e.g. number of actions taken, number of people involved) or outputs and activities relating to advocacy by expertise (number of Committees on which you are represented, number of policy submissions made) is relatively easy. But it is harder to measure an increase in community capacity, or changes in the political calculus due to more visible people power on an issue.

3. Many NGOs receive at least some funding from government and may feel uncomfortable speaking out strongly on issues for fear of jeopardising their relationship with government or their public persona. We needed to accept that any approach to campaigning can create tension in relationships with government, and to recognise that this might be challenging for people in other parts of the organisation who may wish to maintain positive relationships with departments or Ministers for other reasons. Establishing the MP Liaison program was one way to manage this tension, by deliberately cultivating ongoing, positive relationships between selected community members and their local MP.

21 Shared leadership and distributed responsibility is also seen in some Cancer Council fundraising events, particularly Relay for Life, Daffodil Day, and Australia’s Biggest Morning Tea. The scale and spread of these events would not be possible without large numbers of community members taking leadership on committees, as team leaders or hosts.
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4. Balancing the enthusiasm and energy of community members to pursue actions during a campaign or to identify new issues needing attention with the pace of decision-making of a large NGO. Be prepared to ‘ride the wave’ of enthusiasm (particularly if you have helped create it), and develop some processes to deal with new issues suggested by community members.

5. Distributed leadership and responsibility requires trust in your community leaders, and an acceptance that there is a tension between centralised control and scale and diversity. In hierarchically structured and traditionally governed NGOs, this requires a shift in mindset and thinking, particularly about sharing decision-making and setting directions.

9. What would we do differently knowing what we now know?

In 2016, a cross-section of long-term staff and volunteers were asked to reflect on our progress in advocacy and the changes to our approach. Key themes emerged in response to the question: With the benefit of hindsight, what would we do differently if we were starting again?

- For maximum impact, combine and adopt all three approaches sooner rather than sequentially.
- Establish local networks and the MP Liaison Program, and concentrate on leadership development earlier. This was the key growth in our campaigning power and capacity.
- Make relationships the focus. Design campaign actions and general engagement with an emphasis on building stronger connections between community members and the organisation, and for people to each other. Our early work didn’t encourage people to stay connected to the organisation (e.g. our initial CAT workshops was a ‘train and release’ model) or to each other.
- Offer multiple ways for people to become involved and at different levels of commitment. Our early efforts offered engagement at two extremes – simple one-off actions (signing postcards) vs participating in two day training.
- Use online technology and digital campaigning sooner. These would have enabled our mobilising and organising to reach greater numbers of people more quickly but our early approach relied heavily on face-to-face contact and personal relationships, which provided depth, but limited scalability.
- Invest early in systems for evaluating the impact of our work. Perhaps we could have partnered with academics or sought specific funding to track and review our work. Not enough is written about internal organisation change processes, or the impact of grassroots campaigning.
- Be less shy in asking more of volunteers. We underestimated the depth of commitment and energy that people bring to something they are passionate about. We needed to switch our thinking about engagement from ‘asking people to do something’ to recognising that we were offering them an opportunity to act on their values and address their frustrations with the system. Adopting community organising principles helped fulfill the self-interests of our volunteers and supporters.
10. Perspectives from CanAct Community members

We asked three long-term CanAct Community members to reflect on key turning points, enabling factors and things to do differently. Their thoughts are summarised below.

Some turning points/key enablers:

- Offering training to community members – a way to involve people and give them confidence in advocacy.
- Having wins (no matter how small) and communicating the outcome – builds momentum, gives people a reason to join, gives people confidence that they can make a difference.
- Establishing and being part of a local network. For long-term members, seeing the difference when membership grows and the way it changes the dynamic of a group. Long-term members were also energised by seeing the networks grow to include people who care about cancer even if not directly affected: “they made our cause their cause”.
- Working on local issues – this gave people energy and the feeling they were working on something tangible and more personal.
- Integrating advocacy campaigns with Relay for Life really boosted the ability to mobilise people for advocacy campaigns.
- Inviting advocates to have a say in identifying issues and campaigns pushed things to the next level for advocates.22 Including advocates in decision-making helped bind them to the organisation and the campaign because they felt they had been part of the process.
- Gatherings are a key enabler – whether local network meetings or statewide gatherings. These allow for sharing of ideas, supporting each other, celebrating together. The larger gatherings show people that they are part of something bigger, while also developing skills and motivation. The gatherings emphasise that ‘together we are a force.’ A closed Facebook group enables online contact between face-to-face gatherings.
- Being open to learning and new experiences. This applies to the organisation (trying new tactics and establishing new initiatives) as well as to individual advocates (being willing to be nudged out of their comfort zone).
- Introducing tighter screening and targeted recruitment to CAT workshops meant participants were more likely to be committed to use new skills.

Highlights and magic moments:

- Winning on a local campaign (dedicated parking spots for cancer patients at Westmead Hospital) after years of work.
- Being part of the network team that planned and ran a candidates forum at Relay for Life. All candidates attended, and Relay for Life participants had a chance to see advocacy in action while also providing a show of force for the local candidate.
- The relationships formed amongst the advocates, and the caliber of people we get to work with, is a key part of what keeps us going and is one of the biggest joys of being involved in this work.
- Being seen in your local community that you are helping to fix things.
- Feeling that you have “found your people” – the way CCNSW creates a space for people to connect and feeling that you are with your tribe. It's highly energising.

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22 Operation Connect and Activate, and Unite 4 Change
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• Every time we win on a campaign – the moment that we learn that we made a difference. It happened with getting cigarettes out of sight in shops, funding for bowel cancer screening, getting pubs and clubs smoke-free, winning smoke-free outdoor legislation, and better sun protection guidelines for schools.
• Hearing Minister Skinner at the Cancer Council NSW 60th Anniversary event at Government House pay tribute to CCNSW as a highly respected advocate: informed and reasonable.

Insights about what makes it work well:

• Volunteers want to make a difference. Advocacy gives people a chance to get involved locally and do something that is tangible and action related.
• Good balance between guidance and freedom. Staff roles and people need to be flexible – “be available to guide but not direct”.
• Take calculated risks. Organisations can be over-concerned about risk, but it is all about trust. Get to know your people and have a strong enough relationship that you can guide them. Need to give people some rope.
• The big gatherings. Perhaps could have introduced those sooner in the process given how beneficial they were.

Benefits to CCNSW from building people power and being strong in our advocacy:

• Sends a strong message to the public: “We are independent and courageous”, which in turn strengthens our brand.
• Shows we are a strong organisation that should be taken seriously – we are respectful and innovative in our advocacy.
• Do more than just ask the community for money – also address issues that affect them.

On being a CanAct Community member:

• “The day the new tobacco legislation went through, I received a text message from John Sidoti (my local MP) saying “I thought of you today”. I realised that my action matters.” (Danny Brombal)
• “Advocacy and RFL are both based on the same simple concept: people engaging with people.” (James Butler)
• “People see that things need fixing, and this process (advocacy) helps them work out how to fix it.” (James Butler)
• “One of the great things about the work we do, in addition to the great achievements we have had, is the beautiful people we get to meet and work with.” (James Butler)
• On being part of a delegation to meet with the NSW Premier on World Cancer Day 2015: “I’m just lucky to be given the chance to voice the issues and experiences that like so many, we have faced.” (Nicole Winram)

• After reading the Croakey article about the chemotherapy win: “Again, thank you and the Cancer Council NSW for crafting a campaign that gave individuals the chance to skill up, stand up, and show strength across NSW. We all had our reasons for wanting change, and Saving Life 2015 connected us together. I know that we will continue to advocate for many other local issues with the skills learnt!” (Nicole Winram)

• “Through Cancer Council NSW, I have been fortunate to meet some amazing people both staff and volunteers. It has been very gratifying to see their efforts achieve some great successes. I was recently part of a local team managing events as part of Saving Life 2015 Campaign. I think this campaign showed cancer advocacy at its best. The effort and commitment of the volunteers was amazing. In less than a year CanAct became a real force in cancer issues in this State. I know that through luck I was able to survive cancer. Being part of Cancer Council NSW’s work is very rewarding and enables me to give back, to help others avoid what I went through, whilst still challenging myself to work in areas I am not familiar with.” (Tony Cain)

• Facebook post from an advocate after meeting with the NSW Premier on World Cancer Day 2015: “Today is #worldcancerday, and we were honoured to be invited by the Cancer Council NSW to meet Premier Mike Baird and help share the Saving Life 2015 campaign. Thanks for allowing us to be part of this!” (Lillian Birchall)

• “The ban on solarium was such a no-brainer. I felt so proud that for once the government was willing to take a serious step towards prevention of future cancers. Common sense for once!” (Mel Trethowan)

• “The Dubbo oncology campaign. The whole thing was a whirlwind with a million highs and lows. The only thing that kept me going was knowing that I have the support and expertise of Cancer Council NSW in the wings and knowing that this was a real issue in my region that the bureaucrats were trying to brush under the carpet. Increasing visiting oncology services to Dubbo at that time would have had a major positive impact on the quality and quantity of people’s lives. I felt so proud of our group and what we had achieved when it was announced that oncology services would be resumed. It felt like a win for the little people and I now know that you can make a difference if you systematically argue the case, have a realistic and reasonable ask, and don’t give up.” (Mel Trethowan)

11. Conclusion

The stages and processes in developing Cancer Council’s new approaches to advocacy will not necessarily be applicable to other organisations. However, it is important to reflect on the assumptions and enabling factors that underpin different approaches to advocacy. The changes at Cancer Council took place over time, ‘learning by doing’ and adapting as we went.

The insights and analysis we have outlined serve two purposes: to remind CCNSW about the choices it has made and the reasons for the current approach to advocacy; and to inform others about how a large NGO adopted people-power as a primary dimension of its advocacy.
Appendices

Appendix One: Political influence and credibility

Relevant findings from a qualitative evaluation

In 2012, Cancer Council NSW commissioned a qualitative evaluation of its advocacy work, particularly in relation to tobacco control. The evaluation included interviews with key informants from within NSW State policymakers (Ministers, MPs and advisors), local government, public service, and media (21 in total). The researcher de-identified the feedback, to protect the privacy and confidentiality of the participants.23

Reflections from key informants about the role of community members as advocates:

- “I think it’s effective because most politicians don’t meet an organised group of people in their electorate on these types of issues. You think about the community. Who’s organised? There’s not a health advocacy group organised in the electorate. The Cancer Council is doing that.”
- “Instead of being lobbed by the guy in the suit, whoever he/she may be, we are actually spoken to by an individual from our communities.”
- “So what a lot of organisations do, they will send you a letter which has gone to every single MP... and they tick the government liaison box “we have communicated with Government.” But for any organisation to be successful, it has to have presence in your community. Like, I’ve been lobbed by the pharmaceutical people, the pharmaceutical association... and what works best? When your local pharmacist comes to meet you and says “I am here on behalf of the pharmacy association,” or whatever... That counts.”

Comments from the former Minister for Cancer, Verity Firth24

- If you want to defeat big money interests, you need to show public support.
- We knew that we had to build community momentum and this is where the Cancer Council were absolutely brilliant and organised on the ground. I’ve never seen anything like it.
- In relation to cabinet – big tobacco might have been taking them out to lunch but the Cancer Council had survivors walking in and telling them about the impact tobacco had on their life.

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24 From a speech at University of Sydney School of Public Health Research Presentation Day, 28 September 2015
Media statement from Andrew Constance, Member for Bega, following the announcement that the Baird Government would abolish the co-payment on highly specialised drugs (in response to the Cancer Council campaign about the cost of chemotherapy). 23 March 2015

- I am extremely excited at what this will mean for those in our community and the financial relief it will provide to patients and their families.
- I would like to applaud the efforts of local Cancer Council co-ordinator, Jennifer Monzina, Ms Sue-Ellen Yates and Mr Glenn Cotter, who were passionate and determined to see this outcome when they raised the co-payment concerns with me in 2014.

Appendix Two: Cancer Council staff's proudest advocacy moments

Shayne Connell (Regional Manager)

- I remember attending a community event with one of our MP Liaison volunteers and the local MP warmly greeted him. The MP went on stage to make his speech and mentioned some of our Cancer Council issues. It wasn’t even a Cancer Council event.
- Our local Cancer Advocacy Network had been campaigning about car parking at the local cancer centre, and the CEO of the Local Health District provided a private briefing to the Cancer Advocacy Network about plans to build extra car parking at the centre as a result of our campaign on the issue. This was a great local win.
- In the lead up to the State election, we held a community forum with candidates, and all of them spoke in support of the Cancer Council’s recommendations in Saving Life. It showed me that our local community strategy was validated. There was a great community attendance at the forum, and we had strong local volunteer advocates. Having a local office helped with that.
- In my first month on the job (April 2006), I had my first opinion piece published in the Newcastle Herald. It was about the importance of introducing smoke-free outdoor areas. When I saw it in the paper, I felt the power of our call for change, and that we had the ability to drive it.

Rory Alcock (Regional Manager, and previously member of the Policy and Advocacy team)

- During Unite 4 Change event when the participants were deliberating on which campaign we should do next, I could hear the buzz and feel the energy in the room. I felt such a sense of community and togetherness because I could visibly hear and see that our advocates were invested in this issue that we were going to do together.
- The moment that I heard that the government was going to legislate for smoke-free outdoor dining, I felt such a sense of achievement. We had engaged so many people on one of the toughest issues. The incoming Coalition government had signed an MOU with Clubs NSW, and there were many industry groups that had opposed the idea. This campaign win showed the importance of people power.
- When I heard other Regional Managers say: we can do better on our targets for Saving Life campaign, I felt “yeah, advocacy is ingrained in Cancer Council now.”
Katie Sheehan (Project Co-ordinator, Policy and Advocacy Team)

- When I saw all the positive feedback from Planning 4 Change event, I was amazed that as a team we were able to pull off such a successful event with limited resources. It was also high risk handing over control to advocates for the Saving Life campaign, but advocates embraced it and it eventually resulted in a win for the Saving Life 2015 campaign.
- When Premier O’Farrell publicly endorsed the MP Liaison Program at our Australia’s Biggest Morning Tea event at Parliament House, I felt it validated our belief in the program and gave it weight.

Kelly Williams (Campaigns Manager, Policy and Advocacy Team)

- The moment I received an email with the updated guidelines for sun protection in schools, I felt proud and excited because the department had reacted to our ultimatum about going to the media about their lack of activity. This was special because throughout our Unfinished Business campaign, we gave them plenty of time to update the guidelines, always acting respectfully and I feel we shifted the power dynamics through that campaign by holding them accountable for their responsibilities and duty of care to children.
- When the Premier announced that he’d abolish chemotherapy co-payments I felt proud because when we had raised this issue in the past, people in power had been dismissive about it, even though it was clearly important to people who were directly affected. The recognition of the commitment and influence of our advocates in achieving the win was amazing. Both the Premier and the Treasurer referred to individual advocates and CCNSW in their announcements.

Marion Carroll (Advocacy Development and Networks Officer, Policy and Advocacy Team)

- When we attended an Aboriginal forum to discuss possible issues to prioritise in our election agenda and all the participants voted overwhelmingly that we should work on Aboriginal workforce issues. It was a moment of pride that we had nailed it and also feeling of being validated and of having permission to do this work.

Kathy Chapman (Director, Cancer Programs)

- During the Unfinished Business campaign, we presented Adrian Piccoli, the Minister for Education, with a book of photos of all the community members showing their support. As he turned the pages, he slowly realised that the messages in the book were speaking directly to him. As a result, his policy advisor contacted us within hours to re-open discussions with us about our recommendations. I was proud because we had been trying to deal with this through ‘usual channels’ for over five years without success. It showed the power of our photo activity and community mobilisation.
• When the Premier announced the chemotherapy co-payments would be abolished as part of the Liberal Party election commitment, and said in his speech that his decision was influenced by his meeting with a Cancer Council volunteer advocate. The meeting, and the moment on talkback radio (when one of our advocates asked him a question on air about the chemotherapy payments) were key, but it was all the work that had happened prior to this that meant that he knew about the issue before being asked.

Carolyn Grenville (Advocacy Development and Networks Officer, Policy and Advocacy Team)

• During the Saving Life 2015 campaign, some local campaign teams held candidate forums – our first time for this activity. I remember attending the candidate forums and sitting in the audience feeling nervous but all of our community leaders had it under control.
• Training Jay Allen who was a truck driving dad who had been recently diagnosed with stage three melanoma, and watching as he became a nationally recognised sunbed campaigner who played a major part in getting them banned all around Australia.

Andrew Penman (Former CEO)

• When Bob Carr put his personal support behind expanding cancer clinical trials I felt that was a huge breakthrough in achieving for political sponsorship for the cancer cause.
• When the head of Unions NSW and the Liquor, Hospitality and Miscellaneous Union publicly supported our call for smoke-free pubs and clubs, I thought we were close to winning.
• When the Coalition government adopted strong smoke-free outdoor legislation I thought that it was strong indication that we had succeeded in bringing cross-party appeal on our issues.