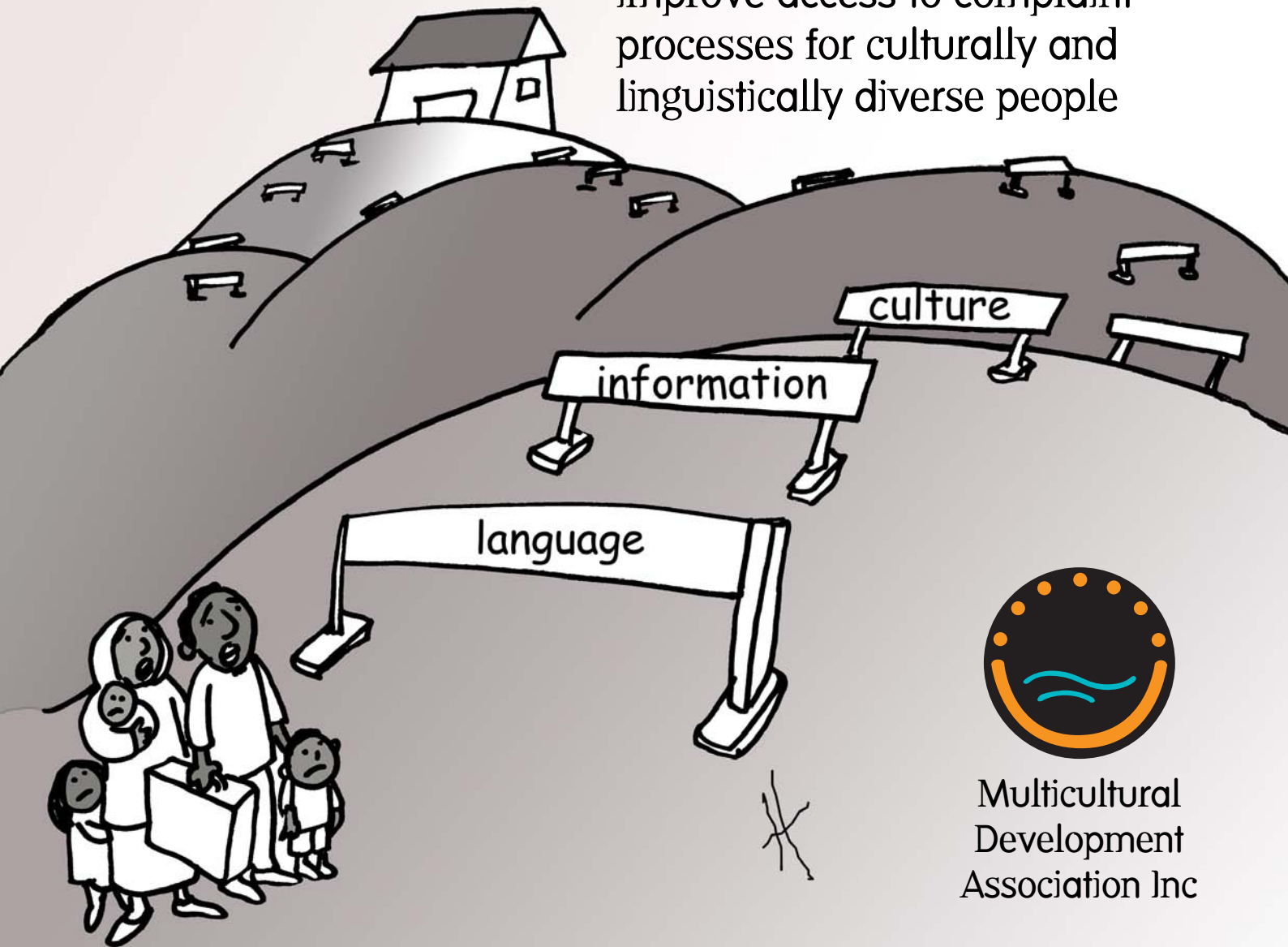


Treat me Fairly

A pilot project exploring ways to improve access to complaint processes for culturally and linguistically diverse people



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Association Inc

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Complaints on
Health and Employment, Equity and Rights (CHEER) Project

Treat Me Fairly

A pilot project exploring ways to improve access to complaint processes for culturally and linguistically diverse people

Final Report of the Complaints on Health & Employment, Equity & Rights (CHEER) Project

By Kate Chapman LLB(Hons), BSc



Disclaimer

MDA has made every effort to protect the privacy of participants in the retelling of their experiences. All personal accounts of experiences of unfair treatment have been relayed verbatim wherever possible. These accounts are from individual participants to the CHEER project, and are presented in the context of the participant's perception of an incident or experience.

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Forward

The population of Queenslanders whose roots lie in other cultures is increasing each year, yet so often this important demographic change is not taken into account in the formulation of public policy, or in the delivery of public services.

This report, *Treat Me Fairly*, is the culmination of a 12 month project initiated through the advocacy program at Multicultural Development Association (MDA). This was in response to a growing awareness that formal complaint processes in health and employment were not used by people from diverse cultural and language backgrounds. Participants in health and advocacy networks were also aware of poor treatment experienced by these people, which could be addressed through complaints processes.

The findings of this project are important because it is the first time experiences of unfair treatment by culturally diverse people related to health and employment has been documented in Queensland. It sits alongside the pilot interventions developed to address the issues identified.

The Multicultural Development Association was in a unique position to undertake this project because it supports individuals at a client service delivery level, and provides systemic advocacy to address inequity. No other organisation has a similar capacity to work at both the micro and macro level. This is the first experience in Queensland of a community organisation working with the Commissions, and we acknowledge the goodwill of Commission staff in their collaboration. This project is consistent with the mission and values of MDA to deliver quality services to migrants and refugees through service delivery, advocacy, sector and community development.

Releasing this report is just the beginning of a process to make life fairer for all Queenslanders. The next phase needs to build on this information and MDA looks forward to working with all stakeholders in achieving this aim.

Ruth Rowan

***Chairperson
Multicultural Development Association***

Acknowledgments

The CHEER Project and this report would not have been successful without the support of many individuals and community agencies. The author is grateful for their commitment, guidance and continued belief in the project.

Sponsor of the CHEER Project

Jupiters Casino Community Benefit Fund

Partners to the CHEER Project:

Anti-Discrimination Commission Queensland and Health Rights Commission

Other contributors to the project:

Brisbane City Council; St Luke's Nursing Service; Townsville City Council; Ipswich City Council

Special mention to:

The management committee and staff of MDA

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Members of the CHEER Project Complaint Reference Group, Community Health Action Group and Multicultural Employment Advocacy Network

Organisations and Agencies:

Islamic Women's Association; Multicultural Families Organisation; Croatian Club; Polish Club; Nambour Neighborhood Centre; Welfare Rights Centre; Townsville Multicultural Support Group, Multicultural Centre for Health and Wellbeing

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To the many participants who had the courage to share their stories and experiences with us during the project.

Finally:

To Donna Baines-Faye for her valuable work in the final stages of the project. And to Lorella Piazzetta, who's vision, direction and commitment made this project possible.

Terminology and Acronyms

'Participant' is used very broadly in this report to refer to a person who has been involved in the CHEER project in one of the following ways: through participation in a workshop session, as a client or support person of a client in receipt of direct advocacy by the CHEER project worker, through consultation by the Project worker; through participation in the Complaint Reference group and participation in one of the client advocacy training sessions.

'CALD and NESB' MDA understands the frustrations and concern many migrants and refugees experience by being placed into "categories" or "boxes", such as CALD (Culturally and Linguistically Diverse) or NESB (Non English Speaking Background). MDA recognizes and values the many other important attributes and experiences of people, and does not view people as being just from "culturally and linguistically diverse backgrounds".

'Complainant' refers to a person making or seeking to make a complaint.

'Multicultural Workers' refers to both people working in the multicultural sector as well as people who work directly with people from CALD backgrounds (for example community health workers).

List of Acronyms

ADCQ	Anti-Discrimination Commission Queensland
AMA	Australian Medical Association
BCC	Brisbane City Council
CALD	Culturally and Linguistically Diverse
CHEER	Complaints on Health and Employment: Equity and Rights Project
DIMIA	Department of Immigration, Multicultural and Indigenous Affairs
DEWR	Department of Employment and Workplace Relations
HRC	Health Rights Commission
JCCBF	Jupiters Casino Community Benefit Fund
LGAQ	Local Government Association of Queensland
MAQ	Multicultural Affairs Queensland
MDA	Multicultural Development Association
NESB	Non-English Speaking Background
TIS	Telephone Interpreting Service

Executive Summary

'We may state, and believe, that we do not discriminate in the provision of our services and we provide them openly to all people. If however we forget to take into account whether people can read or write, whether they speak our language, whether they have money and transport to get to our offices, whether they know we even exist, then the services we offer are likely to be inequitable and discriminatory' (NT Commissioner for Health & Community Services, 1999)

The Complaints on Health and Employment - Equity and Rights (CHEER) Project was created as a partnership project between Multicultural Development Association Inc (MDA), the Anti-Discrimination Commission and the Health Rights Commission. CHEER received funding from Jupiters Casino Community Benefit Fund to run a 12 month pilot project with an aim to:

Improve access for people from culturally and linguistically diverse (CALD) backgrounds to complaints processes relating to health services (HRC) and to employment issues (ADCQ).

The need for the CHEER project was identified by the Advocacy Program of MDA through its Employment and Health advocacy networks, and coincided with other workers raising concerns of a similar nature.

Information from both CALD clients and workers included stories of unfair treatment being experienced in the areas of health and employment. These anecdotal reports pointed to issues such as discrimination in the workplace or in applying for work, inappropriate/inadequate medical treatment, lack of access to services and interpreters. Of particular concern was the fact that despite experiencing these problems and despite having legitimate grounds for seeking redress, very few people were making formal complaints about their treatment.

The project methodology was carried out in accordance with the original submission to the Jupiters Casino Community Benefit Fund. MDA provided auspice and financial management and accountability to the project and supervision of the Project worker.

The approach of the CHEER project was multifaceted combining community education, advocacy and training, production of an audio resource, consultation and community development. The project also engaged an independent consultant to evaluate the project against it's' objectives and provide input into this report.

The CHEER Project's key findings and recommendations as provided in the full report will be presented to ADCQ, HRC and other community and government agencies.

This Executive Summary highlights the key findings and recommendations from the project. The full project report provides a more detailed background to the project and the methodology used for each of the strategies employed to examine and improve access to complaints processes for people from CALD backgrounds. The report also contains many personal accounts of experiences of unfair treatment and attempts to resolve issues. These accounts, together with knowledge gained through trialing the various strategies used by CHEER, inform the findings and recommendations.

Key Findings

People from CALD backgrounds are experiencing unfair treatment in health, employment and other areas.

The Health related complaints raised during the project were extremely varied and included general health service complaints as well as complaints related to ethnicity and culture. The cases raised about inappropriate treatment were for the most part complex. Specific issues around use (and non-use) of interpreting services were highlighted.

The employment complaints raised during the project can be categorized as unlawful discrimination, unfair working conditions and lack of skills recognition. The project focused mainly on the first of these categories as it fell within the scope of the complaint process of ADCQ. CHEER found that people from CALD backgrounds experience unfair treatment both at work and in looking for work.

The project also found that people from CALD backgrounds are experiencing unfair treatment in other significant areas of life including harassment from neighbours; consumer complaints, particularly in relation to unscrupulous sales techniques exploiting language barriers; inter and intra community conflict; housing and accommodation and racial abuse or harassment.

Participants had a limited understanding or awareness of their rights and complaint processes

Most of the workshop participants did not have a prior awareness of the Commissions, or the areas they covered. Reasons for this are varied and include the lack of available accessible information, unfamiliarity or confusion in understanding legal and administrative systems and processes. In regional areas of Queensland, awareness of the Commissions was particularly low.

The project found that where people did have some knowledge about rights and complaint mechanisms, it was in many cases vague, ambiguous or incorrect.

Workshop sessions were a successful strategy in reaching people not previously aware of rights and complaint mechanisms available to them. We found that people appreciated information provided to them about the complaint process of both Commissions, and wanted more education and information.

The experience of the project was that CALD people are more responsive to information delivered face to face and with opportunities provided to discuss experiences and ask questions.

Barriers to making and/or accessing formal complaints do exist for people from CALD backgrounds

The barriers confronting a person from a CALD background in accessing complaints are significantly greater than the broader community and can be attributed to a number of additional factors. Language difficulties, lack of knowledge or awareness of processes, fear of authorities and experiences in ones' country of origin have all been cited as specific barriers to making complaints.

Specific barriers exist in relation to the complaint mechanisms of HRC and ADCQ. For example the current emphasis on direct resolution of complaints is a potential barrier for people from CALD backgrounds in accessing HRC and participants reported having difficulty framing complaints to the ADCQ appropriately and found the complaint process deadlines and written material provided confusing.

There are also currently incidents of discrimination/ harassment which are not covered by the ADCQ Act, particularly those which take place in a neighbourhood setting. The issue of racial harassment, bullying and discriminatory acts by neighbours is one which has significant impact and was given high priority by the participants in the CHEER project.

The project strategies helped some people from CALD backgrounds overcome barriers to making complaints, or to access their rights.

Many participants who independently accessed formal complaint processes did not have satisfactory outcomes.

Writing to a company or service provider to complain, or express dissatisfaction can be very difficult for a person from a CALD background. Often the complaint can be misconstrued or does not accurately identify the issues and nature of the complaint. This process can be both frustrating and lead to a lack of resolution to the complaint.

Individual advocacy and other targeted strategies improved CALD peoples' access to fairness and equity

The project has shown that barriers to access and equity for people from CALD backgrounds in a number of areas continue to exist including accessing the complaint processes of HRC and ADCQ. Provision of individual advocacy, community education and development of an audio resource helped to promote access to fairness and equity for CALD participants.

These strategies were successful not only helping to break down barriers to making complaints, but were able to provide participants with critical information, awareness and confidence in their rights to fair treatment and services and opportunity to participate in society more generally.

Individual advocacy increases CALD peoples' access to and participation in complaint processes.

In many cases, the nature of a complaint or experience of unfair treatment can be very complex and so can be the process for resolving it. This is particularly the case for health care complaints. CALD participants with complex complaints showed that they were more likely to access formal complaint processes with the support and assistance of a trained advocate.

Furthermore, those people assisted individually by the project worker expressed extreme relief and gratitude that someone finally listened and helped them in a way that could progress their complaint or issue.

Outcomes and Achievements of the CHEER project

In summary the CHEER project achieved the following:

- **Increased knowledge and awareness of rights and complaint processes of ADCQ and HRC**
- **'Treat Me Fairly' audio CD produced**
- **Training of CALD community advocates**
- **Collaboration between community and government agencies was achieved**
- **Satisfactory outcomes of complaints made by CALD participants were achieved.**

'Treat Me Fairly' became the catchphrase of the CHEER project because it sums up the fundamental issue that CHEER aimed to address. There are many systemic barriers to equity and fairness for people from CALD backgrounds and while there are mechanisms in place for people to make complaints about unfair or inappropriate treatment, these too fail to fully counter the inequities present.

Translating an access and equity framework into practice requires significant understanding and awareness of the needs of those people in the community who are at risk of being marginalized or labeled. The CHEER project has focused on gaining that understanding and developing effective strategies to improve access and equity for people from CALD backgrounds. While more work is clearly needed, it is hoped that the lessons learned from this project will enable the Commissions and other community and government agencies to ensure fair treatment for all.

Recommendations

Anti- Discrimination Commission Queensland

Recommendation 1

That a formal Multicultural Community Education Strategy (including interactive workshops) with relevant information for culturally and linguistically diverse communities, in particular new and emerging communities be developed.

Recommendation 2

That ADCQ formally review existing processes, in particular the promotion and recognition of an advocate's role.

Recommendation 3

That all ADCQ staff access mandatory cross cultural awareness, including information on cross cultural communication, appropriate use of interpreters and requirements for culturally competent staff.

Recommendation 4

It is recommended that issues of racial vilification and discrimination which occur in a neighbourhood setting are investigated.

Recommendation 5

That current data system collects ethnicity data and collates nature of telephone enquiry from CALD people.

Recommendation 6

That serious consideration is given to revising existing limitation periods given that CALD people have been unaware of making complaints and experienced inequities such as language barriers.

Health Rights Commission

Recommendation 7

That a sustainable multicultural education strategy (including interactive workshops), with particular reference to new and emerging communities is developed and implemented.

Recommendation 8

That current system, (in particular direct resolution) is changed to a system that empowers the CALD consumer to be engaged in a fairer and equitable process.

Recommendation 9

That HRC introduce, implement and mandate the use of client advocates for CALD people as an option when desired. Furthermore the Commission accepts the need as a fundamental right for CALD consumers to have an advocate and this is an expressed provision through the complaint process.

Recommendation 10

That all HRC staff access mandatory cross cultural awareness, including information on cross cultural communication, appropriate use of interpreters and requirements for culturally competent staff.

Recommendation 11

That HRC to develop new resources in multilingual languages, including community languages on HRC website to encourage CALD people to approach the Commission.

Recommendation 12

That ethnicity data collection is activated at the intake stage and mechanism are available to 'track' the CALD complainants i.e. a system is put into place to monitor the outcomes for CALD complainants who been advised to proceed with direct resolution.

Recommendation 13

That serous consideration is given to revising existing limitation periods given that CALD people have been unaware of making complaints and experienced inequities such as language barriers.

**Department of the Premier and Cabinet - Multicultural Affairs
Queensland (MAQ)**

Recommendation 14

That MAQ through a promotional campaign actively promotes and distributes the Interpreter Card Kit to ethnic and refugee communities in Queensland. Furthermore it is recommended that MAQ provides information to all state Government departments on their requirements under the existing *Queensland Government Language Services Policy*.

Recommendation 15

That Queensland based Commissions and other statutory bodies are encouraged to develop a Multicultural Action Plan, in line with other state government departments.

Recommendation 16

That MAQ initiate and form a collective partnership with various government bodies to define "racist incidents", and develop strategies to embed this in necessary systems e.g. police.

Recommendation 17

That MAQ develop a partnership with the Local Government Association's of Queensland to encourage local Councils to establish strategies and mechanisms which address negative neighborhood relationships of a "race" nature.

**Department of Immigration, Multicultural and Indigenous Affairs
incorporating the Telephone Interpreter Service**

Recommendation 18

That ongoing training on complaint processes for all DIMIA funded Settlement Grants Program workers and IHSS contractors in Queensland, including the findings from this Report is provided.

Recommendation 19

That DIMIA promote Doctor's Priority Line to General Practitioners in Queensland, especially within a legislative context.

Recommendation 20

That DIMIA provide training and assistance for General Practitioner's to access and effectively utilize interpreters.

Queensland Health

Recommendation 21

That Queensland Health acts on the findings within this Report to ensure reviewed Queensland Health complaint processes are inclusive of and responsive to CALD consumers.

Recommendation 22

That Queensland Health provides funding to undertake research to develop a viable model for bilingual advocates' through-out Queensland, including the use of advocacy within independent complaints processes.

Recommendation 23

That the Queensland Health complaint processes collect relevant ethnicity data to be used for analysis.

Recommendation 24

That Queensland Health in conjunction with the *Healthier Multicultural Communities Initiatives* Steering Committee develops user friendly resources/information for CALD consumers, which outlines their health rights in Queensland, alongside the workings of the Queensland health system.

Recommendation 25

That Queensland Health service delivery and administrative staff have the knowledge and training to access interpreters as required and are aware of the existing *Queensland Government Language Services Policy*.

Recommendation 26

That all Health Commission Officers (as per the Queensland Health Systems Review p192) situated in regional areas are aware of the findings of this Report, including the significance of advocacy for CALD consumers.

Department of Employment and Training
--

*Multicultural Employment Strategy***Recommendation 27**

That DET introduce reporting of discriminatory experiences of CALD jobseekers by grant funding recipients, in particular those who receive funding targeting migrant and refugee jobseekers.

Recommendation 28

DET provide additional resources for grant funding recipients, (particularly through *Breaking the Unemployment Cycle Initiatives*) to access training at ADCQ are provided.

Recommendation 29

That all *Employment Workshops for Multicultural Job Seekers* contain contents on anti-discrimination legislation, complaint mechanisms and information on 'race' (including religion) related employment experience – either in obtaining employment or in the workplace.

Recommendation 30

That DET develop and include culturally appropriate questions on discriminatory experiences in the current survey by DET to CALD jobseekers that have recently completed the Community Jobs Plan programs or other employment and training programs. Furthermore responses to these questions to be collated and presented to the Multicultural Employment Forum meetings, and highlighted in DET's Annual Report.

General

Recommendation 31

That Training on complaints processes and mechanism is included in all TAFE colleges through-out Queensland, in particular those which offer English as a Second Language course.

Department of Employment, Workplace Relations – Queensland

Recommendation 32

That a Multicultural Action Strategy for Queensland which outlines DEWR's commitment to working with Job Network Provider's in addressing the employment and training issues for migrant and refugee jobseekers in Queensland is developed.

Recommendation 33

That DEWR review the existing Complaints, Compliments and Suggestion process to incorporate the use of a client advocate where necessary or desired by the customer, including advocacy to DEWR or the Commonwealth Ombudsman's office.

Recommendation 34

DEWR implement a relevant ethnicity data collection system which can be used consistently through the Department, including tendering documents, free call number and other Departmental policies and processes is developed.

Recommendation 35

That telephone operators of the Free call 1800 805 260 are trained in collecting ethnicity data and documenting discriminatory or unfair treatment by CALD callers.

Recommendation 36

That all Job Network Providers publicly display their willingness to access interpreters for customers if requested at no cost to the customer.

Australian Medical Association**Recommendation 37**

That the AMA publish findings from this report in their publications e.g. The Medical Journal of Australia, especially the barriers of access and equity for many consumers from culturally and linguistically diverse backgrounds in accessing appropriate health care.

Recommendation 38

That the AMA promotes the use of interpreters and the Doctor's Priority Line in all health settings to their members.

General Practice Division**Recommendation 39**

That updated information on Interpreters is provided, including the TIS Doctor's Priority Line to General Practitioner's through newsletters, information sessions, including Commonwealth and state legislation if treatment is refused to people due to language barrier.

Recommendation 40

That the General Practice Division encourages local divisions to form partnerships with multicultural agencies services and programs.

Recommendation 41

That the General Practice Division resource General Practitioner's by increasing the awareness, including data collection of people from CALD backgrounds in the local area and specific migration trends and patterns which are forecasted for local areas.

Recommendation 42

That the General Practice Division provides training to receptionist staff in cross-cultural communication and interpreter training, including booking of interpreters.

Queensland Police Service

Recommendation 43

That a systemic and unified approach for police staff to record and report racist incidents is developed, whereby the 'race element' can be appropriately assessed.

Department of Justice and Attorney-General

Recommendation 44

That a review is undertaken of current anti-racism laws including comparisons between Queensland and other systems internationally (e.g. United Kingdom where crimes and offences committed with a racial motive incur a more serious rating compared with those without racial motives).

**Department of Tourism, Fair Trading and Wine Industry Development
(Office of Fair Trading)**

Recommendation 45

That user friendly and culturally appropriate resources and information for CALD consumers is developed, in particular on the complaints processes within Office of Fair Trading.

Department of Housing

Recommendation 46

That the Department of Housing develop a discretionary policy in its public housing program, delegating Area Managers with the authority to move CALD families, where there is evidence of ongoing verbal and bullying racist behaviour by neighbours.

Local Government Association Queensland

Recommendation 47

That LGAQ encourages all Councils within Queensland to develop positive neighbourhood relationship projects, which includes the diversity and history of local residents.

1. Introduction - The CHEER Project

The Complaints on Health and Employment - Equity and Rights (CHEER) Project was created as a partnership project between Multicultural Development Association Inc (MDA), the Anti-Discrimination Commission and HRC. CHEER received funding from Jupiters Casino Community Benefit Fund to run a 12 month pilot project with an aim to:

Improve access for people from CALD backgrounds to complaints processes relating to health services (HRC) and to employment issues (ADCQ).

The CHEER Project's key findings and recommendations as provided in this report will be presented to ADCQ, HRC and other community and government agencies.

There are three main reasons for sharing the findings and recommendations of the CHEER project and documentation of the CHEER project:

- To highlight specific advocacy issues and needs for people from CALD backgrounds, documenting experiences relating to the health system and employment, including experiences making complaints or barriers to making complaints,
- To inform governments and community agencies of key findings from the CHEER project presenting recommendations for immediate consideration
- To present a model for the continuation of future advocacy initiatives incorporating the findings of the project.

This report provides both context and background to the CHEER Project and details the strategies and activities employed throughout each phase of the project. Broad findings are presented with an emphasis placed on the individual stories and experiences shared by participants. Finally, key achievements and outcomes are shared.

1.1 Multicultural Development Association

The Multicultural Development Association Inc. is a non government organisation that works with and learns from Australians, arriving as refugees and migrants. Our vision is to be a lead specialist multicultural agency for Queensland, working towards a society which values, promotes and celebrates cultural diversity. We

do this by providing quality services to migrants and refugees in Queensland through service delivery, advocacy and sector and community development.

MDA has a regular staff of about 50 people, who speak the following languages: Kurdish, Turkish, Italian, Farsi, French, Arabic, Sudanese Arabic, Fijian, Taiwanese, Mandarin, Samoan, Korean, Japanese, Nuer, Nuba, Anyuak, Kirundi, Kishwahili, Kinyarwanda, German, Bosnian, Croatian and Serbian.

The CHEER Project arises out of MDA's Multicultural Advocacy Program, which has been operating for the past five years with the broad mandate of advocating on issues such as employment and health which affect people from non-English speaking background.

1.2 Barriers to access and equity

*'We may state, and believe, that we do not discriminate in the provision of our services and we provide them openly to all people. If however we forget to take into account whether people can read or write, whether they speak our language, whether they have money and transport to get to our offices, whether they know we even exist, then the services we offer are likely to be inequitable and discriminatory'*¹

Australia's commitment to an international human rights framework is provided for in a range of federal and state legislation and policy². The fundamental principle underlying all these laws and policies is that regardless of race, religion, language, culture or other attributes, people should be guaranteed equality before the law, equal opportunity and equal access to services.

Although these standards set in place a strong philosophical basis for access and equity, barriers for people from CALD backgrounds in a number of areas continue to exist. Translating an access and equity framework into practice is still often based on a lack of understanding of the needs of people of CALD backgrounds which can lead to stereotyping, labeling and marginalisation.³

Disparities in health and provision of a health service, and in accessing employment opportunities can often be attributed to a persons race, religion, language or cultural background. However, perhaps the most critical barriers to an accessible system are communication and language barriers.⁴

1.2.1 Employment

Migrants and refugees face significant barriers in accessing employment opportunities as well as difficulties within the workplace. Research has indicated that some of the most prevalent barriers for NESB people include⁵:

- language
- Discrimination in employment, in promotion and in access to training opportunities
- Lack of access to support services, including access to timely information relating to employment and training options
- Lack of familiarity with recruitment processes For example, the need for cover letters, appropriately meeting selection criteria, suitable resume format and obtaining references
- Vulnerability in the labour market even when employed⁶
- Difficulties in obtaining recognition of overseas qualification

1.2.2 Health

In a revealing US National study into healthcare⁷ it was concluded that racial and ethnic disparities – that is, the differences in the quality of care received by minorities and non-minorities who ought to have equal access to care - do exist. The study revealed that sources of these disparities range from the way healthcare systems are organized and operate, patients' attitudes and behaviors, through to health care providers' biases prejudices and uncertainty when treating people from minority backgrounds.

The recently published review into Qld Health Systems notes that people from CALD backgrounds are a priority population group because of the current health inequities that exist for these people compared to the general population. The review highlighted that people from CALD backgrounds had lower levels of satisfaction and recommended culturally safe and accessible health services for people from CALD backgrounds as a priority.⁸

Aside from ethnicity being a determining factor in health status, there are also culture specific issues in treatment and access. Cultural biases are inherent in various assessment tools and intervention instruments used in health. There are cultural and ethnicity considerations in the use of medication. Grbich⁹ summaries these issues and concludes that mainstream services do not meet the health needs of Australia's immigrants.

1.2.3 Formal Complaints

Whilst the federal and state legislation provides means for redress of many of the barriers to access and equity, very few NESB people are aware of their rights, how they can assert them, or of the authorities responsible for protecting them.

The Human Rights and Equal Opportunities Commission recently published report *Ismae – Listen: National Consultations on eliminating prejudice against Arab and Muslim Australians (2003)*¹⁰ explains the anomaly between the number of formal complaints by Muslim and Arab Australians made to the Commission about racial and religious discrimination and the widespread anecdotal reports of discrimination. The anomaly, pointed to five key barriers preventing this group from making official complaints¹¹:

- lack of knowledge about the law and complaint processes
- difficulty of complaint procedures
- unsatisfactory outcomes.
- fear of victimisation
- lack of trust in authority

Understanding the barriers preventing people from CALD backgrounds from making complaints is vital in considering how to provide them with the information and skills they need to make full use of the complaints mechanisms available. This along with a consideration of what strategies to employ to combat barriers, is a significant issue for independent complaint bodies, and other government bodies administering laws and services.

1.3 Background for the CHEER Project

The need for the CHEER project was first identified by the Advocacy Program of MDA through its Employment and Health advocacy networks – the Multicultural Employment Advocacy Network and Community Health Action Group, and coincided with other workers raising concerns of a similar nature. Information from both CALD clients and multicultural workers included stories of unfair treatment experienced in the areas of health services and with employers and employment services. These anecdotal reports pointed to issues such as:

- Racial discrimination in the workplace and when trying to find work;
- Harassment in the workplace;
- Lack of access to services, both in employment and health;
- Lack of access to interpreters.

Of particular concern was the fact that despite experiencing these problems and despite having legitimate grounds for seeking redress, very few people were making formal complaints about their treatment. Research into the issue revealed that additional barriers to making complaints exist for people from CALD backgrounds.

These barriers include:

- Lack of information and awareness of complaint processes and the function of the various Commissions in Queensland;
- Lack of confidence to seek this information;
- The processes and legalities involved in the complaints process are not understood or easy to use and therefore are perceived as intimidating;
- Many complaint processes involve a significant degree of writing and this hinders people for whom English is not their first language;
- Cultural considerations – many people from CALD backgrounds are not comfortable with the concept of lodging formal complaints due to fear of reprisal, fear of losing their job or fear of losing the service they are receiving;
- Employees from CALD background experience victimisation (especially those of Muslim background) and are reluctant to access the Commissions for fear of further victimization.

In considering these issues, members of the Multicultural Employment Advocacy Network and Community Health Action Group agreed a project which provided targeted strategies to improve access to formalized complaints processes for people from CALD backgrounds should be developed. In doing so, the project would document information about their experiences of unfair treatment in health and employment and the barriers experienced to making formal complaint to add to the evidence around this issue.

The information presented in this report should be recognized as qualitative, anecdotal evidence, and is envisaged that it should act as a catalyst for future advocacy work and research.

1.4 Methodology

The project methodology was carried out in accordance with the original submission to the Jupiters Casino Community Benefit Fund. The project had a strong focus on support from and partnering with ADCQ and HRC. MDA provided auspice and financial management and accountability to the project and supervision of the Project worker.

The approach of the CHEER project was multifaceted combining community education, advocacy and training, production of an audio resource, consultation and community development. The project also engaged an independent consultant to evaluate the project against its objectives.

Project Development

1.4.1 Establishment of a working party

Both ADCQ and HRC were invited to join a working party comprising members of the Multicultural Employment Advocacy Network and Community Health Action Group to explore possible strategies to address concerns of unfair treatment as well as the barriers to making formal complaints. During this process it became obvious that in order to increase access to and understanding of formalized complaints processes, there needed to be an integrated approach between the community agencies providing support and services directly to people from CALD backgrounds and government agencies responsible for processing complaints.

1.4.2 Sector and Community Consultation

Throughout 2003/2004, the working party which included staff from both Commissions, MDA and other community agencies met to consider an approach for improving use of and access to formalized complaints processes. A workshop was held in February 2004 to determine the most strategic and effective outcome from the partnership. This workshop gave the multicultural sector and people from CALD backgrounds the opportunity to consider the best ways to address access issues. Information sessions were presented by both Commissions to the group.

1.4.3 Complaint Reference Group

The CHEER Project was advised by a reference group comprising representatives from government and community agencies including the project partners ADCQ and HRC, the Ethnic Communities Council, Queensland Council of Carers, Greek Orthodox Community of St George, Family Planning Association of Queensland, Local Government Association of Queensland, Community Nursing Services (Blue Care and St. Luke's), Settlement Officers, Centrelink, Brisbane City Council.

One of the key aims for the project was to increase the effectiveness of relevant community agencies and government bodies to work collaboratively. The complaint reference group provided a critical role in achieving this goal.

1.4.4 CHEER project worker

A project worker was employed full-time for 12 months to coordinate the CHEER project and deliver on a range of activities with CALD communities, relevant

agencies, and the Commissions. These activities have been specifically addressed throughout this report as well as the documentation of findings arising.

The project officer also helped to facilitate and maintain the collaborative approach of the project through regular consultation with key stakeholders, particularly the project partners –ADCQ and HRC. This was done mainly via the Reference Group and also through regular discussions and meetings with key contacts within the Commission.

1.4.5 Key Stakeholders and Interactions

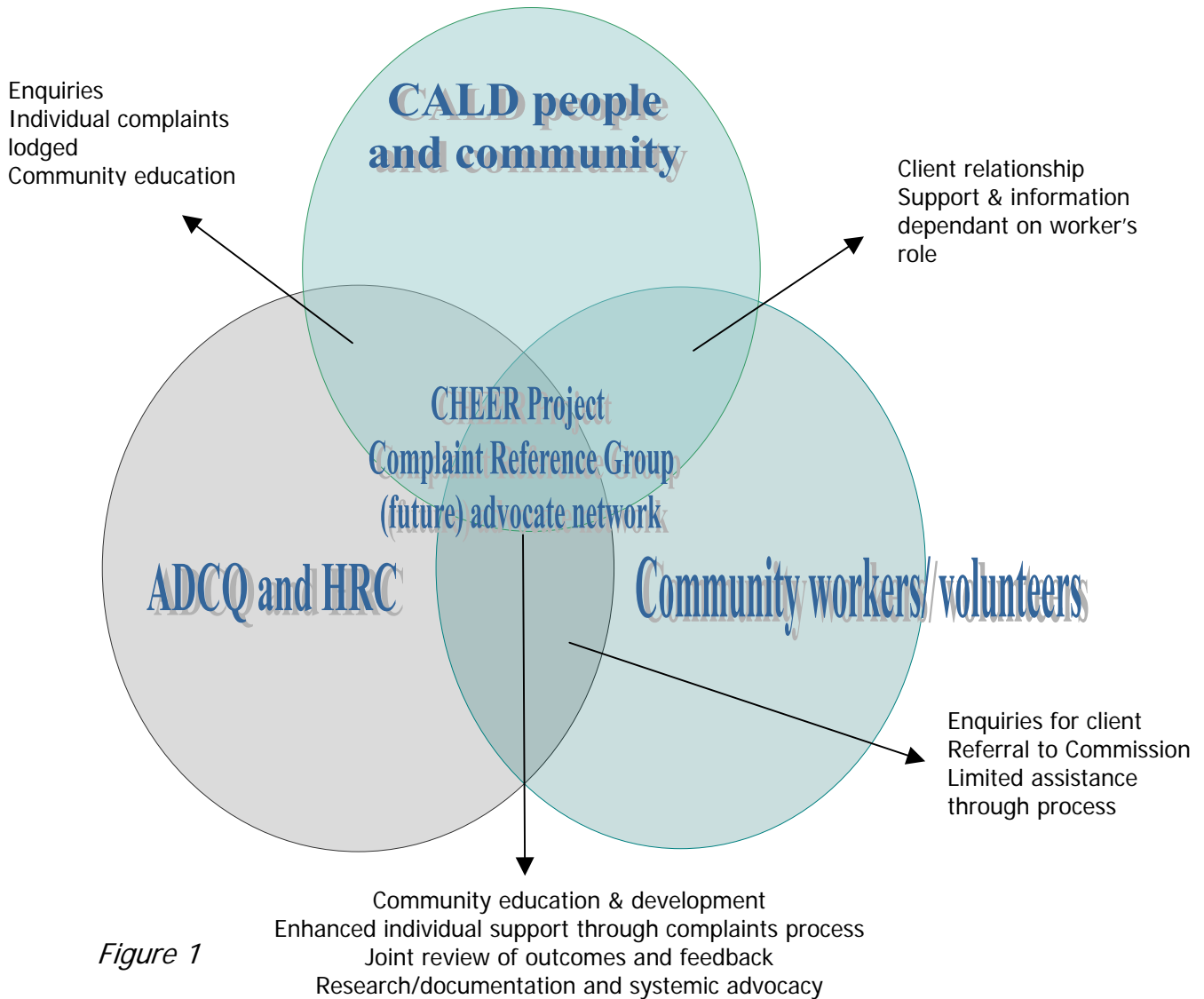


Figure 1

1.4.6 The objectives of the CHEER project

The following CHEER objectives were developed as a result of the above collaborative work:

1. To raise awareness within CALD communities in Queensland of complaints bodies and processes
2. To provide a solid basis for advocating for improvements by collecting data in health and employment experiences of people from CALD backgrounds and on their experiences/barriers of making a complaint.
3. To support people from CALD backgrounds to make complaints.
4. To establish a pool of trained advocates who will support people from CALD backgrounds to make complaints.
5. For community agencies and government bodies to work collaboratively.

2. Target Communities

Queensland is an increasingly diverse society with one in five Queenslanders born overseas and over one in twenty speaking a language other than English at home.¹²

The issues tackled by the CHEER project are experienced by all CALD communities, including new and emerging groups and the more established communities in Queensland. This is demonstrated by the range of individual advocacy clients who accessed the CHEER project: people from El Salvador, Sudan, China, Hong Kong, Jamaica, Poland, Somalia, Rwanda, Russia, Papua New Guinea, South Africa, India, Philippines, Romania, Ethiopia and Mauritius.

The CHEER project did not set out to target particular cultural groups rather, as a pilot, it used existing work in the area to tap into a range of communities.

For example the community specific workshops included the groups involved in the Brisbane City Council coordinated *It's OK to Complain* brochure promotion, namely: Somali; Afghan; Persian; Ethiopian; Eritrean and Croatian. The audio resource was also translated into languages appropriate to these groups.

CHEER endeavored to keep the project's work open to all CALD communities and broaden its reach as much as possible. For this reason the audio resource was also translated into Mandarin, Vietnamese, Arabic and Spanish.

The Bosnian and Polish communities were also reached directly through the provision of information workshops at the invitation of community representatives and the Vietnamese community was accessed through

participation in an Employment Expo for the Vietnamese community in Brisbane. The Project Worker also addressed an African Community Leaders forum in December 2004.

The project was focused mainly in Brisbane however a further six regional areas were included through regional workshops in Logan, Toowoomba, Ipswich, the Gold Coast, Sunshine Coast and Townsville.

Each of these regions had their own diverse makeup of cultural groups. The project used regional multicultural workers to tailor its approach to the requirements of the different areas. For example, some regions had a concentration of particular groups, such as Toowoomba with a large Sudanese population; there was a focus on issues specific to these communities.

3. Project Constraints

3.1 Timeframe

A 12 month timeframe created significant challenges for the project given its multifaceted approach. Whilst the approach allowed different methods and activities to be used and analysed, it placed high demands on the one full time worker employed to implement it. This meant it was difficult to have the necessary space to consider links to effective projects following this pilot.

In addition, the increase in interest, referrals and approaches directly from the community was significantly greater around 9 months into the project. With more time, there would have been an opportunity to follow more complaints to their final conclusions and therefore more fully assess the value of the advocate role. A longer timeframe would also have allowed the project to consolidate its community education work by revisiting some communities and developing new models of delivery where found necessary.

3.2 Restriction to Employment and Health Issues

While employment was a significant issue for many of the CALD participants of the project, it was decided early on to increase this to general issues concerning discrimination (i.e. not only employment) as well as health. In this way a range of other issues being raised by communities were able to be considered through the project, greater credibility with participant groups was achieved and it was still within the context of both Commissions.

3.3 Availability of data from Commissions

It was not possible to effectively assess numbers of people from CALD backgrounds using the complaints processes of the Commissions because of each Commissions' restricted data fields and collection process of information by intake officers. For example, ADCQ collects information on a person's race if a complaint is relevant to this information (eg race discrimination complaint), but would not necessarily capture the information if the complaint is on entirely different grounds such as a sexual harassment complaint. Comparative analysis with other Commissions across Australia revealed similar issues of available data around CALD peoples' access to complaint processes.

3.4 Inquiries into Health

Just a few months into the project period, the Queensland Health system became subject to intense public scrutiny and inquiry. The increased interest and public debate including serious health complaints spurred by the investigation into Dr Patel at the Bundaberg Hospital (the Morris Inquiry), and the concurrent Queensland Health Systems Review had a significant impact on the HRC and the availability of its staff to assist the work of the CHEER project and prioritise the issues raised.

4. CHEER Project Phases

The CHEER project had three major phases:

1. Consultation and establishment
2. Operational
3. Evaluation and Documentation

4.1 Consultation and Establishment phase

This phase involved:

- Consultation with key agencies and reference group members in relation to the development and refinement of strategies for achieving the project objectives; and
- Training of the CHEER project officer in the complaint processes of both Commissions and establishment of additional data collection systems to support the evaluation of the project.

The following strategies were undertaken:

4.1.1 Refinement of CHEER project Plan

Initial consultation with key agencies and reference group members was undertaken in the lead up to the funded period for the project. Following the engagement of the Project worker further consultations were undertaken with the Complaint Reference Group to assist with refinement of the project plan including a review of key strategies and timing.

4.1.2 Training of Project Officer in complaint handling processes

The Project worker undertook an initial training/familiarization of the complaints processes of the ADCQ and HRC. This involved:

- an orientation of the Project worker at both Commissions offices
- introduction to key complaints officers within the Commissions
- a demonstration of the complaint handling processes including the intake process of complaint enquiries by each Commission.

Additional information was also made available to the Project worker, including de-identified case studies, annual reports and referral contacts.

Training in complaint handling processes of the Commissions was an ongoing process. As issues arose throughout the project period, the Project worker liaised with staff at both Commissions to become more familiar with their complaint handling processes. Additional opportunities were provided, such as sitting in on conciliation conferences and meeting with Conciliators to discuss the process of conciliation at the Commission.

4.1.3 Data collection

A review of the fields of data collected by the Commissions in their complaint process was undertaken by the Project worker in order to gauge whether the Commissions would be able to evaluate the uptake of enquiries and complaints in a way that would be meaningful for the project. Information relevant included the ethnicity/cultural background of complainants, language spoken and interpreter requirements.

Each Commission required a tailored approach for additional data collection systems and the Project worker worked separately with the Commissions to develop a process for providing this information. It was recognized that such

data collection could not necessarily show a direct connection to the CHEER project and its effectiveness in increasing access to complaint processes.

The following data collection systems were developed:

- HRC
A proforma was developed and agreed to be piloted by the Commission Intake team. Regular data monitoring updates to be provided to the Project worker.

- Anti-Discrimination Commission
ADCO agreed to provide two one-month periods of data collection (at commencement and towards end of the project period) to the CHEER project. Information to be provided included ethnicity, type of complaint, grounds of discrimination.

4.1.4 Incident recording

The significant gap between known incidents or experiences of unfair treatment and those which are formally reported is one of the primary issues for consideration by the CHEER project. Service providers/ community and case workers play a key role in bridging this gap. A process for the recording of incidents of unfair treatment/ discrimination is a useful strategy to capture or document what would otherwise remain unreported.

An incident form to capture the anecdotal evidence and stories of unfair treatment experienced was developed. This form was designed as an internal document for MDA and it was also provided to Complaint reference group members for their input and use where appropriate.

4.2 Operational Phase

Strategies developed and refined through the consultation and establishment phase of the project were implemented during this operational phase:

1. Community Education - Development and delivery of 'complaints' workshop sessions for:
 - 1.1. CALD communities
 - 1.2. People working with CALD communities (multicultural workers)
 - 1.3. Regional areas*

* Note – due to funding constraints, the regional areas were initially confined to SE Queensland, although an additional workshop was delivered in Townsville. It was acknowledged by the project Complaint Reference group that areas outside of this geographical region had a high need for a similar workshop session.

2. Individual Advocacy:
 - 2.1. Development of an advocacy model to assist people from CALD backgrounds in making complaints to either the ADCQ or HRC
 - 2.2. Provision of individual (or client) advocacy by the Project worker in accordance with the above model
 - 2.3. Advocacy training for volunteers based on model developed and client advocacy testing by Project worker
3. Development of an audio/visual resource to encourage people from CALD backgrounds to make complaints.

Collaboration with project partners and other agencies throughout this phase also served to encourage greater access to and promote awareness of issues around complaints in health and employment

A summary of these activities or strategies is provided at figure 2.

CHEER Project Activity Summary

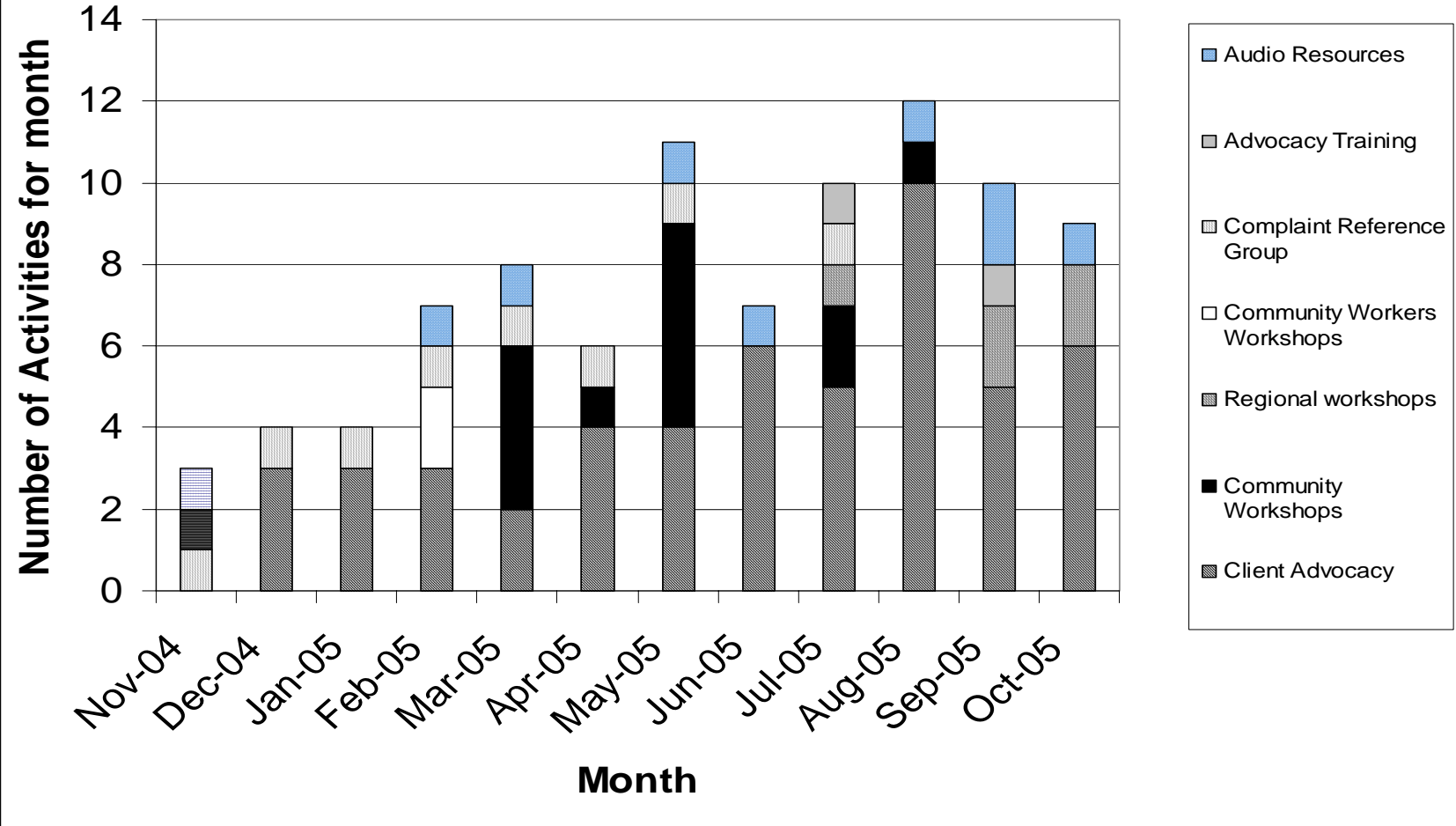


Figure 2: Summary of Project Activities

4.2.1 Community Education - Workshop Sessions

4.2.1.1 CALD Communities

Methodology

A number of approaches were made to provide workshop sessions to community groups. This included partnering with the Brisbane City Council funded 'It's OK to Complain' brochure promotion project; utilizing regular community gatherings and special events and delivering sessions by invitation of community groups or agencies.

Initially, a generic workshop session plan for the project was developed in consultation with the Complaint reference group and Commissions. However, decisions about the use of this session plan were ultimately made according to the approaches utilized for each workshop. In that way, the design and delivery of the sessions was flexible, ranging from a formal presentation of information followed by questions and answers through to informal discussions at community barbeques and meetings in private homes. Irrespective of each approach, the style, format and delivery was always undertaken in consultation with the community group(s) involved.

Approximately 2-3 hours was allocated for each session, although this varied depending on the requirements of each group and the approach of the session. So, for example, participation by the Project worker at an informal community gathering lasted anywhere from 1 hour to an entire day.

Partnership with Brisbane City Council 'It's OK to Complain' brochure promotion project

Early on in the CHEER project, contact was made between the Project worker and the Brisbane City Council to explore opportunities to share in the delivering of community workshops on complaint processes. Brisbane City Council were about to commence with an information session to promote production of the Combined Commissions (ADCQ, HRC, Ombudsman, Childrens Commission, Crime and Misconduct Commission) *It's OK to Complain: Your Rights are our Concern* brochure promotion in the following brochure-translated language groups:

- Farsi (Iran)
- Dari (Afghanistan)
- Tigrinian (Eritrea)
- Amharic (Ethiopia)
- Croatian (Croatia)
- Somali (Somalia)

Originally intending to conduct a straight-forward information session on the Combined Commission brochure, BCC agreed to partner with the CHEER project to deliver a more participatory workshop around complaints of unfair treatment. A total of 11 sessions were delivered in partnership with BCC (Attachment 2).

For these partnered workshop sessions, the Project worker undertook the facilitation role at the session, and ensured the availability of key Commission staff to attend. BCC provided the bilingual workers and arrangements for venues and catering. The bilingual worker also assisted the facilitator by discussing with the community in advance, any specific issues that they may wish to focus on as part of the workshop session.

For example, the Persian community decided to separate their workshop sessions into a session for youth and a session for older people. The bilingual worker identified employment and anti-discrimination issues as a priority for the young group, whereas health was more of a focus for the older group. The Somali and Eritrean communities preferred to hold the session during a social gathering of the whole community. This way, the session would reach a wide number of people and the informal approach would be enable people to feel more comfortable to discuss issues.

Utilizing regular community gatherings or events

A further strategy of the CHEER project was to utilize existing community gatherings as a forum for a workshop on complaints of unfair treatment. For example, the Project worker presented a workshop session at a regular community gathering at a local Mosque, as well as presenting at the regular gatherings by pensioner groups for the Croatian and Polish communities. A total of 6 sessions were delivered in this way (3 included in BCC partnered sessions).

The success of this approach depended somewhat upon the time frame allotted for the session by the group. In circumstances where the time was limited to an hour, opportunities for active participation and feedback were restricted. However, for the majority of these sessions the CHEER project featured as the main agenda, was allocated more time, and generated more participation.

Delivery of workshops by invitation of community groups or agencies

In some instances, workshop sessions were requested directly by a community group. Workshops were also directly provided to agencies supporting people from CALD backgrounds. The project delivered sessions to meet the particular requirements of that group. For example, participants of the Community Jobs Plan workshop focused on the Anti-Discrimination Commission and it's complaint process, with emphasis on employment issues.

A total of 4 sessions were delivered by invitation of community groups or agencies

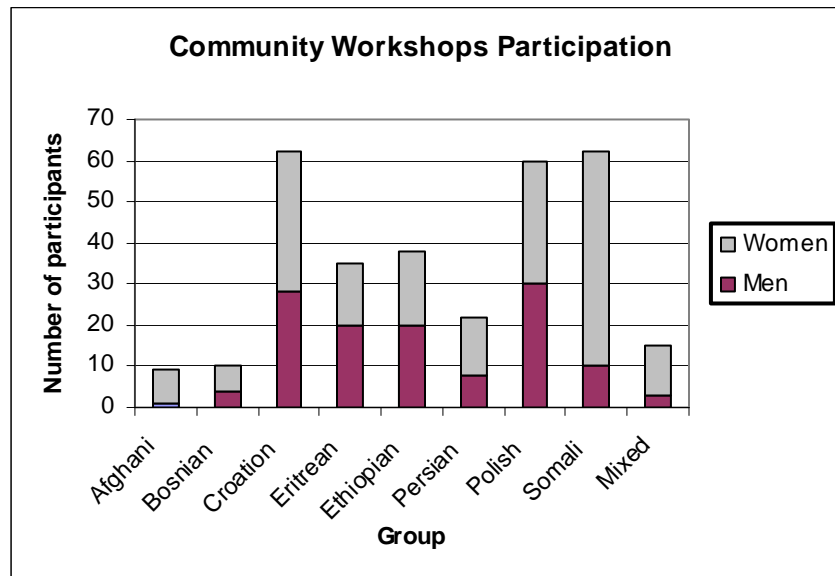


Figure 3: Summary of Community Workshop activity

Participation by the Commissions

Most of the workshop sessions with CALD community groups were attended by one or both of the Commissions. The Commission representatives at each workshop were a valuable resource for community members both in the provision of general information as knowledge or advice on specific issues for participants. The respective communities also had the opportunity to relay issues of concern and experiences of unfair treatment in health or employment directly to representatives from the Commission, some of which were able to be followed up on immediately after the session.

"I'd just like to say I am pleased to see you going around and asking people about their problems. I myself, no problems, but I believe when we have a problem, it's very good you speak to us. " participant – Croatian workshop

Commission staff benefited from the opportunity to meet with diverse groups and to hear first hand the issues of relevance to them, and the extent to which people are aware (or not) of their rights and options available to them.

Follow up by CHEER project worker with workshop participant complaints/issues

Following the community workshop sessions, participants were invited to speak to the Project worker about specific complaints or issues of unfair treatment.

This provided opportunity for more involved discussion or where, for example, the complaint was of a highly personal nature or the participant was too shy or embarrassed to speak publicly about their issue. The CHEER project worker could also, within certain agreed parameters provide direct advocacy on complaints of unfair treatment (Attachment 3).

Group issues were also followed up wherever possible. For example, at one community workshop, a number of complaints were raised about the quality and use of interpreters by a particular service provider. With support, the group brought their concerns brought to the attention of the service provider and received assurances that this issue would be addressed.

4.2.1.2 Regional Workshops -

Methodology

Identification of participating regional areas

As a pilot project, CHEER was not intended to cover all Queensland regions, but aimed to target a range of regions and communities to establish a general picture of the various needs and issues.

The Complaint Reference Group originally recommended the regional workshops be limited to South East Queensland due to the resource and time constraints of both the project and the participating Commissions. This was later expanded to include Townsville.

Six sessions were delivered in regions outside of Brisbane: Logan, Ipswich, the Gold Coast (Southport), Toowoomba, the Sunshine Coast (Nambour and Maroochydore) and Townsville. A total of 135 people attended.

These regions were selected on the basis of expressed interest from particular regional workers and the range of CALD communities connected to interested organizations.

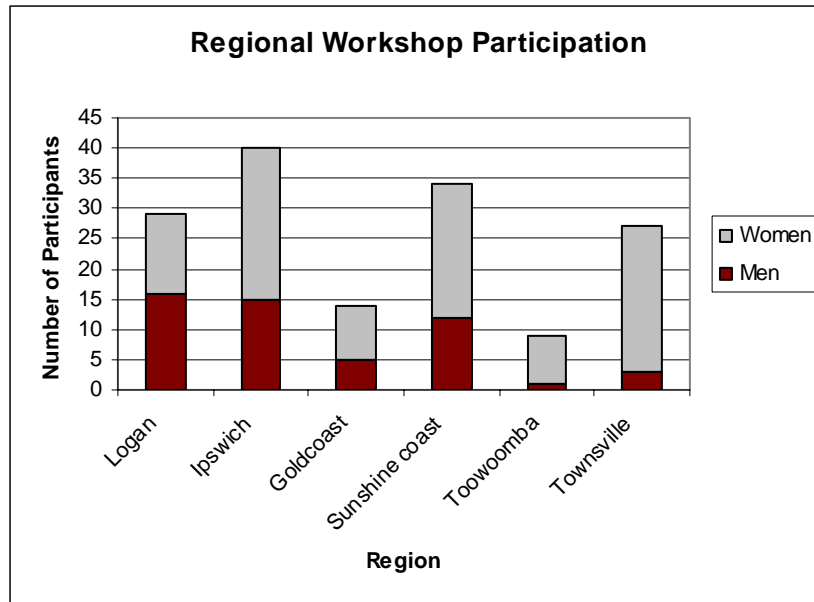


Figure 4: Summary of Regional Workshop activity

Planning and promoting workshop sessions

In each region CHEER worked closely with a local organization and key workers in organizing the workshops. Participants were recruited through multicultural support services, community organization networks, migrant employment programmes and English language classes (Attachment 1).

The method of delivery was kept flexible to account for the varying numbers, interests of participants and levels of knowledge of the subject areas, as well as to encourage participation in the form of questions and the sharing of personal experiences.

Prior to the workshop we consulted with the regional workers on expected participants and possible issues of concern that they would like addressed. In one instance, on the Sunshine Coast, this resulted in organizing a second, employment specific workshop for participants of an employment programme who were unable to attend the Nambour workshop in the morning. A shortened afternoon session was delivered and attended by the ADCQ representative and CHEER Project Worker.

Participation by Commissions

Both the Commissions attended all but one of the regional workshops (Townsville was attended by ADCQ only). The need for information and contact with these agencies was obvious. Community members and workers alike, found the opportunity to discuss issues and raise specific questions with the Commissions invaluable.

Follow up by CHEER

As all but one of the regional workshops were held towards the end of the project, it was recognized that there would be little opportunity for the Project worker to follow up specific complaints.

To address this limitation we ensured that the regional workers who were involved in organizing the workshops could identify themselves or colleagues who were in a position to offer support to community members. These workers were then offered support from CHEER in the form of information and referral for the remaining life of the project. They will also be sent the audio resource and advocacy training resource manual.

4.2.1.3 Workshops for multicultural workers

Methodology

Workshops were also held through the project for multicultural workers. The aim of these sessions were twofold: First, to provide information and awareness of the complaints processes of both Commissions and second, to explore the issues and strategies for dealing with barriers to making complaints by people from CALD backgrounds.

A workshop session plan for this was developed by the project worker in consultation with the Complaint Reference Group. However, the delivery of each session was flexible to ensure that it met the needs of each participant group. For example, Regional workshops included a combination of community members and multicultural workers.

Two workshops were specifically for multicultural workers in Brisbane. In addition, three regional workshops were primarily attended by multicultural workers.

Planning and promotion

The workshop sessions held specifically for multicultural workers were initiated by request from individual organizations following promotions at the consultation phase (Attachment 4).

An initial session was trialed with some multicultural mental health workers and was also attended by the HRC. This session enabled the facilitator to refine the session plan and prioritize learning needs. The session was also useful to assess advocacy knowledge and skills of caseworkers.

Community education workshop sessions - challenges encountered

The following challenges were encountered by the project in undertaking a range of workshop sessions for community members, multicultural workers and regional participants.

Volume and variety of workshop sessions required

In initial planning 20 workshops in total were expected to be delivered and more than 270 people reached directly. Whilst CHEER exceeded these targets there were difficulties in meeting them. CHEER worked creatively in its approach to the workshop sessions to overcome this, partnering with Brisbane City Council and attending pre-arranged community gatherings.

In addition, CHEER set ambitious targets in terms of the range of workshops. The three types of workshops (community, multicultural workers and regional) each required a different approach in design and delivery.

Attendance of all project partners

Logistical issues were encountered in the planning and preparation of the workshops. Wherever possible, the project sought to secure the participation of representatives of both Commissions as well as the CHEER project worker. A significant commitment of time was made by each of the Commissions in order to attend as many of the sessions as possible. This was particularly challenging for regional workshop participation, however attendance by both Commissions was achieved in the majority of cases.

Timeframe for each session

In general, approximately 2-3 hours was allowed for the delivery of each workshop session. However, in some sessions more time was needed to address the range of issues raised by participants. Several of the participants commented in their feedback that there was not enough time for the session, and this was particularly the case when interpreters were being utilized or in regional areas. Wherever possible, the Project worker was available after the session for one to one discussion of issues or questions.

4.2.2 Individual Advocacy

In the simplest terms ADVOCACY means to speak out, act or write on behalf of the interests of those who are disadvantaged. Action needs to be directed towards whoever has the power to improve the circumstances of the disadvantaged party.

Advocacy is an empowering process that involves standing beside an individual and assisting them to best communicate their interests and needs.

Barriers to making a complaint go beyond a simple lack of information or awareness. It includes fear of authorities, unfamiliarity with the system, language and cultural differences and fear of reprisals. Advocacy and training were introduced through the project to overcome these additional barriers.

Methodology

The advocacy approach of the project was twofold: the first, advocacy to support individuals directly in making complaints, or to address issues of unfair treatment in health or employment areas. The second advocacy strategy utilizes systemic principles to advocate towards enhancing services and to ensure current practices and functions are accessible and culturally sensitive.

The Individual Advocacy Strategy:

1. Developed an appropriate model of client advocacy for the project, sensitive to the target group(s) and specific complaint processes of the partner Commissions.
2. Provided advocacy to individuals by the project worker to help inform the project
3. Developed advocacy training materials
4. Delivered client advocacy training to CALD community representatives in order to support people from CALD backgrounds access formal complaints processes where appropriate.

The provision of individual advocacy had the immediate effect of supporting individuals with their complaints, as well as acting to inform the development of the training resource.

4.2.2.1 Development of a client/ individual advocacy model

The Commissions supported in principle the role of an advocate to assist a CALD client through the complaint process of either Commission. Both were concerned to ensure that their independence to any complaint process was preserved and maintained, and that the advocacy model developed as part of the CHEER project would reflect this independence.

There are many models of advocacy in use across Australia and internationally. One of the initial challenges for the project was to develop a model that would be suitable for people from all CALD backgrounds, and that would fit within the

Commissions' processes for making complaints. The project worker researched models of client advocacy and worked in consultation with the Commissions and complaint reference group members to develop a suitable model.

Challenges encountered

At the developmental stage of the client advocacy model, the HRC raised the issue of perceived conflict of interest. HRC felt that the project worker should not provide direct advocacy for clients going through the HRC process, as the project worker had a direct relationship with the Commissions. HRC remained supportive of advocacy being used as a strategy within the project, but wanted to explore provision of advocacy by someone other than the project worker.

There was also some concern expressed by HRC in relation to the level of involvement an advocate would be able to have once a complaint had been accepted by the Commission. The HRC maintained a view that the role should be limited at this stage and preferred complainants to speak directly for themselves. In order to alleviate this concern, an alternative model of advocacy delivery was developed for use between the CHEER project and HRC.

ADCQ welcomed the use of individual advocates to support complainants through the process.

4.2.2.2 Provision of individual (or client) advocacy by the CHEER project worker

Following the development of a client advocacy model, the project worker was able to advocate directly for a limited number of people through the complaints process (face to face and telephone). The purpose of this direct advocacy was to inform the project in the following ways:

- To explore and document the experiences of CALD participants in making a complaint;
- To examine the specific complaint processes of the partner commissions in terms of any impact on CALD clients
- To further refine the model of client advocacy for its continued use into the future through a volunteer advocacy network
- To assist a limited number of people in achieving their desired outcome following an experience of unfair treatment.

An alternative advocacy model was reached with HRC for direct client advocacy to the Commission's complaint processes. However, it was agreed that where the

client specifically requested the involvement of the project worker, then the project worker would provide direct advocacy for that client to HRC.

4.2.2.3 Development and delivery of appropriate client advocacy training

A training package was developed in consultation with the Commissions and complaint reference group to skill a network of volunteer advocates within CALD communities. This target group included people from CALD backgrounds already providing some level of advocacy or support within their communities.

Unlike other advocacy training, the CHEER approach focused on the model developed for the project, and explored the relationship of the advocate and client. Considerations such as how CALD clients interact with the advocate and how they perceive advocacy as a tool for achieving desired outcomes were critical. Cultural perceptions of what advocacy is, and who 'advocates' are, formed part of training.

Challenges Encountered

It was not possible within the project timeframe and resources to develop a training package to National accredited training standards. However, the training developed could form the basis for further development of a CALD specific, client advocacy training package.

Provision of ongoing support to trained volunteer advocates was also limited due to the project time frame.

4.2.3 Development of an Audio Resource

Methodology

The audio resource was the culmination of extensive consultation and research that began early in the CHEER project.

A discussion paper was produced in January with two options proposed: development of a website with a CD presentation and a video DVD aimed at workers from community agencies.

In March a survey was sent to all the Reference Group members seeking feedback on the two options (or any other suggestions). Analysis of this feedback:

- There was a need for information in multiple languages so that it could be accessed directly by CALD community members

- Concern that a video production would be too cumbersome for the Project Worker to deliver given budget and time constraints
- Strong support for a website but it was thought this would be better for stage 2 of the CHEER project
- The resource should be seen as a first step, providing simple, clear information to build the confidence of people experiencing unfair treatment.

It was decided to produce an audio resource (See project Outcomes and Achievements).

4.3 Evaluation and Documentation phase

Each of the above strategies were analysed and evaluated, culminating in this report. In addition, an independent evaluation of the project was commissioned.

4.3.1 Documentation

Permission from participants to document their stories was obtained. Personal information was appropriately 'de-identified' unless expressly permitted by the participant. Information collection/documentation methods were:

Incidents of unfair treatment from other sources (ie not collected by the Project worker):

- MDA Incident form
- Self reporting by each Commission - data collection on complaints and enquiries by each Commission
- Qualitative feedback from multicultural workers/ Complaint Reference group

Individual advocacy

- Data collection on the experiences of clients assisted directly by the Project worker

Workshops

- Profile of participants, including age, gender and cultural background
- Qualitative feedback from participants including:
 - experiences with the health system
 - experiences with employment
 - experiences and understanding of unfair treatment
 - experiences of making a complaint
 - barriers to making complaints
 - awareness of rights in relation to health or employment/anti-discrimination

Advocacy Training

- Data collection on experiences/ stories by training participants

Commission processes

- Information from attending conciliation process of ADCQ
- Information from Commission staff
- Conversations with clients/ workshop participants in relation to their experience with the complaint processes of the Commissions

4.3.2 Evaluation

This report presents summative evaluation of the CHEER project undertaken for each activity/strategy of the project and makes specific recommendations.

As an additional component to the project evaluation, CHEER engaged an independent evaluator at the commencement of the project to provide an overall assessment of the CHEER advocacy project. This evaluation has been included within this report and provides an evaluation of project outputs, process and preliminary outcomes.

5. Project Findings

Introduction

The CHEER project piloted innovative strategies to improve CALD people's opportunities to make formal complaints in either health or employment. In doing so, CHEER has been able to confirm some, and uncover many issues surrounding access to formal complaint processes.

The nature of a pilot project is to establish a starting point and provide direction for future activities. This report and the findings contained within it provide the necessary foundations for a continued focus on facilitating complaint making by CALD people. The author acknowledges that there is further research, analysis and practical application to be done before a complete picture can be achieved.

This chapter presents findings in relation to CALD people's:

1. experiences of unfair treatment (5.1)
2. knowledge of rights (5.2)
3. barriers to making or accessing complaints (5.3)
4. experiences with making a complaint (5.4)
5. use of strategies to improve access to fairness and equity (5.5)
6. use of individual advocacy and other strategies (5.6)

The findings contained in this report have been drawn from evidence-based information and work undertaken during the project and include:

- Information and stories provided by workshop participants, both community members and multicultural workers
- Information and feedback provided to the project worker through direct advocacy case work
- Information and stories provided by participants in receipt of advocacy training
- Information and feedback to the project worker by Commission staff and other multicultural workers
- Observations by the project reference group
- Independent evaluation report prepared for the CHEER project

Unforeseen Circumstances

The inquiries into the Queensland Health System and subsequent focus for HRC meant that there were fewer resources than expected, available to be dedicated to the CHEER project.

Many of the clients assisted directly by the project worker for direct advocacy did not progress into the complaint processes of either Commissions during the project period. The reasons for this are varied and range from the complexity of the case through to overcoming barriers (documented in this report).

The project worker experienced an increase in referrals for assistance towards the latter stages of the project, indicating an increase in awareness of and confidence to seek advocacy support.

Project workers' reflections

There were some challenges in ensuring that the findings reflected the complexities of issues and experiences raised through the project, particularly complaints supported directly by the project worker. The pathway to resolving complaints can be very complex, and this was evident in several of the health complaints brought to the project worker for support.

Frustrating to the project worker was that access (either via a supported complaint, or by agreement to observe aspects of a complaint such as conciliation conference) to the HRC complaint process was extremely limited. In contrast, ADCQ provided useful access to processes such as conciliation conferences throughout the project, which were both informative and educative to the project.

Whilst the main role of the project was focused on the complaint making process, it became evident that before this issue could be explored, there needed to be more exploration and understanding of what people believed was unfair. Cultural perspectives of fairness came into play significantly during discussions with CALD participants. Perceptions of advocacy are also culturally based and impacted upon establishing a model and in the development of a training programme.

The following findings and recommendations are made taking into account the constraints, reflections and evidence and observations described above. Some of these findings are drawn explicitly from the independent evaluation of the project.

5.1 Finding: People from CALD backgrounds are experiencing unfair treatment in health, employment and other areas.



It is acknowledged that the experiences or complaints of participants highlighted here and raised throughout the project are not necessarily complaints that would be accepted or successfully resolved through the HRC, ADCQ or any other independent complaint body. This chapter documents complaints or experiences of unfair treatment as told by and perceived by participants in the project.

HEALTH FINDINGS

5.1.1 Finding: Health related complaints raised during the project were extremely varied and included general health service complaints as well as complaints related to ethnicity and culture.

Treatment

A number of cases of perceived medical mistreatment were reported about the following types of health service providers:

- Dental (Public and Private)
- General Practitioners
- Hospitals (Public and Private)
- Nursing staff
- Specialists
- Optician

The types of complaint, or experiences raised:

- Wrong medication
- Surgical mistakes
- Failure to diagnose
- Wrong diagnosis
- Treatment without consent
- Treatment for wrong condition

The cases raised about inappropriate treatment were for the most part complex. Whilst it is not possible to draw conclusions about the substance of each complaint or experience raised by participants, issues of such a complex nature have highlighted the role of, and need for, a formalized complaint process to enable a proper assessment of the complaint.

Most of the participants who reported these issues did not have an awareness of their health rights, or knowledge of any process available to address the problem. For example, many participants did not know of their right to obtain a second opinion or specific complaint processes of the health service provider.

Examples of medical treatment complaints raised by people from CALD backgrounds during the project

A participant said that during her pregnancy she was prescribed medication. She took the medicine for several weeks but experienced dizziness and fainting. She went back to the hospital for a checkup and was told that she had been given the wrong medication. She stated that her child was born two months premature. Eight months later, she was experiencing poor vision, dizziness and loss of memory. She wasn't sure if this was connected to the wrong medication, but believed it probably was.

One lady underwent surgery which she believed was performed badly. Since that time she has had multiple hospital admissions with acute infections and a suppurating wound. *I was taking pain killers all the times and antibiotics... the smell was getting so strong and bad in my mouth and my body, I knew that soon the puss will burst out. The infection in my body was so great I had a bad odor around me. I have had 17 years of incredible suffering and many doctors told me that I am a miracle to be alive. I didn't know what to do.*

A man was being treated for cancer before his migration to Australia. When he arrived, he brought his medical records with him which detailed the radiation therapy that he needed. The medical staff did not look at the records and told him that he did not have any cancer. However, some time later the cancer was diagnosed and it was quite progressed. *Why couldn't they just look at the papers and follow up on the information? My papers said I had received chemotherapy and needed radiation but no one gave me any. Now I am very very sick. It's because [the other doctor] was from a developing country. They don't respect these doctors.*

Access to health care

Denial of access to health care is a significant and serious issue for health consumers. The HRC reports this as one of the primary complaint issues.

Doctor's Priority Line

The refusal of doctors to see a patient based on their language requirements was repeatedly brought to the CHEER project. Although aware of the free Doctor's Priority Line service provided through DIMIA, many private medical practitioners and medical centers are intentionally choosing not to use it.

A community worker booked a client for an appointment to see a doctor and specified that the client required a referral urgently. When the worker later checked on the client, she was told that the client had not been seen by the doctor even though she had turned up for the appointment. Upon making inquiries, the worker was told by the medical centre that the client was taken in to see the doctor however the doctor brought her out after a couple of minutes and said he can't help her if he can't understand anything she is saying. When questioned further, the Centre confirmed they do not use interpreters because 'the Doctors don't have the time. The clients only have a ten minute appointment'

In similar instances, participants spoke about arriving for a pre-arranged appointment only to be refused the appointment once the doctor or Centre has discovered that an interpreter/priority line service would be required.

I know of at least four Medical Centres in Brisbane that are refusing to use the free interpreting service. They claim it is too much trouble. - Settlement Support worker

Communication

Many issues of communication relate to language, particularly around the use or non-use of interpreters. However there are other communication barriers which arise from cultural differences.

A community settlement worker visited a client in hospital the day after she had given birth. When she walked into the ward, she noticed a strong, pungent odour in the air. When she enquired with the nursing staff why the lady had such a strong smell about her, the nursing staff admitted that the mother had not washed since giving birth. When the worker asked why this was, a nurse replied 'I didn't know how to ask her if she wanted to shower. She couldn't understand me anyway.'

Interpreters

Interpreting issues in the provision of health care in Queensland has been an ongoing subject of concern for CALD communities. The 2004 report *Lost in Translation – A Discussion Paper on Interpreting Issues in Health Care Settings in Queensland*¹³ highlighted significant problems with interpreting services, and produced a number of recommendations to address these issues. Unfortunately, it would appear that many of these issues remain relevant today.

Failing to use an interpreter

Many participants complained that they were not offered an interpreter, or that they did not know that they could request an interpreter.

One participant complained that an interpreter was not provided by the hospital for the first two days of his wife's admission to the hospital. *I could not understand what was happening with my wife and I didn't know what the doctors were saying to me. They seemed like kind people and I thought they were doing a good job, but it was much better when we finally had an interpreter... I wish I knew earlier that I could ask for an interpreter.*

A teenager with very limited knowledge of English went to the doctor and found the medical centre had forgotten to book an interpreter. Despite this, the doctor still met with the patient to give her the results from her blood test. The doctor wrote the results down for the patient to take away with her. She came home not knowing what information the doctor had given her. Later, the girl's settlement caseworker happened across the letter from the doctor. The family said they did not understand it, and wanted to show it their friends to translate for them. On hearing the contents of the letter the girl started laughing because she said it was impossible. The mother fainted. The caseworker then called the doctor and was told that the doctor had in fact made a mistake and that the girl was not pregnant.

Another common mistake was the perception that because a person spoke some English this meant an interpreter was not necessary.

One worker spoke about a woman who had been to see a doctor. She spoke some basic English and so the doctor did not use an interpreter. The doctor explained to the lady what was wrong with her. She went home shocked, because the word in English used by the doctor was close in her language to the word for Leukemia. She didn't know how to talk to her family to tell them that she was dying.

Use of inappropriate interpreters

Many instances of inappropriate interpreters being used were reported. These included the interpreter speaking a different language to the client, being from a different cultural or ethnic background, the opposite sex, or unqualified to act as an interpreter.

Speaking a different language

Some participants reported that they were provided with interpreters who spoke a completely different language to them. For example, an Amharic speaking participant was provided on several occasions with an Arabic speaking interpreter.

Several participants complained that they were provided with an interpreter that spoke a dialect so different from their own that they were impossible to understand.

Gender sensitivity

Workshop participants spoke of requesting an interpreter of the same sex, but finding at their appointment that an interpreter was of the opposite sex. At one of the regional workshops, a community worker spoke of a Sudanese client refusing an offer for an interpreter when going to a pre natal check up at the hospital because she knew that the only interpreter available in that region was a man.

Different ethnic background

Use of interpreters from countries where there is a history of conflict and civil war could be problematic.

My mother becomes very anxious before her medical appointments and has high blood pressure. She worries that the interpreter will be from XX and that they will find out information about her such as her name and address. The interpreter might even be a former abuser. This is a small community and we know that these people live here too. – community participant

Elderly people particularly felt anxious and distressed in this situation and not confident that their information would be interpreted accurately.

Lack of cultural awareness/sensitivity

Participants cited many examples of stereotyping and lack of cultural sensitivity.

In a maternity hospital a Sudanese man overheard a staff member say that 'Sudanese men don't want anything to do with their kids.' One midwife said to a new father 'oh you'll never bath the baby will you'. He did not respond but later told a friend that he was very offended by the comment and said he could and would bath his baby. - regional participant

One group of Islanders were distressed when they were sent out of the hospital when they tried to perform a ritual which involved wailing at the death of a relative.

Rudeness and discriminatory treatment

Several participants complained about the rudeness or inappropriate treatment by health provider staff, including receptionists. They believed that the reason for this treatment was racially motivated.

One participant complained that she had been verbally abused in public by the health service staff. Another participant believed that she was put at the bottom of the waiting list despite having been waiting for the longest period of time.

They cannot pronounce my name, they treat me differently, every time we are in the Hospital, they put me at the bottom of the list

Other participants experienced such rudeness by staff that they were fearful of going back and felt that they were being singled out for such treatment.

You know what I'm scared of - they will treat me badly. They will see my name. It will be on the computer. They will make me wait and be rude to me... - it's worse than the concentration camp – Polish survivor of concentration camp

When I see the [receptionist] at 8:15 because so many people in the queue before me, he was very rude. and said I should be here at 8am. When I'm nervous I can't talk

EMPLOYMENT FINDINGS

5.1.2 Finding: People from CALD backgrounds experience unfair treatment at work and in looking for work.

The employment complaints raised during the project can be categorized as unlawful discrimination, unfair working conditions and lack of skills recognition. The project focused mainly on the first of these categories as it fell within the scope of the complaint process of ADCQ.

Unlawful Discrimination

The *Anti-Discrimination Act 1991* Queensland makes it illegal to discriminate against people in certain circumstances, including at work, applying for a job, doing work experience or volunteer work. Unlawful discrimination in this context refers to being treated worse than others on the basis of certain grounds including race, religious belief, sex, age, impairment and family responsibilities.

Discrimination at work

Stories from participants about feeling discriminated against at work also revealed the significant health and emotional impacts of this.

A participant complained that she was being treated badly by her supervisor who's behavior included screaming at her, bullying and using intimidation and name calling. She found faults in her work and criticized her for working too slowly. She said that the supervisor treated other CALD workers badly. She was currently using her annual leave because the situation was making her stressed and sick and did not have any more sick leave left to take. She was worried about her safety and felt paranoid outside of work now as a result. *I have not given my new address details to work because I worry that [the supervisor] will know where I live and make trouble for me. I am concerned that I will be framed for something and will lose my job. [The supervisor] threatens me that there are bad things on my staff file, but I don't know anything about this.*

A participant from Sudan had been working at her job for a few months. *I worked 11 hours a day for three months.* She said that her employer was very happy with her work and offered her another position working with a different group of people. In the new position the co-workers didn't like her. *No-one talk to me at coffee break or anytime. After 3 weeks working there I was told to go to the office and they told me 'sorry, there's no work for you'. I was always a good worker, never late, no sick days, always did whatever shifts I was asked to do.* She said that that since then she has been unemployed *because people want to know why I left the job.*

One person complained about the treatment he received at work after his boss found out he was Muslim.

I worked in a small business and got along really well with my boss. Most of the time it was just us at the office. He liked my work very much. One day my wife came to visit me. [The boss] asked her what we were doing for Christmas. She told him that we don't celebrate Christmas, that we are Muslim. I didn't think anything about this, until later. He stopped joking around with me and started to find faults in my work. I just knew that it was because he found out we were Muslim.

Other participants complained that they were given more menial work, or less opportunities in performing duties at work than other colleagues. One young Muslim woman spoke about her work-experience placement at a large supermarket. She said she was kept in the back area of the store and never given an opportunity to serve customers.

The other girls were allowed to work at the cash register, talk to customers and be at the front of the shop. I just felt that the manager was embarrassed about the way I looked. None of the other girls wore a scarf. I was the only one out of us who didn't get offered a job at the end of the work experience.

Complaints about discrimination were not confined to the grounds of race or religion. Participants revealed experiences of discrimination at work on the basis of age, family responsibilities and sex. Sexual harassment at work was also identified, as was age discrimination.

At a regional workshop, one participant worked as a nurse at a geriatric hospital. She complained that the maintenance worker at the hospital used to hug and grope her, but she didn't know what she could do about this.

As soon as they see you, you can tell from their whole attitude that it's not going to happen. I know they are thinking 'oh she's too old'. But they don't say it. That's how they get around it. - participant complaining that she was being rejected for work because of her age.

Looking for work

Many of the participants in the project complained about the 'hidden discrimination' experienced when looking for work. Participants recognized the difficulties involved in proving this type of discrimination and spoke of their frustration and anger at this happening.

There are many skilled NESB people – the discrimination happens before they get to a job, they are not short-listed, interviewed etc and it is very hard to prove. The employer just says they have hundreds of applicants. Or they tell someone the job has gone when they hear their accent on the phone. Then they see the same job advertised again. We have hundreds of stories like that ...
community worker, regional workshop

I was never successful in getting to an interview when I used my proper name on the applications. But then I started to call myself David and then I began to get called into interviews.

I have experience back in Indonesia and a degree. But when I go for job here I was told you don't have the qualification. I went to college here and got the qualification. Went back to employer and they said 'you don't have local experience'. I got an interview and test for one job but they said 'ah no, your English is not too good'. They said I spelt some words wrong. I think they want a native speaker because it is easier, don't have to train me and fix my English.
- participant at workshop

Working Conditions

Many participants in the project complained that they were being underpaid. In many of these situations, participants indicated that they were either unaware of their employment rights in relation to wages or that they felt powerless to do anything about it.

I work in a sushi bar. I get paid \$11 an hour - \$1 an hour more than the other people there because I am a supervisor. I know this is not good money, but I don't have other Australia work experience so it is very difficult for me to find other job. - Chinese participant

One community worker reported that she had a client currently working in a Laundromat and being paid \$5 an hour. Despite knowing that she was being paid below the minimum wage, the client did not want to complain because she needed to continue to work.

Many of my clients are working in jobs with terrible conditions. I explain all the time that they should not be accepting such poor pay and try to explain their employment rights. In reality though, most people will take whatever work they can get – Community employment worker

5.1.3 Finding: People from CALD backgrounds are experiencing unfair treatment in other significant areas of life

From the beginning of the project, participants raised issues of unfair treatment in areas other than health and employment. The Complaint reference group considered whether the project should be broadened to include these issues. The following points supported their decision to include other complaint areas:

1. The ADCQ covers discrimination not only in employment, but in other areas of public life. Therefore it would be difficult to confine information about discrimination and the complaint process of ADCQ to employment alone.
2. Issues of unfair treatment in other areas of life may be given higher priority by people experiencing them. Including them in the project provided validation and support and increased confidence in using a complaints process.
3. Opening the issues to areas other than health and employment would inform the project of other high priority areas around unfair treatment.

The following section captures some of these issues, including unlawful discrimination, harassment and bullying. It is also important to note that the issues were all raised in the general context of 'unfair treatment' so were documented according to the participants perception of what is unfair treatment.

Neighbours

Problems with neighbours were a common complaint raised during the project period and an issue which had a significant impact on people's lives. Many workshop participants spoke of feeling intimidated and threatened, of being harassed or verbally abused on a regular basis by neighbours.

Two families complained of being racially harassed, threatened and intimidated by their neighbour. *The man and his wife say things to my grandchildren and I – they tell us 'don't speak your language, go back inside, why are you sitting out there. Your not human. You're ugly, smelly. Go away.* The family complained that the neighbour had also been making throat cutting gestures at the children and used foul language in front of them. The families were also worried that the man had been making vexatious complaints to other services about them. Every week they were having to answer to complaints made to Department of Housing about them. The behaviour had been going on for a number of months and had progressed to the stage where the mother of one of the families would not allow her children to play outside because she was afraid of the neighbour. On one

occasion, she was walking down the street, the neighbour swerved his car towards her, forcing her to jump out of the way. *I don't want to move because I like this house and it is close to everything. But I am preparing to move at the end of the year because I am scared for my children.*

Another participant complained that his neighbour yells at him whenever he hears him speaking his language. He said that he was constantly being abused by the neighbour and the friends of his neighbour.

Consumer Complaints

Unscrupulous sales techniques were identified. It appears that people from CALD backgrounds and the elderly are targeted, especially in relation to products being marketed by 'door to door' sales people.

A man arrived home to find a sales representative giving contracts to his wife to sign. They had recently arrived in Australia as refugees and his wife spoke no English. She thought the representative was from their phone company and that she had to sign the forms. When the husband asked the representative if he was from their phone company, the representative confirmed that he was. They both signed the forms for a 'new offer' and only discovered some months later that they were no longer with their phone company, and also that they were being chased by a debt collection agency for unpaid bills to the new company.

Another participant perceived that she was 'hypnotised' into signing a contract to purchase products by a door to door sales person. The participant, an elderly migrant with limited English said the sales person had asked her whether she lived alone. *I don't remember how it happened. I think I was hypnotized. I felt very scared. I paid \$3000 but I don't have this sort of money. Now I am scared they will come back again.*

Inter/Intra community conflict

Some people attended the workshop seeking assistance to resolve conflict or issues occurring with members from their own community. Conflict or tensions within many CALD communities often creates a challenge for individuals to seek support or assistance. This is compared with mechanisms utilized more commonly by the mainstream (such as dispute resolution services).

Housing/Accommodation complaints

Many people complained that it was extremely difficult to rent a private property due to their race and number of children in the family. More children generally resulted in less opportunity for securing housing.

We wanted to move to Brisbane to be closer to our friends and family. We could only afford to rent a two bedroom flat but no real estate agent would accept our applications because we have three children. All of my children are boys and they are happy to sleep together in the one room. We had to remain where we were and we are not very happy living so far away. – community workshop participant, regional workshop.

Understanding tenancy rights was an issue. One participant complained that he was made to sign a lease without seeing the house first (the agent only showed him a photo of the house). When the man went to the house, he realized it was different to the one he had been shown in the photo. He did not know what to do and was afraid to complain. Other participants complained that they were made to sign leases without understanding them.

One community worker told of a couple that had signed for direct debit of rent although they didn't understand what they were signing. Both the husband and wife signed separately and ended up paying rent twice!

The agent said its not their fault if tenants don't understand – community worker

Community workers spoke of ringing agents after their clients had been told that a property was no longer available, only to be informed that the property was still available. People with strong accents also spoke about being told that a property was not available, but when they got a friend with an Australian accent to call, the story was different.

Another participant complained that her neighbour was making frequent vexatious complaints to public housing about her family. She believed the complaints were racially motivated. The participant was stressed by having to respond to every complaint made. *It is not fair. We don't make trouble but he makes plenty trouble for us.*

Public Transport complaints

An elderly Somali participant complained that a particular bus driver on her normal route would go straight past her stop, even though she would ring the bell. She said that he would always stop for other people and even though she couldn't understand what he was saying she could tell that he didn't like her.

Another participant told of an incident with a bus driver that happened to her Indonesian friend. She was told by the bus driver to 'go back to your country'. She said this happened during the Shapelle Corby trial and believed it was because of her appearance. She complained to the bus company but received no response.

Racial abuse or harassment.

A significant number of participants complained that they were victims of some form of racial abuse or harassment. These incidents tended to occur in public areas such as on the street or at shopping centres, and the offender would be unknown by the victim. The other significant occurrence of racially motivated harassment was in a neighbourhood setting, with the offender being known or recognized by the victim.

Several workshop participants had experienced verbal abuse in the street by pedestrians and drivers saying things such as 'go back to your own country'.

One participant said that he was the only non-white shop owner on the main street of his town. He said that no-one came to his shop and he had eggs thrown at window and racist graffiti.

My neighbour always screams at me and tells me to go back to where I came from. They say they are sick of us coming here and taking all their jobs. I try to avoid him because I worry what he will say to me – community participant

5.2 Finding: Participants had a limited understanding or awareness of their rights and complaint processes.



Throughout the project, participants revealed a limited understanding or awareness of their rights in health, employment and discrimination more generally. Most of the workshop participants did not have a prior awareness of the Commissions, or the areas they covered. Reasons for this are varied and include the lack of available accessible information, unfamiliarity or confusion in understanding legal and administrative systems and processes.

At the beginning of the workshop, I asked the group to show by raising their hand, who in the room had heard of the Anti Discrimination Commission. Two people raised their hand. I then asked who had heard of the Health Rights Commission and no one in the room raised their hand. I asked the people in the room, "Do you feel confident that you understand your rights when using Health Services? Everybody said NO; they didn't understand their rights - project worker, Croatian community workshop

Several participants cited frustration at not knowing their rights or processes available to them.

I feel like it's the Dr's fault. I wanted to sue him, but I don't know English and I don't know what to do – Croatian participant

5.2.1 Finding: When CALD people do have some knowledge about rights and complaint mechanisms, it is in many cases vague, ambiguous or incorrect.

Where participants were able to demonstrate knowledge or awareness of rights and complaint mechanisms, often this information was partially or wholly incorrect. For example, several people thought that the only way to lodge a complaint was in English. They were surprised to find out that they could make complaints to the Commissions in their own language, or in alternative formats such as by audio recording.

Many participants were confused about where and to whom they could complain. Distinctions between State and Federal jurisdictions and other complaint making bodies were unclear or unknown. There was a common misunderstanding that complaints of unfair treatment could all be dealt with by the same body such as ADCQ. Other participants believed there were costs involved.

Participants did not understand about ways to bring a complaint of 'hidden discrimination' to ADCQ. Many thought that unless an act of discrimination was spoken or overt, it would not succeed as a complaint.

5.2.2 Finding: Information and awareness of the complaint mechanisms of ADCQ or HRC is low particularly in regional areas of Queensland

In regional Queensland the smaller numbers of people from CALD backgrounds and their isolation from more established migrant and refugee communities in Brisbane means they are less able to share information about these issues through their own communities.

The Townsville experience was notable for the reluctance of participants to volunteer personal incidents(or experiences)of discrimination and complaints. This seems to reflect an under-awareness of rights and complaints processes. - Community Worker

8 years living here and this is the first time we've had something like this – Ipswich participant

Health Findings

5.2.3 Finding: People from CALD backgrounds who receive inappropriate treatment by health providers are unlikely to know about their health rights or the process of HRC or other complaint mechanisms available to them.

Participants who felt that they had been unfairly treated by a health service provider had limited understanding of their rights and complaint processes available.

During a community workshop session a man stood up to reveal a large bulbous scar on his chest. He told the group that 10 years before, he had been operated on but is still in terrible pain and has excessive scarring and believed that the original surgery was performed incorrectly. The man beside him got up and also revealed a scar on his chest. This participant had also received the same type of procedure and yet he didn't have any pain and his scarring was minimal. When told about the time limitations for making a complaint (12 months from the time of the treatment, or when it was first known about). The participant said *"I didn't know. This is the first time I have found out that I could do something about this."*

Some participants experienced barriers when asking for information about their health rights, or when attempting to assert their rights.

I questioned my doctor about some treatment, and he told me that there was no point getting a second opinion, because he was the most senior surgeon in the hospital. What else could I do? – community participant

I wanted to complain, but when I started to ask questions, they became very rude to me – community participant

Employment/Discrimination Issues

5.2.4 Finding: People from CALD backgrounds who experience unlawful discrimination are unlikely to know about their rights or the process of ADCQ or other complaint mechanisms available to resolve the problem.

CALD community participants were not aware of Queensland and Federal legislation on unlawful discrimination, vilification and sexual harassment, including the different grounds for discrimination and areas of life covered.

This information is very important to us. I did not know this. I will go now and tell others in my community - community participant

At one community workshop, the project worker was asked by the young muslim women present whether they had to remove their head scarf (hijab) at work.

5.2.5 Evaluation finding: Workshop sessions were a successful strategy in reaching people not previously aware of rights and complaint mechanisms available to them.

The community education workshops proved to be an effective strategy to raise the awareness of hundreds of people, including people from CALD backgrounds, workers in the multicultural sector and people living in regional areas.

Of those community workshop participants who were able to complete evaluation forms, the following details were recorded:

- 20% rated the workshop as excellent, 60% as very good and 20% as good.
- All participants learned more about their rights when using health services and how to make a complaint to the HRC.
- All indicated that they would tell people in their community the information from the presentation.

Workshop evaluation was undertaken by interviews by the project worker, participants and bilingual workers. Some comments made:

"It was very good, a great forum to air stories. It was great that the regions were included. People will remember it. The informality was good. It was positive for service providers and community members to attend together – it builds trust. It was seen as a team effort – Lifeline, Council and others." - Toowoomba workshop

"People don't have enough information or know about their rights or how to prevent problems. Workshops give good information and confidence." - Ethiopian community worker

People from our community didn't know these services existed. They had lots of questions. There was a very good response. We didn't know it was OK to say no. Some have had sexual and verbal harassment in the workplace, now we know where to go.

Use of the information:

I've spoken to about 30 people about the information from the workshop.

I learnt so many things which I pass on to others. I announced the information on radio 4EB in our language to reach more people – in a program for young

people and another for adults. I've used the information with my clients (settlement) many times.

*I took the information to other uni students. People come to me and I explain things to them – about health and employment. I was at a picnic for the Persian community and people brought it up. I've talked to over 100 people so far.-
bilingual worker*

Attendance of workshop sessions by ADCQ and HRC

Participants at workshops especially valued the presence and participation of ADCQ and HRC staff.

Now we know more about process of complaints. Kate [ADCQ] was excellent – Good workshop! Congratulations – Regional workshop

Having [the Commissions] there was better because we could ask them difficult questions and they were very informative. Maybe it is easier to call them now we have seen who they are. – Community participant.

Commission staff also highly valued the opportunity to be involved.

The community workshops were excellent, we heard a lot of stories and it was great to meet people from ethnic communities. It gave us a better link with the communities; the personal approach is important. (ADCQ)

The HRC supports CHEER outreach activities. The project broadened my awareness of emerging communities. (HRC)

5.2.6 Finding: People appreciated information provided to them about the complaint process of both Commissions, and wanted more education and information.

Information about the complaint process of both Commissions was provided to participants in a variety of ways. Participants received direct information through presentations at the workshops, utilizing interpreters where required. General information about the complaint processes was also provided in multiple languages through the Combined Commissions *It's OK to Complain* brochure as well as ADCQ translated flyers. Information was also provided directly to participants in receipt of advocacy by the project worker, through participation in advocacy training. The project also responded to requests for further information and education by producing the 'Treat Me Fairly' audio CD in 10 community languages.

Feedback from participants throughout the project reflected a need and desire for accessible information about the complaint processes of both Commissions. Participants also noted that the only translated information about HRC was a short section in the Combined Commissions brochure. They felt that this was not sufficient.

The youth workshop was very good - they loved it – they keep asking to have more workshops. They keep asking so many questions about discrimination. We learnt many things – what to do, where to go. Before they didn't know anything, kept their problems inside, got depressed. Now they can solve their problems.
Bilingual worker

In evaluation, members of the complaint reference group expressed a concern to see that education and information was continued beyond the life of the project.

5.2.7 Finding: CALD people are also more responsive to information delivered face to face and with opportunities provided to discuss experiences and ask questions.

People responded positively to information delivered in person. This approach, which includes establishing trust and rapport helps to increase the participant's awareness of rights and confidence to use information.

I think they will because they are face to face so people will remember the information. Members of ethnic communities saw us service providers working as a team. This builds trust and they now know who they can talk to if they have a problem. – regional workshop

It was very intense, it engaged a lot of people. We were excited by it; there was a lovely buzz in the room. Hearing stories is very effective. People learnt a lot. They were particularly interested in discrimination – community worker

Watch your phones start to ring after I tell the community on Monday about what you are doing – workshop participant/community radio presenter

Opportunities also to talk direct to the project worker following the workshop sessions were important as some participants were uncomfortable with sharing personal information in a group setting.

I am pleased to see you going around and asking about their problems, it's very good you speak to us...I think that some people did have problems to share but in the large group setting they would feel uncomfortable to talk about those things but now people have your (Project Worker's) contact details, they might get in touch to have a meeting and talk in private – Community worker

Information provided via the advocacy training was also successful. CALD participants worked through a number of case studies and discussed their own experiences of unfair treatment. Emphasis was also given to cultural distinctions around advocacy and unfairness.

5.3 Finding: Barriers to making and/or accessing formal complaints do exist for people from CALD backgrounds



A review of research in Australia and internationally on good practice in complaints management found that complaints management in the Australian health care sector has been strongly influenced by the independent Health Complaints Commissions established in each state and territory.¹⁴

There are significant barriers to hearing complaints. For instance, it is well documented that doctors and other healthcare professionals are uncomfortable with complaints and can view complaints as unwarranted attacks on their commitment and competence. Other factors impinging on a providers' willingness to respond well to complaints is the fear of being investigated, and concerns about repercussions if acknowledgement of fault is given.¹⁵

The barriers confronting a person from a CALD background in accessing complaints are significantly greater than the broader community and can be attributed to a number of additional factors. Language difficulties, lack of

knowledge or awareness of processes, fear of authorities and experiences in ones' country of origin have all been cited as specific barriers to making complaints.

This section documents some specific barriers experienced by participants through the project.

Lack of knowledge or awareness about the processes available.

We don't complain because we don't know to whom to complain

I don't bother asking them why I didn't get the job. I know it wouldn't come to anything. You know it's wrong but you can't do anything about it.

Misinformed by health professionals

I was told by my doctor that there was no use complaining because it happened 3 years ago and besides, 'you can't afford the legal costs'.

A participant spoke of her son who had been rushed to hospital with severe back pains. He waited 5 hours, had an X-ray and was told by the doctor that the hospital would send a letter with an appointment to see a specialist. The lady said she had been waiting 5 months, still not heard from the hospital.

Language difficulties

"I collect these papers (brochures in Tigrinian) from everywhere telling me what to do, where to go. But everytime I follow that there is a wall in front of me. The information is not enough if you cannot do something about it" Workshop participant

I have no English. I didn't know that you could get interpreters. I feel shame

Lack of confidence in outcomes

Several groups when asked why they wouldn't complain formally responded that they did not believe anything would be achieved by complaining.

Fear of what will happen – influenced by experience in country of origin.

I am worried a complaint would make things worse in the job. My boss has powerful connections with [a political] party and others. She could influence things. Also I don't think it is so different here in Australia with corruption. This happened a lot where I come from in Latin America.

Other barriers

Some people are unwilling to complain because of their gratitude for being accepted to live in Australia. Participants often prefaced an issue or potential complaint with a statement of gratitude and that they are most of the time happy about the treatment or service they have received in Australia.

The service – wonderful, the nurses – wonderful. Everyone look after me – wonderful. But this one doctor. I feel dizzy and he laughs at me. I overheard the doctor say that the only reason I was there was to get compensation. He said 'if she gets a lump sum, she'll feel better' – participant describing a hospital experience following a car accident.

We don't complain because when we do we get told – 'you're lucky to be getting this treatment. You wouldn't have this in your own country'.

Other participants were influenced by comparisons with their country of origin

"it's not what I would do in my country" – participant commenting on going to the police with problems experienced.

I know that in a far away country, I get locked up. Or I tell the police and they would do nothing – Jamaican participant.

Feelings of shame and humiliation were also reported as reasons for not wanting to complain. One participant, despite having a very serious medical treatment complaint with potentially long term health consequences said that she did not want to complain as it would draw attention to her health problems and be shameful for her family.

Anxiety or stress was also a significant barrier to entering a formal complaint process.

One participant said that she had decided to resign as soon as she got a new job rather than going back to her job where she had been experiencing discriminatory treatment. *I have to let it go because it's no good for me. I felt I would have a heart attack or stroke... something like that*

5.3.1 Finding: Specific barriers exist in relation to the complaint mechanisms of HRC and ADCQ.

The twelve month timeframe for the project did not allow enough time to explore and analyze the specific complaint process of either Commission and their impact on people from CALD backgrounds. However, the individualized complaint mechanisms of both Commissions are difficult for people from CALD backgrounds to access and participate effectively in. Whilst there hasn't been enough done to address or provide a greater understanding of the reasons for this, the following specific barriers provide some insight.

HRC

5.3.1.1 The current emphasis on direct resolution of complaints is a potential barrier

The current emphasis on direct resolution of complaints is a potential barrier for people from CALD backgrounds. The intention of this approach has been to encourage health users to first seek to resolve a complaint with the health provider directly. There are significant benefits to the HRC process in this approach. For example, reduction in numbers of complaints that require assessment by HRC officers and prompt handling of less serious complaints. However, the direct resolution process has the potential to deter CALD complainants from taking their complaints any further.

Participants indicated that they would be unlikely to try to deal directly with a health provider if unsupported, and particularly if they approached the Commission to complain first. Other participants felt fear or mistrust of the health provider whom the complaint was about, and did not understand HRC advice to 'write a letter to the doctor first and seek an explanation'.

A further issue with direct resolution and CALD complainants is that there is currently no means of gauging the effectiveness of the 'direct resolution' approach at the intake stage. Data is not collected tracking whether a complainant received a satisfactory outcome from the direct resolution, or whether they had simply given up after being advised to try to sort the complaint out with the provider first.

5.3.1.2 ADCQ

The following barriers were identified by participants during the project.

Writing the complaint

Whilst ADCQ have a policy of accepting complaints written in any language, as well as in other formats such as an audio recording, the framing of a complaint so that it can demonstrate it meets the requirements of the Act is essential. As one participant noted:

Unless a person says certain 'key' words, it is very difficult for a complaint to get accepted. Peoples' education or understanding may be limited and this is in itself a barrier to the complaint process because the Commission is designed to hear those key words. You need to be able to frame your complaint appropriately. – Community worker, regional workshop

Complaint management

Several participants were confused with following the complaint process deadlines and written materials provided. For example, participants would receive numerous documents from the Commission including respondents' letters and would be supplied with dates for providing further material or attending meetings.

Public vs Private areas of Life

There are currently incidents of discrimination/ harassment which are not covered by the ADCQ Act. These are ones which occur in a neighbourhood setting (unless it can be demonstrated that the act was overtly public in nature). The issue of racial harassment, bullying and discriminatory acts by neighbours is one which has significant impact and was given high priority by the participants in the CHEER project.

Evaluation Finding

5.3.2 The project strategies helped some people from CALD backgrounds overcome barriers to making complaints, or to access their rights.

Many participants expressed greater confidence and willingness to enforce their rights or make complaints through involvement in the project. Effectiveness of each project strategy was evaluated to test the extent to which it would contribute to overcoming the barriers to making complaints. The responses included:

Workshops

- *Yes, it encourages them that it's OK to complain.*
- *It gives us ideas, we didn't know we had the right to complain, now we know how to make a complaint. We've gained confidence.*
- *Yes, people brought up complaints during the workshop and follow up was offered*
- *Before they didn't know anything, kept their problems inside, got depressed. Now they can solve their problems*

Training

- *Absolutely. A lot of people don't know how to do it – if there are more people who can encourage them it would make a big difference*
- *If something happens, now I know where to go and what to do.*
- *With my help they would make a complaint.*
- *I'm not sure – there are other factors – language, fear is still there.*

Individual Advocacy

All clients interviewed indicated that without the advocacy assistance provided, the problem would not have been addressed and the complainant would have remained distressed. All considered it very important to have a skilled person to help them

This country is not the country we know. We don't know what to do, where to go. It's very important to have help. - community participant

A combination of strategies further contributed to overcoming the barriers to making complaints. Information gleaned from workshops, contacts made or a relationship established, paved the way for increased confidence to seek support for making a complaint.

I am pleased to see you going around and asking about their problems, it's very good you speak to us...I think that some people did have problems to share but in the large group setting they would feel uncomfortable to talk about those

things but now people have your (Project Worker's) contact details, they might get in touch to have a meeting and talk in private. - community worker

5.4 Finding: Many participants who independently accessed formal complaint processes did not have satisfactory outcomes.

Throughout the project, the experiences of making formal complaints was documented. Many of these occurred prior to the project and the participants did not have support or an advocate to assist them with their complaint. Other participants were only able to access limited support from the project due to the late stage of their involvement.

5.4.1 Experience making a complaint to ADCQ

During the project period, CHEER was able to provide support, advocacy and information to a number of people with complaints of discrimination, however many of these complaints did not progress to ADCQ. This meant that opportunities for direct feedback on the complaint process of ADCQ were limited.

Several participants were referred directly to the Project worker by ADCQ. Of these referrals, three complainants were provided with advocacy support or information in relation to the Commission process. These complainants were not able to be supported directly during their conciliation process because of time constraints and the lateness of referrals in the project timeframe.

Conciliation Process

Many complaints are resolved at the conciliation stage, and this can provide some redress for complainants without the stress, delays and costs of court proceedings. Conciliation mechanisms, are however, still a daunting process for many people from CALD backgrounds. And the success of a conciliation process will often rest on whether the circumstances of the complaint can be clearly understood to be discriminatory, and fall easily within the ambit of the coverage of the laws, which is not always the case.¹⁶

Two participants were unable to resolve their complaints through the conciliation process. Both complaints related to discrimination at work. The participants spoke to the CHEER worker about their experiences of the conciliation process:

It was terrible. They [respondents] said I lied about everything. They all stuck together. If I want to go further I will have to go to the Tribunal. They know my situation – that I cannot afford a lawyer. They use this knowledge and can afford to take a risk that I won't take it any further. They've got all the resources. – Complainant 1.

It was not good.. It was three of them [respondents] against my word. It's like they get away with it. I feel hurt. All I want is to have a proper apology. Everything is shut away you know. I look kind of silly, stupid you know, on the day. I'm really depressed and want to move away from here.... I don't want to go ahead with [the Tribunal]. I can see there's not going to be any truth come – Complainant 2.

One participant was able to negotiate agreement during conciliation which included a financial settlement. However, he was not happy with the outcome and felt pressured into making a decision. He was not represented at the conference.

All I want is for people to know the truth about what happened to me. But now I cannot speak about it publicly. I have signed an agreement to keep me silenced.

Overall impressions

It's my first time working in this country. It's just little old me against them [employer]... I feel like I've wasted all this time.

The system is really unfair.

5.4.2 Experience making a complaint to HRC

There was limited opportunity to document experiences making a complaint to HRC during the project. However, several participants commenced the complaint process of HRC, but were unsuccessful in having their complaint accepted. The reasons for this:

- The complaint was too old (12 month limitation from time of incident or when complainant first became aware of the issue)
- The complaint was being investigated by another body
- The complaint was outside the scope of HRC

The following case study is included with the permission of the complainant:

My mother died after being given 19 different drugs over a 22 hour period. They said she died of natural causes. Now the police have reopened the case. There are problems in the health system and they want to cover it up. [The CHEER project worker] managed to get the case opened again; it had stopped. I had

tried a community legal centre, Legal Aid, Health Rights Commission. The coroner had said they would look after the case but they didn't. Before [the CHEER project worker] no one helped me, no one to talk to; I cry a lot. I couldn't find the truth. [The CHEER project worker] wrote letters for me, encouraged me to stand up for myself. My English is limited, I couldn't have written the letters. Now the Minister is helping and my local MP. Now there is good news, good future.

Contact with HRC by participants received mixed feedback. Few CALD participants had made enquiries to the Commission, although several community workers had done so. The community workers reported adequate service in terms of the information provided to them by HRC staff. However, a CALD participant who had multiple contact with Commission staff over a significant timeframe told the project worker:

I see you, I'm very relaxed. I go there (HRC) and I get very sad. I cry and go home and sick again. Crazy, angry. If they say we need more information or we close complaint, I very disappointed, sad, sick, angry, argue.

Participants complained that HRC staff did not understand them, or that it was difficult to understand what they were explaining to them.

In one example, a complainant being assisted by the Project worker became very agitated when asked whether they would go to the Health Rights Commission about their complaint. The complainant had spoken previously to an officer at the commission about their complaint and was very upset by their response. She told the project worker "I no trust them – I speak to them and explain my situation. They say I 'not common'. They not understanding me. This is why I need your organization". After some further discussion with the complainant and the Commission staff, it was realized that the Commission had told the complainant that they could not 'comment' – meaning that they could not comment on the rightness or wrongness of the complainant at that stage.

5.4.3 Experience making other complaints

One man had a tenancy problem. He'd left his house, but was refused the bond as the landlord said that the carpets hadn't been cleaned properly. The participant said that he had receipts from the carpet cleaning to verify it. He took the landlord to the Tribunal. He said that he was very disappointed with the outcome. Said that even though the landlord had no proof, or even his own receipts for cleaning the carpet, the landlord's story was believed and he ended up losing money from his bond. He said that he felt that because of his background and the fact that he was representing himself, he had a disadvantage in that setting.

Complaints/ Reporting incidents to the Police

A participant contacted the police to make a complaint about threatening behavior by her neighbour. The police visited the participant and she explained to them what had happened. Several weeks later, she contacted the Project worker for assistance because she continued to feel afraid of the neighbour. A meeting was arranged with the police to determine what action had been taken and to try to resolve the problem. At the meeting, the police stated that a formal complaint had not in fact been made. This confused the lady because she thought she had made a formal complaint. It turned out that because she did not say words to the effect of 'I would like to make a formal complaint or give a statement' the police did not record the incident as a complaint. When the police officer explained to her that by making a formal complaint, she might ultimately be asked to give evidence in a court, the lady immediately rejected the idea of complaining. *I left my country to get away from the problems and the fighting. I want to live peacefully here. I cannot go to a court and bring trouble to my family.*

Support in writing complaints

Writing to a company or service provider to complain, or express dissatisfaction can be very difficult for a person for whom English is not their first language. Often the complaint can be misconstrued or fail to accurately identify the issues and nature of the complaint. This process can be both frustrating and lead to a lack of resolution to the complaint.

Dear X,

I am really fed up with your attitude on your constant information you send me about this service. I have advised you before that I am not interested no more. Now open your ears as of today's date, please don't send me no information about bills that I did not consume but if you do intend to write me again or send information brochure to me I will do two things. One is will take the envelop to the rubbish bin and then take drastic action by reporting the matter to the police. A hint to a wise must be quite sufficient. The representative from your office you sent to me misinterpreted me. Now let this be the end of it all.

Yours truly,

XX

Letter of complaint reproduced with permission of writer.

This is a letter written by person complaining to a company after receiving bills that were the result of an unauthorized transfer from one company to another. Despite the clear message in this letter, it did not provide the outcome that the author had hoped for. With assistance, a new letter detailing the complaint(s),

grounds for making a complaint including the relevant law was sent. The complaint letter also listed the outcomes sought and provided a timeframe for response. The complaint was successfully resolved.

5.5 Finding: Individual advocacy and other targeted strategies improved CALD peoples' access to fairness and equity



The project has shown that barriers to access and equity for people from CALD backgrounds in a number of areas continue to exist, including accessing the complaint processes of HRC and ADCQ. Provision of individual advocacy, community education and development of an audio resource helped to promote access to fairness and equity for CALD participants.

These strategies were successful in overcoming these barriers, providing critical information and increasing confidence in their rights to fair treatment. In this way people from CALD communities are empowered to participate in society more generally.

Translating an access and equity framework into practice requires significant understanding and awareness of the needs of those people who are at risk of being marginalized or labeled.

Perceptions of fairness and equity varied. At times, participants believed that they were being treated unfairly because of their race or religious background, whereas they were most likely the subject of an inefficient or slow system. For

example, waiting periods for service at hospitals and public dental clinics. This issue also reflects that there is a significant gap in understanding how the health system works.

5.6 Finding: Individual advocacy increases CALD peoples' access to and participation in complaint processes.

Individualized complaint mechanisms such as those currently provided by ADCQ and HRC are difficult for people from CALD backgrounds to access and participate effectively in. In many cases, the nature of a complaint or experience of unfair treatment can be very complex and so to can be the process for resolution, particularly for health care complaints. CALD participants with complex complaints were much more likely to access formal complaint processes with the support of a trained advocate.

Furthermore, those people assisted individually by the project worker expressed extreme relief and gratitude that someone finally listened and helped them in a way that could progress their complaint or issue.

You are very kind, nobody else will help me... I no sleeping very well. I trust you... you help me.

5.6.1 The right for a CALD person to an advocate throughout all stages of a HRC complaint process is not clearly defined

Throughout the project, the advocacy role for assisting health complainants remained contentious. Whilst HRC staff expressed support for the role of advocates in achieving direct resolution outcomes for complainants, they were of the view that advocacy was less appropriate through other HRC complaint stages. This project demonstrates the role must go further than that. This is particularly the case with health related complaints which are complex in nature and involve multiple agencies or services.

Some reservations expressed by the HRC Staff were that advocates had the potential to take over the process, and it was important to hear information directly from the complainant. There did not appear to be any comprehensive understanding or appreciation of the potential inequity facing CALD complainants within the complaint process.

One client in receipt of direct advocacy required the following advocacy assistance:

- Accessing medical records
- Attendance at medical appointments
- Meetings with other professional bodies about ancillary issues
- Preparation of correspondence
- Assistance in preparing chronology of information
- Checking the correct interpreter was used for the process

The evaluation stakeholder meeting highlighted marked differences between the 2 Commissions with regard to their response to use of advocacy.

ADCQ

We love to have advocates to assist – it demystifies the process. Advocates can help people to come with realistic expectations. The community must understand that the ADCQ is not their advocate; having an advocate makes those boundaries easier. It's particularly difficult for people from diverse backgrounds to understand our role. It assists the respondent as well as an advocate sometimes provides a summary. We are happy for advocates to attend conferences and we run an advocates advisory committee to get feedback from advocates.(ADCQ)

We'd be glad of advocates we can refer people to – can it be broadened beyond employment?(ADCQ)

HRC

Advocates do not have a role in current HRC complaints processes.

Commission officers have had difficult experiences with advocates in the past. Once a person makes a complaint, the HRC staff support them through the process so they don't need an advocate. The HRC uses interpreters and helps people to write letters if needed. (HRC)

Concluding remarks

The experience of individual advocacy cannot be overestimated for people from a refugee background who have experienced violation of their most basic human rights. If they are to achieve their goal of contributing to and participating fully in community life in Australia, programs providing advocacy to address inequity are essential.

6. Outcomes and Achievements

The following outcomes and achievements were recorded by the project worker, complaint reference group and via the project independent evaluation.

Increased knowledge and awareness of rights and complaint processes of ADCQ and HRC

The CHEER workshops proved to be an effective community education strategy that raised the awareness of hundreds of people.

Wide reach was achieved: 21 CHEER workshops were held with 447 participating from the following communities: Eritrean, Somali, Bosnian, Persian, Croatian, Afghani, Ethiopian and Polish. People from 14 different nationalities were assisted individually. Approximately 70 multicultural workers attended workshops. Workshops were held in 5 regional areas: Townsville, the Gold Coast, Toowoomba, Ipswich and the Sunshine Coast.

Information was also shared with other members of various communities (who didn't participate in a workshop) as reported by bilingual and multicultural workers, achieving reach far beyond direct contact.

'Treat Me Fairly' audio CD produced

The Treat Me Fairly CD is a useful resource and has been produced in 11 community languages (Dari, Farsi, Amharic, Tigrinian, Somali, Croatian, Arabic, Mandarin, Spanish, Vietnamese and English). This resource will continue to reach CALD communities across the State, providing them with information about unfair treatment, actions a person can take, and how to complain. A separate track provides useful information for a support person or advocate assisting a person to make a complaint. This is the first such Multilingual resource produced in Australia.

Training of CALD community advocates

At completion of the project 18 people are now equipped with individual advocacy skills. The training provided knowledge and confidence to fulfill this role and those interviewed are regularly using the information.

Collaboration between community and government agencies was achieved

This was the first recorded occasion of a joint project between community organizations and the Commissions. It was very effective in guiding the project and organizing workshops. Collaboration was also effective with the ADCQ with regard to supporting the role of individual advocates but was not achieved with the HRC.

Satisfactory outcomes of complaints made by CALD participants were achieved.

Many participants reported satisfactory outcomes and renewed hope for a satisfactory outcome as a consequence of their involvement with the CHEER project. Seventeen people were provided with direct advocacy throughout the project.

After attending a CHEER workshop, one participant decided to write a letter of complaint to a medical centre where they had been treated poorly by centre staff. A week later, the lady received a letter from the medical centre apologizing for the unfair treatment, and humiliation caused because of it. The Centre also outlined what it would do to ensure that this would not occur again. The participant said that although they still felt humiliated by what had happened... *I was glad I complained because now I can see those people and hold my head up high and not feel shame.*

It's not fixed yet but now my friend is happy and feels safe – she was afraid before.

People assisted individually expressed extreme relief and gratitude that someone finally listened and helped them in a way that progressed their complaint or issue. Feedback indicated that such help is essential for people from a non-English speaking background.

I tried to help my friend but we didn't get anywhere. There was a lot of confusion and we couldn't get records from the hospital. [The project worker] knew how to ask questions to find out what is going on. She was methodical and patient and taught us what to do, she organised us to find out the history. Without her we never would have got to the bottom of it.

I'm 200% satisfied. [The project worker] was very patient, she understood my problem, she helped me – other people were scared but she helped me.

All indicated that without that assistance, the problem would not have been addressed and the complainant would have remained distressed. Some participants also felt renewed confidence through the support of the advocate.

You are very kind, nobody else will help me... after coming here I saw his (federal member) name in my post box. I went to see him and ask him for his help... I felt more confident... I'm not sleeping very well. I trust you... you help me.

Project Evaluation Report

The following is a summary of the CHEER project evaluation prepared by independent consultant Irene Opper BA MSWAP. Specific evaluation findings have also been included throughout the report.

Project Evaluation Report

INTRODUCTION

An independent consultant was engaged by MDA to prepare this evaluation report. Evaluation materials and processes were developed early in the project, in consultation with the Project Worker. The consultant conducted interviews in October 2005.

EVALUATION ISSUES AND CHALLENGES

It is challenging to evaluate advocacy projects and projects targeting people from diverse backgrounds. The difficulties arise from the following:

- Advocacy projects typically tackle complex issues that take significant time and effort before the outcomes are evident.
- Evaluation forms are not very useful with people who are not confident with English.

In the short time frame of this project (1 year) it is possible to evaluate the outputs (level of activities), process (how useful each activity is judged to be and how well each activity was done) and some preliminary outcomes (changes resulting from the activities). Due to the limitations of written evaluation forms, telephone interviews are employed instead of, or as a supplement to, feedback forms. Such interviews provide detailed information and have the advantage of being conducted some time after the workshop / training / individual advocacy assistance to allow the participant to reflect on the matter and allow for an indication of the extent to which the information has been used by participants.

EVALUATION SUMMARY AND CONCLUSIONS

Key findings in relation to the project:

- Wide reach was achieved – 21 CHEER workshops were held with 447 participating. Workshops were held for the following communities: Eritrean, Somali, Bosnian, Persian, Croatian, Afghani, Ethiopian and Polish.

People from 14 different nationalities were assisted individually. Approximately 70 multicultural workers attended workshops. Workshops were held in 5 regional areas: Townsville, the Gold Coast, Toowoomba, Ipswich and the Sunshine Coast.

- The project was highly informative and successful according to participants.
- The quality of the workshops, training and individual advocacy was very high.
- All project objectives were met.
- Some regional areas were covered but many were not able to be reached by the project.
- Collaboration of community organisation and the Commissions was very effective in relation to guiding the project and organizing workshops.
- Outcomes include sharing of the information with other members of various communities (who didn't participate in a workshop) as reported by bilingual and multicultural workers, achieving reach far beyond direct contact.

Key findings in relation to addressing the barriers to making complaints:

- People with ethnic backgrounds do not know their rights in relation to the health system and employment, or where and how to make a complaint. The CHEER workshops proved to be an effective community education strategy that raised the awareness of hundreds of people.
- 18 people are now equipped with individual advocacy skills. The training supplied the knowledge and confidence to fulfill this role and those interviewed are regularly using the information.
- People assisted individually expressed extreme relief and gratitude that someone finally listened and helped them in a way that progressed their complaint or issue. Feedback indicated that such help is essential for people from a non-English speaking background.
- Collaboration was effective with the ADCQ with regard to supporting the role of individual advocates but was not achieved with the HRC.

In conclusion, the CHEER project has proven to be highly effective in increasing awareness within ethnic communities about health and employment rights and complaints processes. It has also set the groundwork for people from diverse backgrounds being supported to make complaints by establishing the effectiveness of individual advocacy and training a pool of advocates. Calls to continue the work came from all quarters – workshop participants, multicultural workers including regional workers, the pool of advocates, people assisted individually, the Reference Group and the Anti-Discrimination Commission.

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Endnotes

- ¹ Commissioner for Health and Community Services Complaints , paper presented by the Commissioner to the 2nd Health Care Complaints conference in Hobart on 11 March 99
- ² Including the Commonwealth *Access and Equity Strategy* (1985); *Human Rights and Equal Opportunity Act* (1986), the *Racial Discrimination Acts* (1975 and 1982) the *Charter of Public Service in a Culturally Diverse Society* (1996); the *Anti Discrimination Act 1991* (Qld) and *Queensland Government Multicultural Policy* 2004
- ³ Human Rights and Equal Opportunity Commission, *Migrant women and the law: Barriers to access and equity* New South Wales at p77.
- ⁴ National Ethnic Disability Alliance, May 2004, paper to HREOC on the needs of people with disability from culturally diverse backgrounds
- ⁵ *Employment Issues Facing People of Non-English Speaking Background* – a joint report coordinated by Multicultural Affairs Qld, Department of the Premier and Cabinet and the Department of Employment and Training, March 2001; [Behice Bagdas paper](#)
- ⁶ Department of Employment and Training, *Employment Services for NESB Jobseekers in Qld, 2003*
- ⁷ Institute of Medicine, *Unequal Treatment: Understanding Racial and Ethnic Disparities in Health Care*, 2002, National Academy of Sciences, USA
- ⁸ Queensland Health Systems Review, September 2005
- ⁹ Grbich, C (1999) 'Migrant Health' in *Health in Australia ; Sociological Concepts and Issues*. Longman.
- ¹⁰ Human Rights and Equal Opportunity Commission (2003) *Ismae – Listen: National Consultations on eliminating prejudice against Arab and Muslim Australians* . This project aimed to explore experiences of discrimination and vilification of Arab and Muslims Australians post-September 11 2001, and understand why official complaint channels were not being used by people to respond to such experiences.
- ¹¹ *Ibid*, at 3.2.4
- ¹² Australian Bureau of Statistics 2001
- ¹³ Multicultural Development Association Inc. (2004) *Lost in Translation – A Discussion Paper on Interpreting Issues in Health Care Settings in Queensland*
- ¹⁴ Health Care Complaints Commission 2004a, *Turning Wrongs into Rights Project: Final Report*. Retrieved from www.hcc.nsw.gov.au
- ¹⁵ *Ibid*
- ¹⁶ Australian National Council on AIDS, Hepatitis C and Related Diseases, Occasional Paper No 1, May 2001, *Barriers to access and effective use of anti-discrimination remedies for people living with HIV and HCV*

Attachments

1. Treat Me Fairly workshop session invitation
2. BCC workshop partnered session invitation
3. CHEER promotional flyer for CALD participants
4. CHEER promotional flyer for stakeholders

TREAT ME FAIRLY!

Empowering Queensland's culturally diverse communities to access health and employment complaint processes

This workshop is an initiative of Multicultural Development Association 'Complaints on Health and Employment: Equity and Rights' (CHEER) Project.



DATE

TIME

VENUE

RSVP

Kate Chapman, 3394 9323

The CHEER Project has been supported by the Jupiters Casino Community Benefit Fund. It is a partnership project with the Anti-Discrimination Commission Qld and the Health Rights Commission

Multicultural Development Association

Level 2/ 57 Old Cleveland Road
Stones Corner
Q 4102
Phone: 07 3394 9323 Fax: 07 3394 9333
E-mail: katec@mdabne.org.au



Do you feel that you have been treated unfairly?

For eg. Have you been denied housing because of your race or dismissed from work because of your gender?

Did you know that there are different places you can complain to?

- **Anti-Discrimination Commission** deals with discrimination, sexual harassment and public hatred
- **Commission for children and young people** protects children
- **Health Rights Commission** deals with concerns and complaints about health care
- **Crime and Misconduct Commission** deals with complaints about official misconduct of public officials
- **Queensland Ombudsman** deals with complaints about public sector agencies

Its OK to Complain

Brisbane City Council is organising information sessions to understand your rights to complain if you experience any form of discrimination

These sessions will be held with a bilingual consultant between March and May 2005 at suitable locations and times in the following languages:

- Tigrinya
- Dari
- Farsi
- Somali
- Croatian
- Amharic

For more information please contact Sumathy Selvamanickam on 3403 4051
With thanks to Multicultural Affairs Queensland for funding this project

Are you thinking about making a complaint?

Direct support is now available through the Jupiters Casino Community Benefit funded CHEER Project (Complaints on Health and Employment – Equity and Rights). Kate Chapman from the Multicultural Development Association will be there to talk about this new service and listen to your stories.

Who are we?

Multicultural Development Association Inc.



The Multicultural Development Association Inc (MDA) is a community organization that was established in May 1998 to promote multiculturalism and empower people from diverse ethnic and cultural backgrounds through community development, education and training, and through a range of service delivery activities. MDA delivers services to clients based on the principles of Social Justice, Access and Equity, and Inclusiveness.

The CHEER Project is part of MDA's Advocacy Program, which has been operating for the past five years with the broad mandate of advocating on issues which affect people from diverse cultural and linguistic backgrounds.



For help, or more information

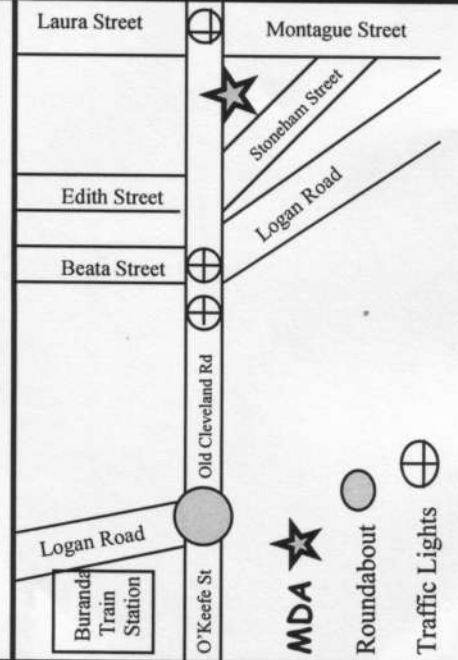
Please contact:

KATE CHAPMAN
(CHEER Project Officer) at
Multicultural Development Association (MDA)
Level 2, 57 Old Cleveland Road
Stones Corner QLD 4120
Tel: (07) 3394 9300
Email: katec@mdabne.org.au

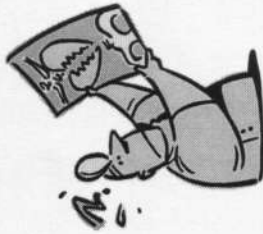
Going to MDA by Public Transport?

Buses: 203 & 204 (Old Cleveland Road)
174 & 175 (Logan Road)
Train station: Buranda

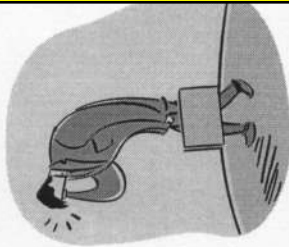
Map of MDA



Have you been treated unfairly...



.. By a health service?



... At work or in looking for work?



Talk to us - We may be able to help you

"CHEER"

Complaints on Health and Employment: Equity & Rights Project



What is Unfair Treatment ?

All of us have the right to be treated fairly, equally and with respect. Some forms of unfair treatment are against the law and include:

- **Discrimination**
If you have been treated differently because of (for example) your race, religious beliefs, disability, age, parental status, sex, or family responsibilities, then you might have been discriminated against.
- **Racial or Religious Vilification**
If someone acts in a way that causes other people to hate you because of your race or religious belief, then you may have been a victim of racial or religious vilification.
- **Sexual Harassment**
This means any form of unwelcome sexual attention. It can happen anywhere and may or may not be deliberate.

Other types of unfair treatment may include:

- **Failing to provide a service**
For example, you request an interpreter for your doctor's appointment, but this is refused. (This may also be a form of discrimination).
- **Incorrect or inadequate service**
You may believe that the quality of the service (for example, medical treatment) you have received was below normal standards.

The CHEER Project

If you believe you have been treated unfairly at work or by a health service we may be able to help you to do something about it.



The Complaints on Health and Employment: Equity and Rights (CHEER) Project supports people from diverse cultural and linguistic backgrounds to speak out about any experiences of unfair treatment in health or employment areas.

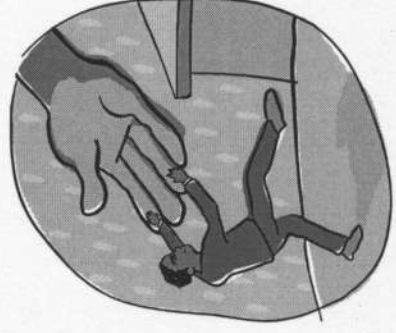
The CHEER Project works with individuals, communities and agencies to:

- Improve awareness of rights in health and employment
- Increase understanding of the roles of the Health Rights Commission Qld, and the Anti-Discrimination Commission
- Provide opportunities for people to do something about experiences of unfair treatment

The Complaints on Health and Employment—Equity and Rights (CHEER) Project is sponsored by the Jupiters Casino Community Benefit Fund

Talk to us— CHEER can support you by:

- Listening confidentially to your story of what happened
- Giving you helpful information.
- Being 'on your side' (as your advocate)
- Talking to you about the different things that you can do to help your situation
- Understanding any concerns you may have
- Standing beside you if you decide to make a complaint



Multicultural Development Association Inc.

The Multicultural Development Association Inc. was established in May 1998 to promote multiculturalism and empower people from diverse ethnic and cultural backgrounds through community development, education and training, and through a range of service delivery activities.

MDA delivers services to clients based on the principles of Social Justice, Access and Equity, and Inclusive Service Delivery.

The CHEER Project arises out of MDA's Multicultural Advocacy Program, which has been operating for the past five years with the broad mandate of advocating on issues such as employment and health which affect people from non-English speaking background.

The Complaints on Health and Employment—Equity and Rights (CHEER) Project is sponsored by the Jupiters Casino Community Benefit Fund

MDA is primarily funded by the Department of Immigration and Multicultural and Indigenous Affairs (DIMIA), and Multicultural Affairs Queensland (MAQ), Department of Premier and Cabinet

For more information on this project or advice on making a complaint, please contact:

KATE CHAPMAN
CHEER Project Officer
Multicultural Development Association Inc.
Level 2, 57 Old Cleveland Road
Stones Corner QLD 4120
Tel: (07) 3394 9323
Email: katec@mdabne.org.au
Fax: (07) 3394 9333

How to get to MDA:

Train Station - Buranda

Bus Routes:

Old Cleveland Road: 203 and 204

Logan Road: 174 and 175

Bus and Train information: 13 12 30

Complaints on Health & Employment - Equity and Rights Project

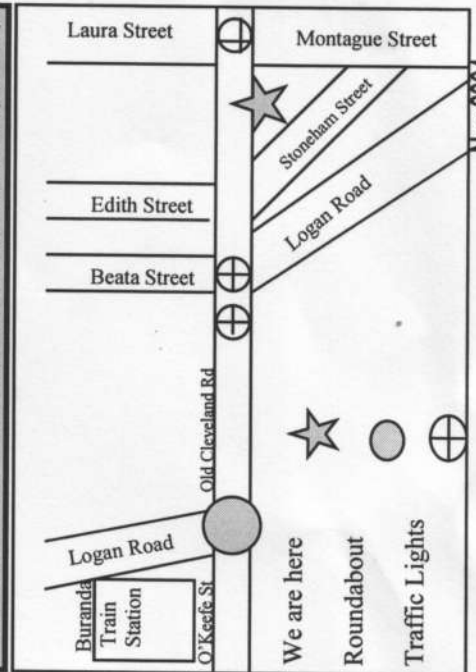
(CHEER)

*A joint initiative with the
Anti-Discrimination Commission
Queensland &
Health Rights Commission*



Multicultural Development Association Inc.

Multicultural Development Association (MDA)



Background to the CHEER Project

What is the CHEER Project all about?

The CHEER Project aims to improve access for people from culturally and linguistically diverse (CALD) backgrounds to complaints processes relating to health services (Health Rights Commission) and to employment issues (Anti-Discrimination Commission Qld).

Why is this initiative needed?

We know that people from CALD backgrounds experience problems with the health system and with employers and employment services. Such problems include:

- Racial discrimination in the workplace
- Harassment in the workplace
- Lack of access to services in both health and employment
- Lack of access to interpreters.

We also know that more often than not people from CALD backgrounds are not making complaints about these experiences to the Health Rights Commission or the Anti-Discrimination Commission Qld. Some of the barriers to making complaints include:

- Lack of awareness about the law and complaint processes
- Lack of trust in authority
- Fear of victimisation

CHEER Project Objectives

What do we hope to achieve ?

Over the next 12 months, the CHEER Project will work towards the following objectives:

- Increasing awareness within CALD communities around Qld of complaints bodies and processes
- Providing a solid basis for advocating for improvements by collecting data on the health system and employment experiences of people from CALD backgrounds and on their experiences of barriers to making a complaint
- Supporting people from CALD backgrounds to make complaints
- Establishing a pool of trained advocates who will support people from CALD backgrounds to make complaints
- Community agencies and government bodies to work collaboratively

How will this be done?

The CHEER project is innovative and multifaceted, combining community education, community development, individual and systemic advocacy. The CHEER project also has the support of an intersectoral reference group and full-time project officer to ensure implementation of all key strategies within the project.

Who is involved?

A CHEER Project Officer has been appointed to work with CALD communities, support agencies and the Commissions to facilitate the achievement of these objectives. The Project Officer will undertake to:

- Hold workshops/information sessions for CALD communities and community agencies
- Produce resource materials for workers in rural and regional Qld to enable them to hold such workshops
- Produce a report with recommendations, documenting experiences relating to the health system and employment, including experiences making complaints and any barriers faced
- Provide individual advocacy to people from CALD backgrounds who have a complaint
- Develop a model for supporting individuals and train community based staff and volunteers to assist people with making complaints

Complaints Project Reference Group

A Complaints Project Reference Group supports and guides the CHEER Project, and comprises representatives from a range of CALD community agencies, government agencies and the MDA. For more information about this group or involvement, please contact the CHEER Project Officer.