



The Water Well Project

2011-2022

Evaluating 12 years of Supporting Health Literacy

A review and evaluation of the past twelve years of The Water Well Project's health education sessions for communities from migrant, refugee and asylum seeker backgrounds in Victoria, New South Wales and Tasmania.

Acknowledgement of Country

The Water Well Project acknowledges the traditional owners of the many lands on which we live and work and pays respect to their elders past, present and emerging.

Thank you

The Water Well Project would like to thank the Lord Mayor's Charitable Foundation for providing the opportunity to reflect, evaluate and review twelve years of collected data from our health education sessions.

The Water Well Project is grateful to all the community organisations that we partner with and to our Volunteer Healthcare Professionals who generously give their time to facilitate health education sessions to support communities from migrant, refugee and asylum seeker backgrounds in achieving equitable access to healthcare.

Cover Page Pictured: St Anthony's Primary School Playgroup, 19 May 2022, Child Health and Development Session
Pictured: Canley Vale Public School, 27 June 2022, Child Health and Development Session



The Water Well Project Snapshot 2011-2022 (Victoria, New South Wales and Tasmania)

1252

Sessions facilitated



17000+

Session Community
Participants



85

Unique Health Topics



48

Local Government
Areas (LGAs)



41

Languages Spoken
within Sessions



186

Partner Community
Organisations



839

Volunteer Healthcare
Professionals



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Why We Are Unique

The Water Well Project provides free, interactive, community-based health education sessions delivered by volunteer healthcare professionals at the request of partner organisations. Sessions are designed in conjunction with community leaders and are a collaboration from inception to delivery. This ensures that sessions are targeted and relevant to each community group.

We believe our sessions fulfil a vital gap in the refugee support sector, as we frequently receive repeat referrals from new and existing community groups. With a focus on health literacy via knowledge sharing, our sessions encourage a direct dialogue between community members and our healthcare professionals.

Volunteer healthcare professionals are encouraged to avoid didactic teaching methods and rather to encourage conversation that enables reciprocal learning. Sessions focus on both functional health literacy skills such as knowledge about common health conditions, what services are available to access within our healthcare system, and also work on building health literacy skills – such as role-playing booking a doctor's appointment, reminding participants that they are entitled to ask for the assistance of an interpreter as well as utilising mobile apps to make healthy food choices at the supermarket. The use of tactile, visual and practical resources within sessions help to overcome language and literacy barriers, thus reinforcing learning and key messages during a session.



Pictured above: Western Sydney MRC Playgroup, 8 April 2019, Dental Health Session

Pictured below: Campbellfield Heights Primary School Hub, 7 November 2022, Healthy Eating and Nutrition Session

Introduction

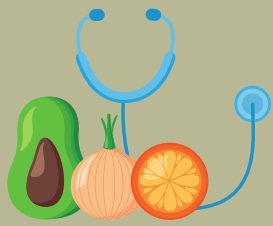
The Water Well Project was founded by Dr Linny Kimly Phuong in 2011, inspired by her own experiences as the daughter of Vietnamese refugee parents who arrived in Australia in the late 1970s. Throughout her childhood, Linny watched her parents navigate the healthcare system and would often act as the child interpreter during their medical appointments. Now a doctor herself, she understands the difficulties these communities may have in accessing healthcare services, different cultural beliefs of health and disease, language barriers, as well as lower uptake of preventative healthcare interventions due to lack of familiarity with Western healthcare practices, to name a few.

The Water Well Project was founded to improve the understanding by these communities of health, common illnesses, and more broadly the Australian healthcare system, to empower individuals and communities to take greater responsibility for the health of themselves and their families and communities.



Pictured: Linny's parents, Hung and Nguyet, in 1979 (their first year of arrival in Australia), sitting outside the North Richmond housing commission flats

Timeline



July 2011

Pilot Session in Victoria

Sep 2012

Deductible Gift Recipient Status

Nov 2013

First Project Administrator



May 2017

Pilot session in New South Wales

July 2018

Pilot session in Tasmania

Nov 2020

First Health Educator



Feb 2022

Transition of sessions back to face-to-face

Sep 2012

The Water Well Project became an Incorporated Association



March 2013

Translation and Interpreting Service (TIS) Partnership Commenced

May 2015

Expanded to include other healthcare professionals along with doctors to facilitate sessions



June 2018

Australian Securities and Investments Commission registration

March 2020

Transition of sessions to online during COVID

Aug 2021

Inaugural CEO



Evaluating 12 years of supporting health literacy

This project has allowed us to reflect, and systematically review and evaluate our practices across twelve years in provision of health education sessions to communities from migrant, refugee and asylum seeker backgrounds.

We have reviewed and increased our organisational capacity with the purpose of strengthening our Monitoring, Evaluation and Learning (MEL) processes to better communicate the impact of our activities. We hope to share our learnings to the broader community, health, and social sectors which we work within. This project produced three main outcomes:

- **Project Outcome 1:** Increased organisational capacity to undertake the necessary analyses, monitoring, reporting and learnings;
- **Project Outcome 2:** Improved understanding of current health literacy programs delivered within Culturally and Linguistically Diverse (CALD) communities in Australia, to identify strengths, areas for improvement, similarities and differences as well as determine best practice models;
- **Project Outcome 3:** Implementation of the recommendations to the organisation's health literacy initiatives based on the findings of this project.

Pictured: St Anthony's Primary School Playgroup, 19 May 2022, Child Health and Development Session



Theory of Change

Engaging with community groups through provision of health education sessions should result in improved engagement of participants with the Australian healthcare system due to an improved understanding of health, disease and access pathways within our healthcare system.

Activities	Outputs	Outcomes	Impact
1. Train a team of accredited volunteer healthcare professionals to deliver tailored health education sessions to communities from migrant, refugee and asylum seeker backgrounds. 2. Partner with community groups to deliver tailored health education sessions to these communities.	Health education sessions (face-to-face, online or hybrid) are attended by community groups.	Health education sessions improve the knowledge and confidence of individuals from communities; to improve access and engagement with the Australian healthcare system and with its healthcare professionals.	Improved knowledges (and health literacy) leads to improved health outcomes by individuals from communities from migrant, refugee and asylum seeker backgrounds.

Values:

- **Collaboration**
- **Compassion**
- **Respectfulness**
- **Integrity**
- **Accountability**

Mission: To promote good health and wellbeing to communities from migrant, refugee and asylum seeker backgrounds in Australia by improving their health literacy.

Vision: To ensure all communities from migrant, refugee and asylum seeker backgrounds achieve equitable access to healthcare.

Theory of Change

Short to Long Term Outcomes

Short Term	Medium Term	Long Term
1.Changes in refugees' awareness of an confidence in accessing appropriate health services. 2. Changes in knowledge/awareness of the culture and communication needs of refugees amongst healthcare professional.	Improved access to culturally appropriate health services for those from migrant, refugee and asylum seeker backgrounds, including routine use of interpreters in primary care and public healthcare settings.	Improved health literacy and overall health outcomes for individuals from these communities.

Problem: Some people from migrant and refugee backgrounds are at risk of poor health outcomes. This is due to many factors including language barriers, diverse cultural understandings of health and wellbeing, poor prior experiences of healthcare, and reduced access to health networks and accessible health knowledge. These factors contribute to poor health outcomes.

Assumptions: The provision of practical and interactive health education sessions helps participants understand the Australian healthcare system and empower them to act upon and implement this information to keep themselves and their families healthy. Attendees reflect on their learnings, share this with their families and communities, and more effectively engage with the Australian healthcare system.

This session was fabulous, the session facilitators told us that these were conservative women and they were not sure how the session would go. But they were fabulous and interactive and had plenty of questions. We explained the importance of finding a GP that you were comfortable with, as one participant had a male doctor and did not want to go to him for pap smear. (Volunteer Healthcare Professional, Lead On Again Women's Project, 22/1/2014).



Pictured: Liverpool Women's Health Centre,
14 October 2022, Women's Health Session

Methodology

The Evaluation team at The Water Well Project employ a mixed-methods approach, to systematically collect data to monitor and evaluate project progress, impact, and sustainability. Following each health education session, we conduct a feedback survey with session participants to measure their confidence and ability to navigate Australian health service providers. We also seek further feedback surveys from community representatives and volunteer healthcare professionals to identify community needs and further areas of improvement.

Qualitative data collection in the form of case studies and in-depth discussions with community representatives have supported us with a greater understanding of stakeholder perspectives. We present this data across all levels of the organisation to incorporate learnings that will refine and improve our program and performance, and to share our impact with our partner community organisations which we collaboratively facilitate health education sessions with.

An administrative data system has been used to track data across our three states, Victoria, New South Wales and Tasmania, and collect data on group demographics and Local Government Areas (LGAs). As part of our organisational improvements, The Water Well Project is transitioning to a Customer Relationship Management (CRM) system for future administrative data and evaluation collection. Increasing organisational capacity to improve our Monitoring, Evaluation and Learning (MEL) processes will further strengthen the long-term sustainability of our program and activities. By strengthening and reviewing our MEL processes we will be able to not only measure the impact of our program in collaboration with community partners but also ensure that our program is sustainable and meets the ongoing needs of community groups.

Pictured above: Liverpool West Public School, 23 May 2019, Kidney Health Session

Pictured below: 16 December 2013, Healthy Eating Session



Methodology

Throughout the past twelve years, The Water Well Project has been implementing improvements and adaptations to its MEL processes and tools, in particular, its quantitative data tools such as the post session feedback surveys. While there have always been questions on satisfaction with the sessions and what people valued, how these questions were asked has differed over time. These changes to questions are reflective of having a community led approach to evaluation (often termed participatory evaluation) and an ongoing process in improving organisational processes. Community engagement and relationships are at the centre of The Water Well Project and sessions respond directly to the community needs and so does the evaluation approach. Therefore, there have been changes to questions based on feedback from community members and volunteers involved in The Water Well Project.



Pictured: St Anthony's Primary School
Playgroup, 19 May 2022, Child Health and
Development Session

Quality Improvements

Evaluation Capacity Health Check: The Evaluation Capacity Health Check was developed by Health West to allow organisations to evaluate their current evaluation processes. This resource provided a self-assessment tool that focused on: Leadership and Culture, Staff Capacity, Systems and Structures, and Collective MEL Efforts. From the outcome of this tool, we have incorporated the priority activities into our long-term strategy, some of which were existing activities, and others which have since been added. See appendix for further information.

Make it Easy Tool: The Make it Easy tool was developed by Health West to support organisations implement improvements at an organisational level. This resource provides a self-assessment tool and additional resources enabling The Water Well Project to make improvements to their current processes by assessing our processes against five requirements to be recognised as a health literate organisation. Suggested improvements and activities from this tool are now being implemented and tracked quarterly. See appendix for further information.

Nous Strategic Plan, Impact Measurement: Through the support of Nous (International Management Consultancy Group), impact measurement has been identified as a key initiative to strengthen The Water Well Project's organisational foundations. This will be achieved by introducing robust outcomes monitoring to assist with evidence-based decision making and reporting. This involves clearly defining our program logic, collecting relevant data alongside this program logic, as well as automating analysis and reporting. Being able to effectively communicate the true meaning of health literacy and its importance underpins this work.

Pictured: St Anthony's Primary School Playgroup, 19 May 2022, Child Health and Development Session



The Water Well Project and the United Nations Sustainable Development Goals (SDGs)

The Water Well Project is dedicated to directly contributing and working in collaboration with partners towards the realisation of the SDGs. The following identified goals are closely aligned to our core activities and impact.



SDG 3 – Good Health and Wellbeing

SDG 3 focuses on Good Health and Wellbeing, to ensure healthy lives and promote well-being at all ages.

The Water Well Project's direct contribution to improving the health literacy of migrant, refugee and asylum seeker communities furthers Australia's commitment to the global Agenda for Sustainable Development and its advancement of national and global health goals by 2030.



SDG 5 – Gender Equality

SDG 5 focuses on achieving gender equality and empowering all women and girls.

The Water Well Project's direct contribution to improving the health literacy of women from migrant, refugee and asylum seeker backgrounds empowers women to make conscious and informed decisions relating to their health, while also informing them of their rights, and is not limited to their sexual and reproductive health.

The Water Well Project and the United Nations Sustainable Development Goals (SDGs)



SDG 10 – Reduced inequalities

The Sustainable Development Goal 10 focuses on reducing inequalities to ensure that no one is left behind in the implementation of the Sustainable Development Goals.

The Water Well Project's direct contribution to improving the health literacy of communities from migrant, refugee and asylum seeker backgrounds directly touches on supporting the reduction of inequalities that threaten longer term social and economic development, so that no one is left behind.



SDG 17 – Partnerships for the Goals

The Sustainable Development Goal 17 focuses on developing inclusive partnerships to build upon a shared vision and shared goals for sustainable development.

The Water Well Project's shared design approach with community partners in collectively working towards the improvement of health literacy in migrant, refugee and asylum seeker backgrounds, directly contributes to Australia's commitment to the global Agenda for Sustainable Development and its advancement of national and global health goals by 2030.

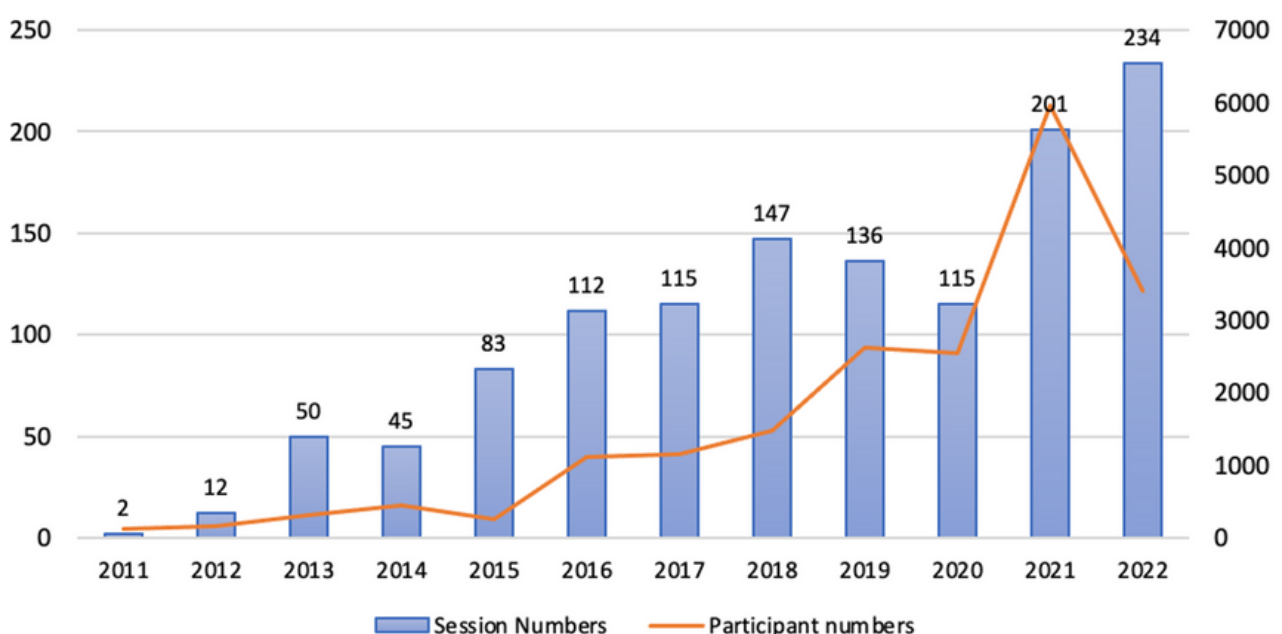
12 years of evaluating health education sessions



Since its inception, The Water Well Project has continued to grow, expanding our reach and numbers of sessions facilitated as well as number of community attendees. The following graph illustrates this growth over the past twelve years. In the initial years of The Water Well Project, returned participant surveys were a proxy measure for the number of community participants in attendance at sessions. Thus gaps existed in our data, most notably in 2014, 2016 - 2018, had gaps in capturing participant data, and as such the following graph presents these years as estimates, by assuming an average of 10 participants per session (of which our usual expectation is for 10-15 participants per booked session).

2020 was the year when the COVID-19 pandemic hit Australia and the year The Water Well Project pivoted to online sessions. Although towards the peak of COVID restrictions in Victoria, online sessions, webinars and talks became mainstream within the community, many of our target communities struggled with access to internet (and required internet bandwidth to participate in online forums and discussions) which was compounded by poor digital literacy. Notably in 2021, a virtual session delivered via Facebook Live reached 2,200 younger community participants causing a spike in participant numbers.

Session and Participant Numbers





Pictured: Southern Migrant and Refugee Centre
27 September 2022, Preventative Health Session

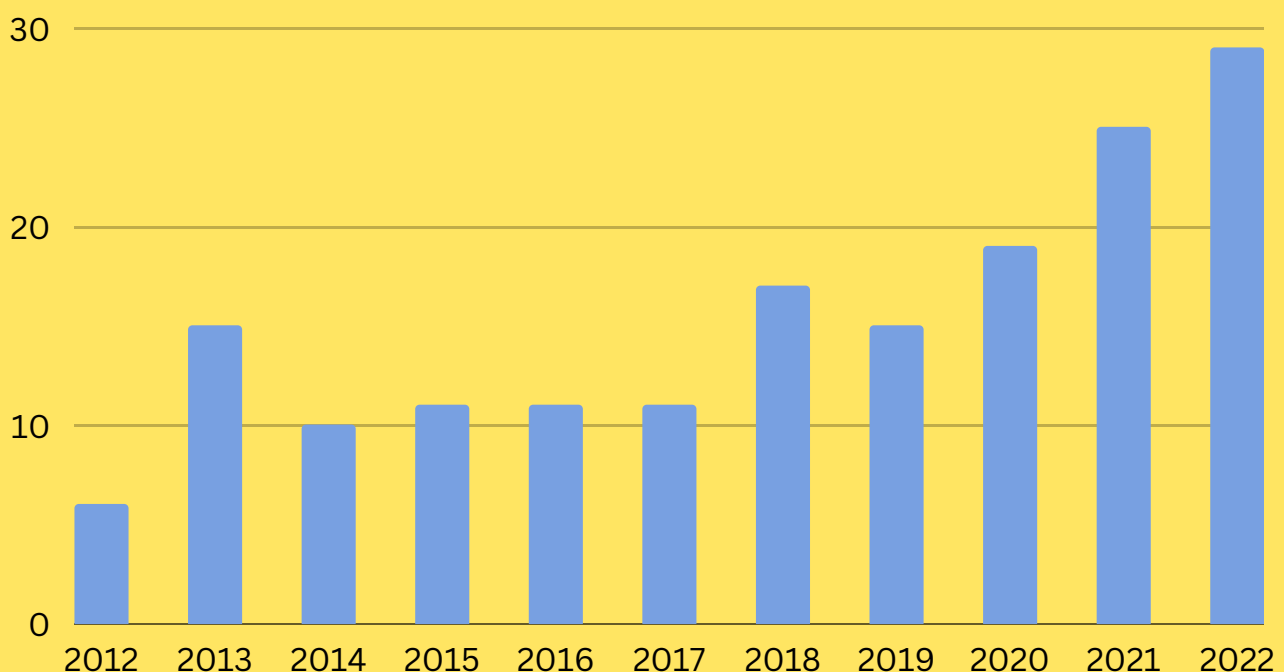
Local Government Areas (LGAs) in Victoria, New South Wales and Tasmania

The Water Well Project has facilitated health education sessions across 48 LGAs across the three participating states of Victoria, NSW and Tasmania between 2012-2022.

The Water Well Project facilitated the most sessions within the City of Greater Dandenong, which is located in Victoria. This is reflective of community needs, especially during the height of the COVID-19 pandemic. Data captured by Monash Health (South Eastern Public Health Unit, SEPHU) highlights the City of Greater Dandenong as the LGA with the lowest COVID-19 vaccination numbers and the highest rate of hospitalisations.

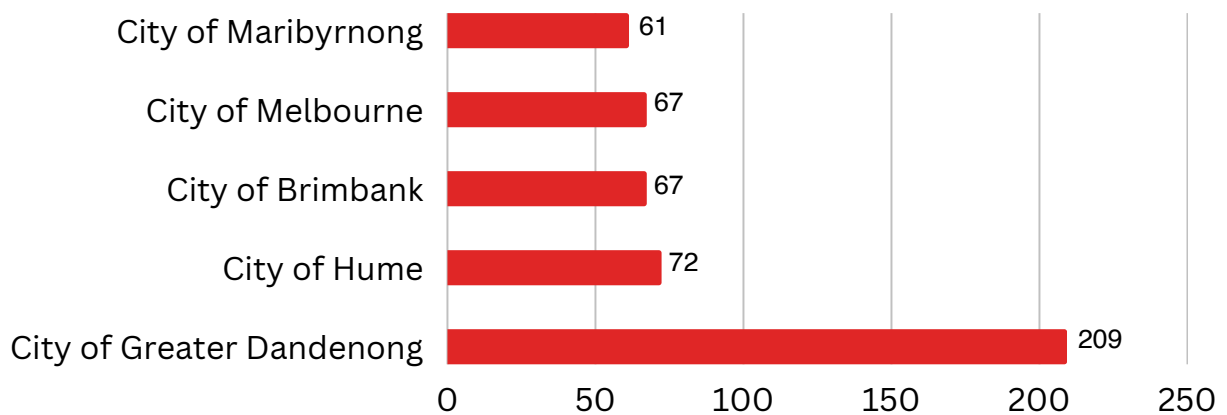
The Water Well Project is in the process of improving our data collection and recording tools. Throughout the past twelve years this has left some gaps in quantitative data recording, including LGA data. LGA information was not captured next to their respective sessions prior to 2017. For these sessions their respective LGA has been recorded based on the location of the partner organisation. There may therefore be some variation in the representation. The graph below demonstrates year by year the number of different LGAs (in all three states: Victoria, New South Wales and Tasmania) where health education sessions by The Water Well Project took place.

Number of unique LGAs reached per year



The following graph demonstrates the top five LGAs where The Water Well Project facilitated health education sessions between 2012-2022 in Victoria.

Top 5 LGAs for Session Delivery



Pictured Left: 1 March 2018, Dental Health Session
Pictured Right: St Anthony's Primary School Playgroup, 19 May 2022, Child Health and Development Session



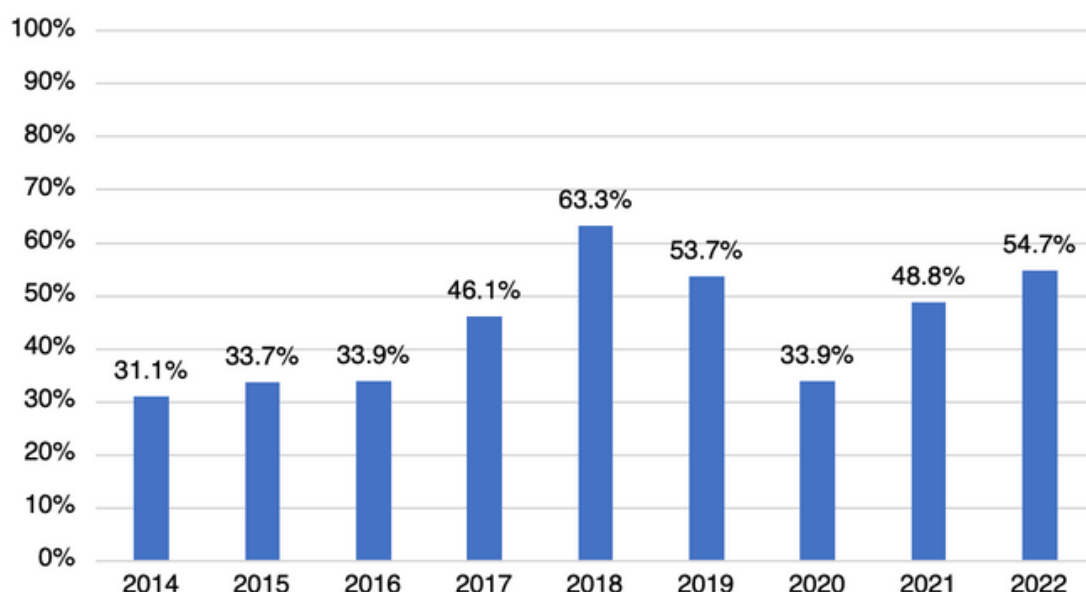
Languages other than English spoken during sessions

During 2014 to 2022, 47.47% of health education sessions required interpreting either through Translating and Interpreting Services (TIS) or this service was provided by the community. The following graph demonstrates not only the importance of offering an interpreter but also shows the necessity for the use of interpreters within clinical health settings. This is consistent with feedback from our community participants around language being a significant barrier to accessing and navigating our healthcare system.

The Water Well Project works towards addressing this challenge, through the provision of sessions with interpreters, and also by providing session participants with simple business cards which they can store in their wallets specifying their name and preferred language, which can be everyday situations in their daily lives. These cards can be helpful in communicating their need for an interpreter when presenting for a medical appointment.

The following graph highlights the percentage of sessions when a session was facilitated alongside an interpreter (across Victoria, Tasmania and New South Wales).

% of sessions where an interpreter was utilised



The Water Well Project records in our bookings when an interpreter is required and in what language. Since 2014, The Water Well Project has been fortunate to be in partnership with TIS National. The dip in booked interpreters in 2020 during the start of the COVID-19 pandemic correlates with our pivot from provision of face-to-face sessions to the online format. Initially, TIS and other interpreting services were not set-up for the purposes of online interpreting. However, as the pandemic progressed, this service expanded to embrace online technology.

This graph although illustrative of the importance of interpreters, does not reflect the vast number of communities of diverse cultural/ language and ethnic backgrounds that The Water Well Project supports. Moving forward, languages spoken by community participants will be recorded at each session so that our data is more representative of the diversity in language and cultural backgrounds of our community participants.

The Water Well Project has held sessions with the following 41 language groups between 2014-2022 across Victoria, Tasmania and New South Wales: Amharic, Arabic, Assyrian (Alt. Suret), Bengali (Alt. Bangla), Bhutanese, Burmese, Cantonese, Dari, Dinka, Farsi, Greek, Hakha Chin, Harari, Hazaragi, Hindi, Italian, Karenni, Khmer, Kinyarwanda, Korean, Macedonian, Mandarin, Nepali, Oromo, Pashto, Polish, Punjabi, Rohingya, Russian, Serbian, S'Gaw Karen, Sinhalese, Sudanese Arabic, Swahili (Alt. Ki-Swahili), Tamil, Tedim Chin (Alt. Zomi), Tibetan, Tigrinya, Ukrainian, Vietnamese.

Pictured: Dandenong Primary school session, 20 November 2015, Child Development and General Health Session



Health Topics

Health session topics have been workshopped throughout the past twelve years, creating new topics when required and refining existing topics. 2022 saw a significant review of Water Well Project topics and the list below represents the current Health session topic categories, each encompassing one or more topics.



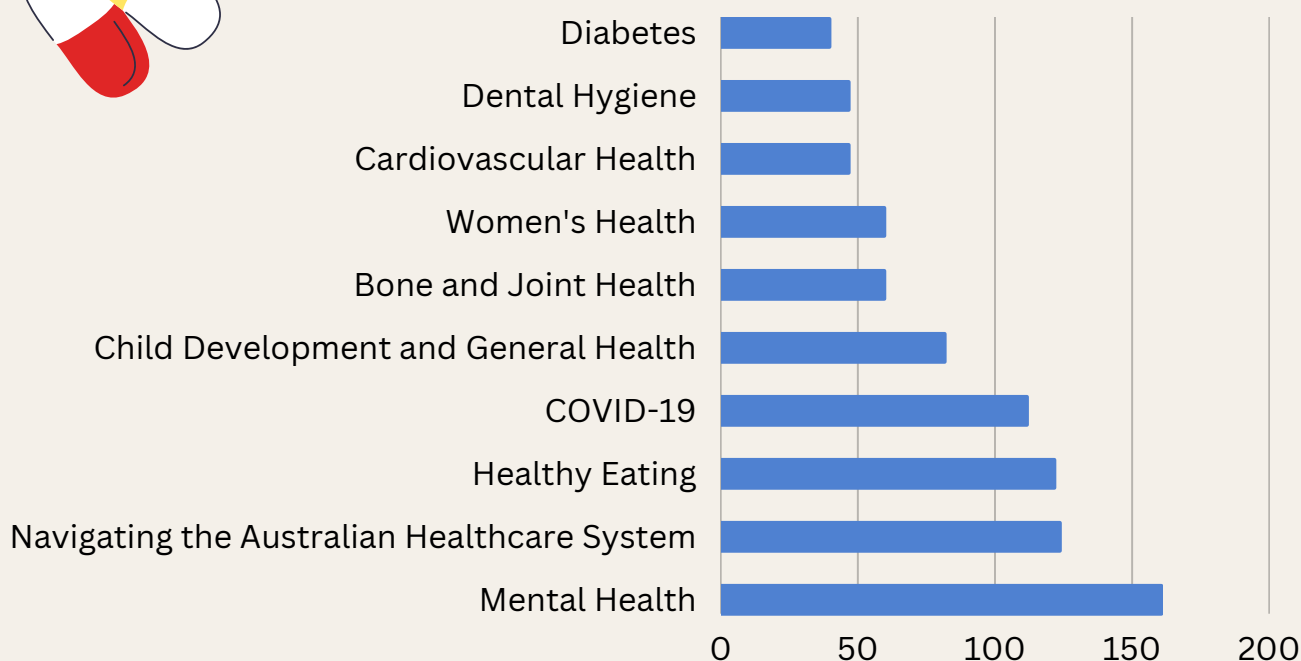
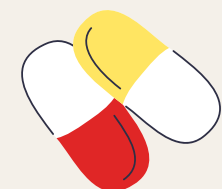
- Addictive Behaviours
- Allergies and Asthma
- Child Health and Development
- Climate Change and Health
- COVID-19
- Dental Health
- Diabetes
- Ear and Hearing Health
- Exercise
- Eye Health
- Healthy Eating and Nutrition
- Heart Health
- Incontinence
- Kidney Health
- Men's Health
- Mental Health and Wellbeing
- Navigating the Australian Healthcare System
- Older Adults
- Preventative Health
- Sexual and Reproductive Health
- Staying Healthy in Winter
- Women's Health
- Workplace Health and Safety
- Youth

Pictured above: Glen Eira Learning Centre, 27 October 2022, Bone and Joint Health Session

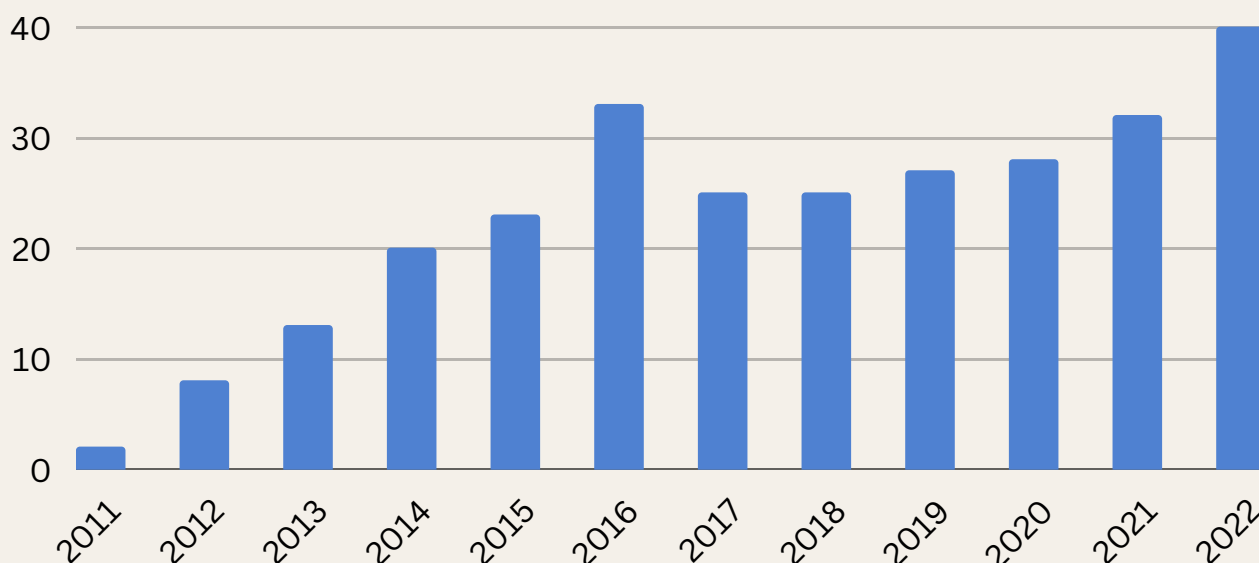
Pictured below: St Anthony's Primary School Playgroup, 19 May 2022, Child Health and Development Session

Throughout the 12 years, The Water Well Project has delivered sessions on a variety of health topics, from Navigating the Australian Healthcare System to Antenatal Care to Mental Health and Wellbeing. Between 2011 and 2022, The Water Well Project has delivered sessions covering 85 different health topics. The graph below provides a breakdown of the top 10 health topics requested by communities.

Top 10 Health Topics 2011-2022



Health Topics Delivered Per Year



Case Study

Collingwood College

The following case study depicts a Water Well Project health education session and demonstrates the advantage of sessions being facilitated by qualified healthcare professionals to address misinformation.

On 23 February 2022, The Water Well Project facilitated a health education session on COVID-19 and Children in a multicultural school in an inner-city suburb of Melbourne. The session was held face-to-face in an outside space at the school. The six mothers who attended represented the Oromo, Arabic and Somali communities, and were supported by three community liaison officers (CLOs), a community coordinator, and two school representatives. Two of the CLOs interpreted throughout the conversation.

Our healthcare facilitators created a safe and comfortable space for these mothers to freely share their stories, questions, and concerns. Participants told of the difficulties of the past two years of lockdowns their children and families including finding study spaces for children in large families, being isolated from friends and family, and the increased stress this has caused. Another participant shared her experiences of her child and herself recently having COVID-19 and the challenges this presented for them, especially when she felt so unwell. It was an interactive and informative conversation based on the participants' many questions about COVID-19, vaccines, and children.

The CLOs also engaged in the conversation, asking several of their own questions including:

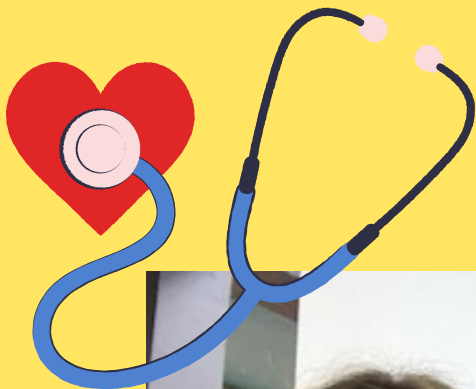
- Is there information about COVID-19 translated into my language?
- How can my community access information when many of the women are illiterate, even in their own languages?
- How can we combat misinformation being spread through social media in some of the communities represented here?

Pictured: Collingwood College, 23 February 2022,
COVID-19 and Children Session



The women were keen to share what they learned through the session with members of their families and broader communities. One of the CLOs highlighted the way these women will influence their communities and that this will help address some of the misinformation being shared. Two of the CLOs also requested further sessions for other community groups they work with who they believed would benefit from a similar opportunity to have their questions answered. The Community Representative reiterated this within the following testimonial: “Great presentation and provided face to face...which is crucial for our community. [There was] positive feedback from the community.”

There were some key lessons for The Water Well Project from this session. First, it is important for us to consider how best to communicate key information to people, particularly women, who are illiterate. This highlights the value of our approach to engaging these communities through conversations. Another community representative who works across a range of community groups commented that a recent health session conducted with a small group of Burmese women resulted in these women spreading the information across their community. This in turn resulted in numbers of that community receiving COVID-19 vaccinations. It is also encouraging to realise that even a small number of participants have significant reach into their communities to share learnings and trigger action.



Pictured: Collingwood College, 23 February 2022,
COVID-19 and Children Session

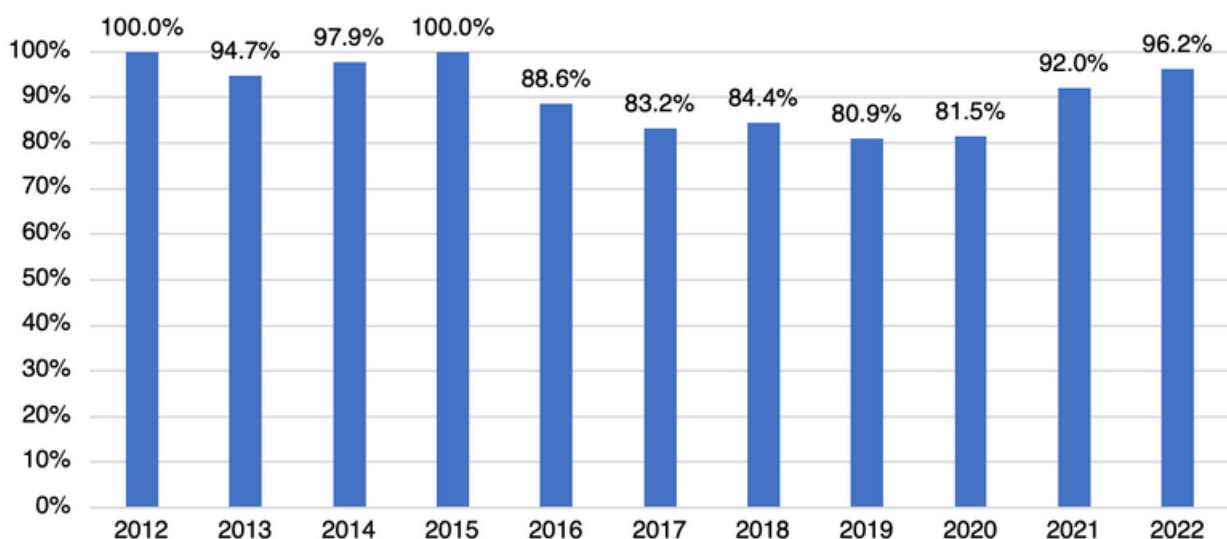
Session Community Participants

The following graph titled 'Towards Improving Health Capacity' is based on participant feedback responses between 2011-2022. While The Water Well Project has increased its organisational growth and delivery of health education sessions, participants remained upward of 80% in indicating their ability and confidence to seek further health information on a particular topic if needed. Within the scope of health and healthcare, capacity can be defined as the ability for individuals to understand and use information to make an informed decisions relating to their health. This graph also encompasses COVID-19 data and demonstrates that The Water Well Project has been able to pivot quickly in times of change and adversity to maintain consistent outputs.

Whilst our participant surveys changed throughout 2012-2022, the following survey statements reflect our participants ability and confidence to seek further information when required to make the best-informed decision relating to their health. The following three survey statements as they were worded in their respective years are:

- “Respondents agreed that they have a better understanding of the topic presented” (2012-2015).
- “Participants agreed that seeking help on the topic covered will be easy” (2016-2021).
- “Participants agreed that the session improved their confidence to ask for help from a doctor/healthcare provider when needed” (2022- ongoing).

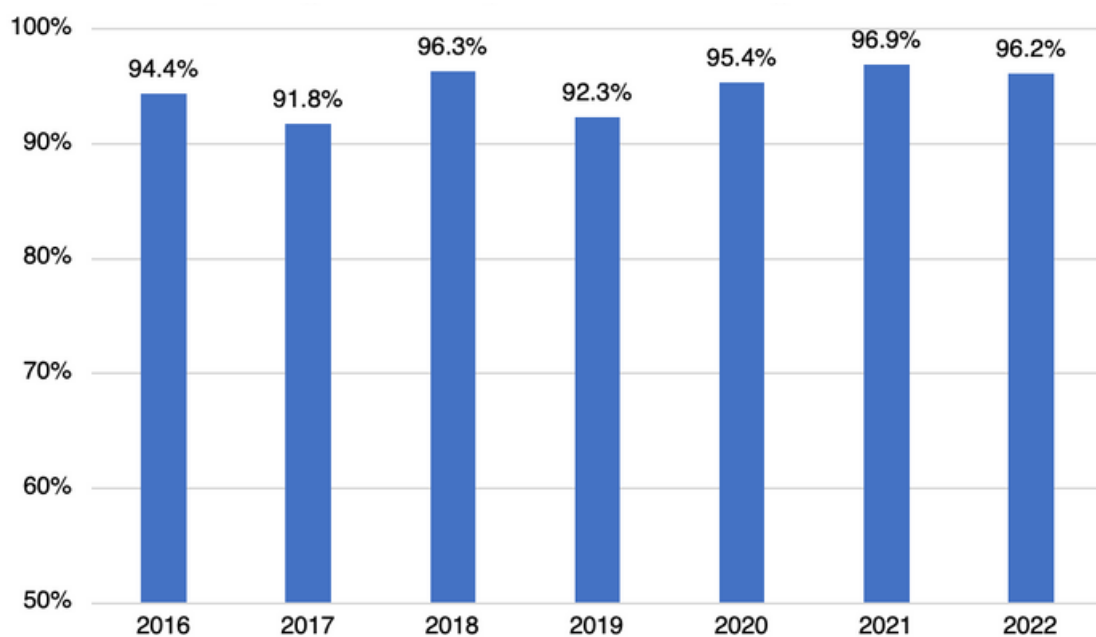
Towards Improving Health Capacity



There is a far-reaching impact beyond the individuals who attend our sessions with flow-on information to families and friends, improving the overall health literacy and resourcefulness of communities. This 'word of mouth' spread of information is particularly relevant in close-knit communities, as reiterated by community representatives.

Since 2016, The Water Well Project has been capturing data on participant confidence in sharing information that was learned during health education sessions. The following data highlights throughout the period 2016-2022 the high percentage of participants that agree that they feel confident to share the information learnt in our session with their family and friends. While our yearly session participant count reflects those who attended our health education sessions, it does not encompass the indirect benefits of shared information across the community via word of mouth.

Participants agree that they feel confident sharing this information



Pictured: Red Cross Launceston, 15 November 2022,
Heart Health Session



"This session gave me a better understanding of the values and beliefs of individuals from CALD backgrounds. It made me realise the importance of taking the time to listen to their stories, in order to build rapport with patients/individuals from CALD backgrounds. I think the session was great today. I really enjoyed it."
(Volunteer Healthcare Professional, 7/11/22, Healthy Eating and Nutrition).



Pictured: South East Links, 8 December 2022, Heart Health Session

Participant Case Study

Elizabeth's Story

The following case study reiterates the experience of CALD community members in accessing health services, in particular the challenge of language barriers.

Elizabeth first became involved with The Water Well Project through attending several sessions with a circle of women and found the sessions so valuable that she wanted to share her story. Elizabeth describes what it was like arriving in Australia from a war-torn country, the difficulties she faced navigating the Australian Healthcare System, and the benefits of engaging with organisations like The Water Well Project.

Elizabeth shared with us her story of becoming permanently disabled and her experience of navigating the Australian Healthcare System during this time. Notably, she highlights the difference between accessing healthcare while being sick in comparison to accessing health services for preventative healthcare. "It's good if you become sick in Australia, that's where you find people around you, but if you are not sick, look after yourself."

Language barriers can further complicate healthcare interactions, Elizabeth notes the significant difficulties that language barriers posed on individuals and communities from migrant, refugee and asylum seeker backgrounds in accessing the Australian healthcare system. "It's very hard if you are not sick because a lack of language here is a very big problem for our community, so there is a lot of people here who are struggling."

Elizabeth describes the support that The Water Well Project has given her and her community through health information sessions: "If you're attached to an organisation like The Water Well Project, you know where you are and what you need, and what is good for you and what is not good for you." Elizabeth's story has given us an insight into the challenges experienced by individuals from migrant, refugee and asylum seeker backgrounds in accessing services through the Australian Healthcare System, but also the resilience shown by CALD communities in light of these challenges. We feel grateful to have formed such a strong connection with Elizabeth and her family.

Find Elizabeth's Story on YouTube - Scan the QR code below.



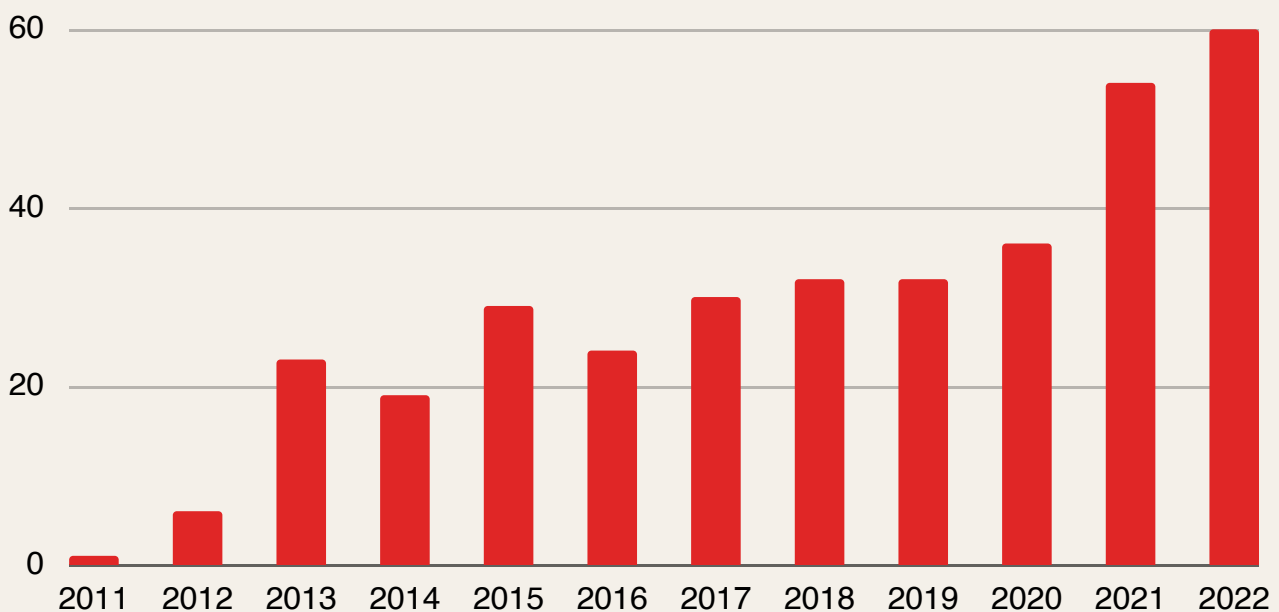
Pictured: Elizabeth, May 2022, MCOP Video

Partner Community Organisations

The Water Well Project has strengthened its collaboration with partner community organisations across Victoria, Tasmania, and New South Wales to improve the delivery of health education sessions.

Between 2011 to 2022, The Water Well Project has facilitated health education sessions in collaboration with 186 Community Partner Organisations across Victoria, Tasmania, and New South Wales. Partner organisations include neighbourhood houses, community groups, refugee and asylum seeker support organisations, education institutions including schools and TAFEs, non-governmental organisations (NGOs), charities and more. The following graph shows the number of partner community organisations that we have delivered sessions with throughout the past twelve years.

Yearly Number of Community Organisations



The following case study demonstrates the rewarding shared partnership approach that The Water Well Project has developed with Foundation House (Victoria) to deliver health education sessions.

Partnering with Community Organisations

The Water Well Project in partnership with Foundation House has delivered 18 health education sessions between 2021 and 2022, reaching 378 community members from cultural backgrounds including Somali, Karenni, Ukrainian, Afghanistan, Assyrian, Chaldean, Syriac, Rohingya, Arabic and Burmese. Additionally, 72.2% of these health education sessions were supported by an interpreter. By working closely and collaboratively with community groups we are able to break down barriers which enable us to get to the grassroots of what is needed within communities and to address pressing health concerns. This ensures that the program we are implementing is directly addressing the needs of communities.

The Water Well Project has worked closely not only with Foundation House in the delivery of health education sessions, but sessions also utilised community leaders and community workers who are skilled in interpretation to support the co-facilitating of sessions. It was expressed by a community representative that this mode of delivery utilising support from within the community was beneficial overall in the session delivery, “Community members were feeling more confident to listening to information that has been provided to them and feeling comfortable in asking questions.”

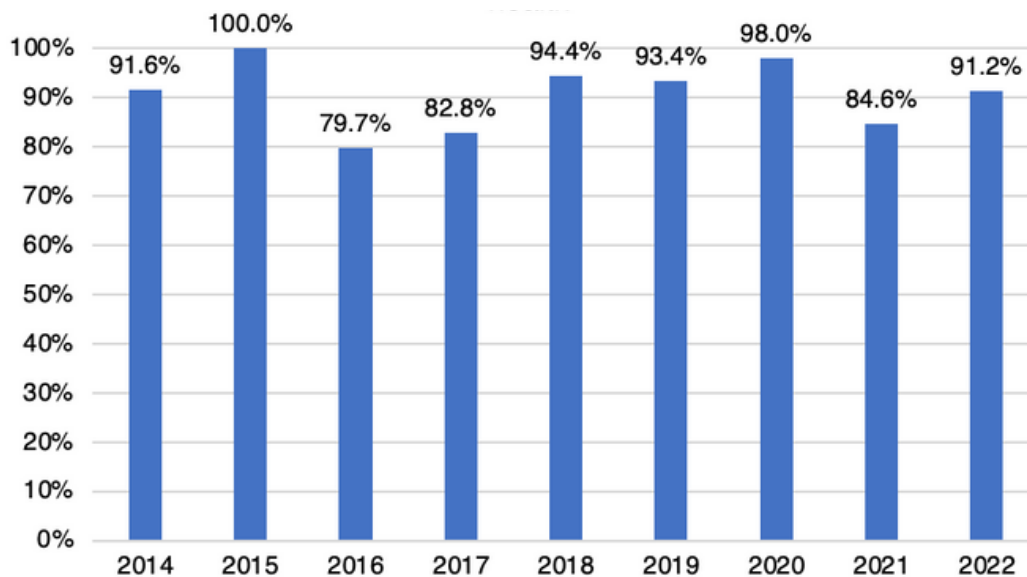
Additionally, health education sessions aim to be delivered by our volunteer healthcare professionals in a culturally competent way. “[The volunteer healthcare professionals] were culturally competent, in hearing, listening, understanding, acknowledging the experience of communities, their issues with COVID...they were responding in a way that was providing confidence and trust with community members.” The delivery of health education sessions in such a shared design approach, supports a session to be as culturally appropriate and tailored as possible to the session participants.

Language barriers appear as a consistent challenge to accessing and navigating the Australian healthcare system which is widely expressed by individuals and communities from migrant, refugee, and asylum seeker backgrounds. A community representative from Foundation House demonstrates the challenge this provides for community members in accessing services: “In terms of language barriers, many of them [community members] when they approach the GP... they don’t know exactly how to describe or feel comfortable in describing their symptoms”. Not only does this lead to challenging in accessing services for individuals but can lead to further impact on communities through word of mouth. “...not being able to describe their symptoms correctly, issues that lead them to negative experiences leads to untrust and word of mouth has impact within our communities.”

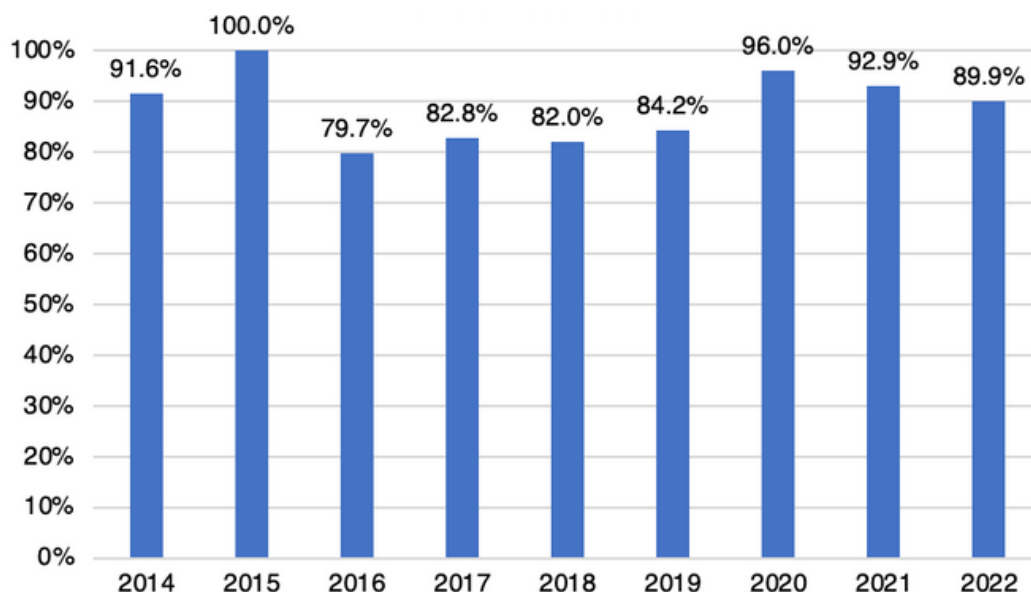
The Water Well Project sessions aim to improve the health and wellbeing of communities by improving their health literacy, and provides an opportunity during sessions to address misinformation, concerns and questions raised by community members. Foundation House community representative reiterates this, “With the healthcare professionals from Water Well Project, they address this issue...how to navigate the system, why the system is designed this way, and what are their [community members’] rights.” It is about giving participants the knowledge, personal skills, and confidence to take action to improve personal and community health through improved health literacy.

Following health education sessions, community representatives are asked to complete feedback on the degree that they felt community participants benefited from the session. Questions include whether participants gained knowledge about their mental or physical health and their knowledge on available health services and resources that can be accessed.

Participants gained knowledge about their mental or physical health



Participants gained knowledge about available health services and/or resources



Active Volunteer Data

All healthcare professional volunteers who volunteer with The Water Well Project are registered by the Australian Health Practitioner Regulatory Agency (AHPRA) and have current working with children (or equivalent) status.

Health Educators are Water Well Project employees who are healthcare professions, holding the same credentials as our volunteer healthcare professionals. Our Health Educators facilitate sessions alongside our volunteer healthcare professionals and support our new volunteers to facilitate sessions.



Pictured: STARTTS, 29 November 2022, Diabetes Session

Over \$240,000 is donated in volunteer healthcare professional pro bono time each year.

The Water Well Project has 267 Active Healthcare Professional Volunteers across Victoria (63.6%), NSW (26.2%), Tasmania (8.2%), other (1.8%).

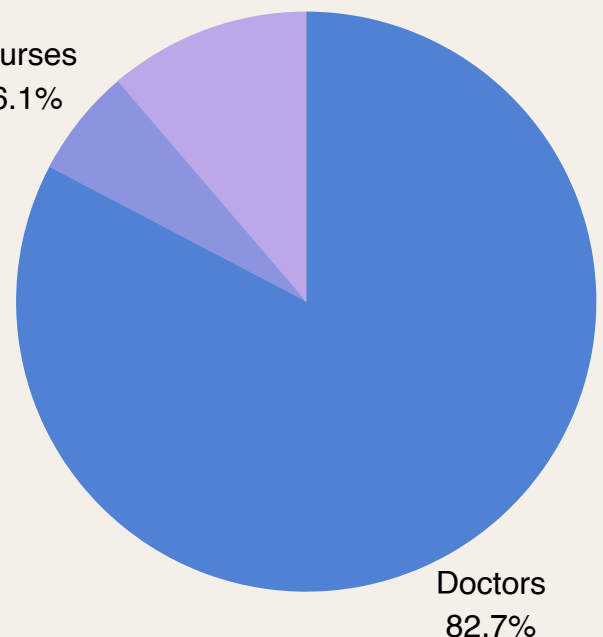
Females (83.1%) & males (16.4%)

Other Healthcare Professionals include:

- Other (2.6%)
- Midwives (1.4%)
- Osteopaths (1.1%)
- Physiotherapists (0.7%)
- Pharmacists (0.7%)
- Final Year Nursing Student (0.3%)
- Dentist (0.3%)

Final Year Medical Students
11.3%

Nurses
6.1%



Based on current active healthcare professional data our volunteer Healthcare professionals come from 47 different cultural backgrounds and collectively speak 42 different languages.



Pictured: St Albans Primary School, 22 March 2018

Number of backgrounds of our volunteer HCPs: 47

Australian, Bangladeshi, Bengali, Bosnian, Burmese, Chinese, Chinese Malaysian, Chinese Singaporean, Dutch, Egyptian, East Timorese, English, Filipino, Greek, Hazara, Hungarian, Indian, Indonesian, Iranian, Iraqi, Italian, Irish, Israeli, Korean, Lebanese, Malaysian, Maltese, New Zealand, Nepali, Pakistani, Polish, Portuguese, Punjabi, Scottish, Serbian, Singaporean, Somali, South African, Sri Lankan, Sri Lankan Tamil, South Sudanese, Syrian, Taiwanese, Thai, Turkish, Vietnamese, Welsh.

Number of languages spoken by our volunteer HCPs: 42

Acholi, Arabic, Bahasa Melayu, Bahasa, Bengali, Bosnian, Burmese, Cantonese, Croatian, Dari, English, French, Farsi, Greek, Gujarati, Hakka, Hazaragi, Hebrew, Hindi, Hokkien, Hungarian, Indonesia, Italian, Korean, Kutchi, Malay, Malayalam, Mandarin, Portuguese, Punjabi, Serbian, Sinhalese, Somali, Spanish, Tamil, Telugu, Teo Chew, Thai, Turkish, Urdu, Vietnamese, Wu.

Our healthcare professional volunteers work within our current healthcare system and contribute their expertise and time outside of their busy work schedules. They also represent diverse backgrounds, enabling them to develop rapport and foster a stronger connection with community members, which enables more impactful sessions.



"I feel that my many years working with diverse communities in various health care settings has provided me with excellent opportunity to review my clinical/professional practice etc. I am very impressed with the assistance/guidelines and resources that the Water Well provides facilitators etc - all are very helpful and evidenced based/reputable." (Volunteer Healthcare Professional, 29/10/22, Dental Health Session).



Pictured: AVWA Sunshine, 18 March 2019, Falls Prevention and Bone and Joint Health Session

Healthcare Professional Impact

In the Australian Migration Council's 2021 overview of key learnings from the pandemic, they advise that we must invest in strategies to support health literacy and access to health systems by CALD communities. Including utilising the capabilities of health workers from CALD backgrounds as trustworthy sources of public health messaging and strengthening the capacity of the health workforce as a whole to provide culturally responsive care. The Water Well Project is uniquely placed to do this as our volunteer healthcare professionals are diverse, representing 12 healthcare professions, from 47 cultural backgrounds and between them speak 42 different languages. "TWWP is a beautiful example of upstream thinking that is helping marginalised people achieve their full health potential in a practical and tangible way". (Volunteer of the Month, July 2021). From a volunteer engagement survey that was conducted, it indicated that the main reasons for volunteering with The Water Well Project were to make a difference in people's lives and to educate others using their knowledge of health.

The Water Well Project has 267 volunteer healthcare professionals across three states who generously give their time to support and provide health education to communities from migrant, refugee, and asylum seeker backgrounds. Not only do sessions support the community participants directly, but also through flow on effects via our healthcare professional volunteers who gain skills in working more effectively with CALD communities. Our Volunteer of the Month for July 2021, highlighted that "I think it has improved the way I communicate with all patients, as well as more obviously providing insights into particular cultural and ethnic groups, which helps me provide more holistic care." (Volunteer of the Month, July 2021). The Water Well Project health education sessions provide our Healthcare Professional volunteers with cultural competence skills that they can take away from sessions and implement into their daily practice. Implementing their cultural competence skills can be done in the following way, "Making sure to take the time to understand their level of pre-existing knowledge so you can best use the interpreter and get the best outcome for the patients". (Volunteer Healthcare Professional, 23/6/22).

The Water Well Project also provides our healthcare professionals with training and mentoring throughout their time as a volunteer. This is vital in ensuring that individuals from CALD communities are provided access to healthcare that is presented in a culturally sensitive manner. "...it was great to get an understanding of the concerns that some different community and cultural groups have, really rewarding to be able to share important health information, and to feel like you have made a difference!" (Volunteer of the Month, November 2021). Testimonials such as this demonstrate the impact that volunteering with The Water Well Project can have on the healthcare professionals who facilitate the sessions and the flow on effect that this has on the clinical work of these professionals outside of their work with The Water Well Project. Community representatives have also noted the importance of culturally appropriate and interactive sessions, 'The Healthcare professionals were very skilled in delivering the information in culturally appropriate and interactive way that helped most attendees to participate in the session by asking questions and sharing their experience.' (Community Representative, 8/10/22).



The Water Well Project

Impact of Volunteering with The Water Well Project

Volunteer testimonials illustrate how volunteering with The Water Well Project has impacted their everyday practice as healthcare professionals. Notably, themes include being more open and sensitive to patients from CALD backgrounds and possible language barriers.

"This session gave me a better understanding of the values and beliefs of individuals from CALD backgrounds. It made me realise the importance of taking the time to listen to their stories, in order to build rapport with patients/individuals from CALD backgrounds. I think the session was great today. I really enjoyed it". (Volunteer Healthcare Professional, 7/11/22, Healthy Eating and Nutrition Session).

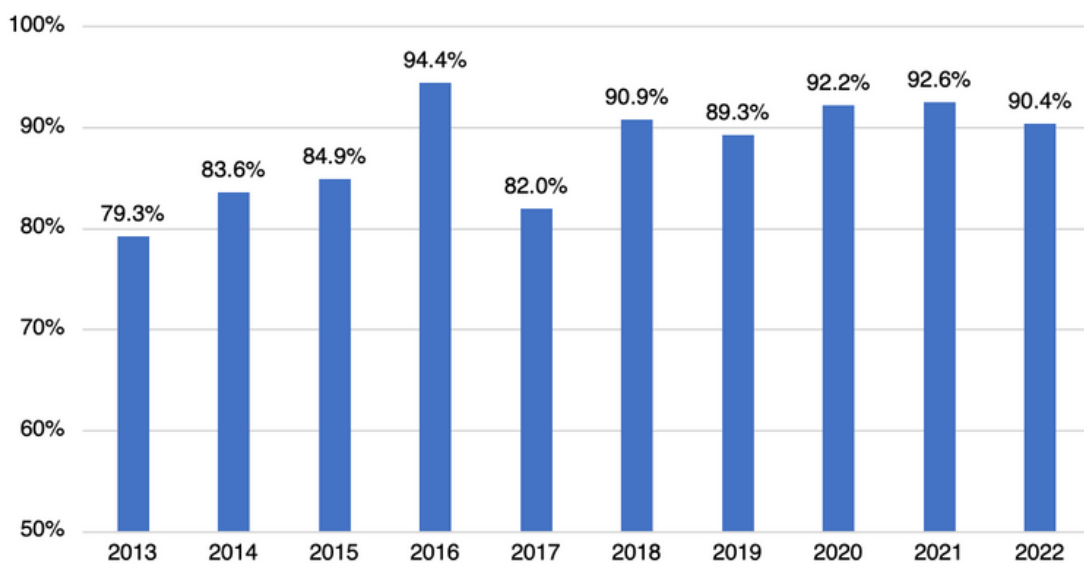
"I would approach topics involving patient's autonomy/confidentiality in a more culturally sensitive way". (Volunteer Healthcare Professional, 23/6/22).

"Need to be mindful of literacy rates and recommending websites/phone services that do/do not have interpreter services". (Volunteer Healthcare Professional, 19/10/22, Mental Health and Wellbeing Session).

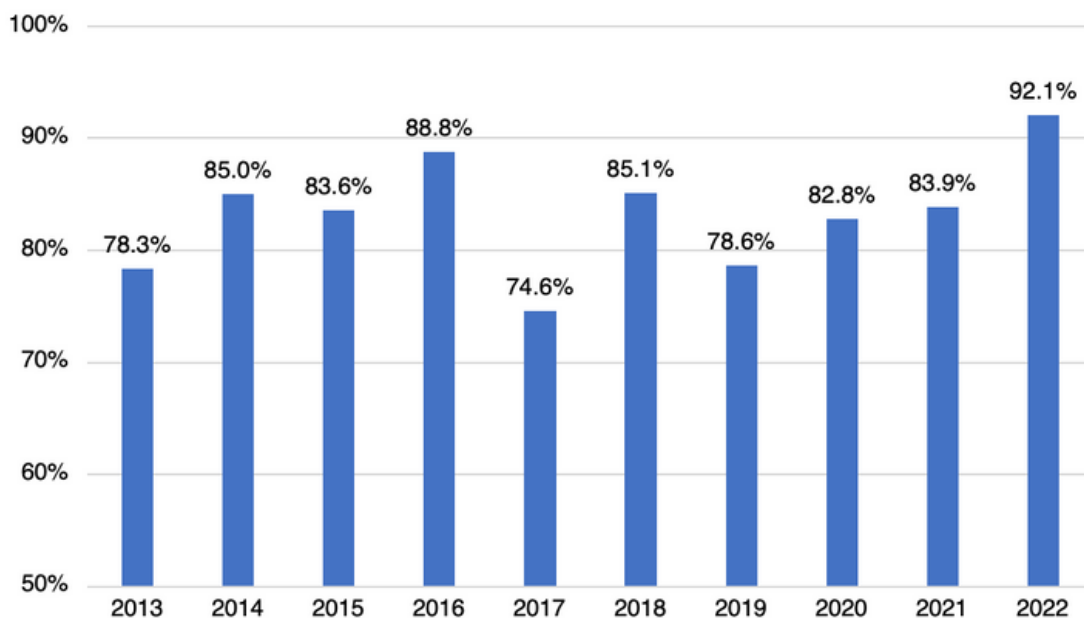
Pictured: St Anthony's Primary School Playgroup, 19 May 2022, Child Health and Development Session

Following each health education session, our volunteers are asked to complete feedback about their experience of facilitating the session. The following two graphs illustrate the benefits of healthcare professionals volunteering with us. Firstly that it improves their ability to communicate with people from CALD backgrounds and secondly, that it allows them to gain a better understanding of the issues facing community groups.

Volunteer healthcare professionals felt that they have a better understanding of how to communicate with people from CALD backgrounds



Volunteer healthcare professionals felt that they had a better understanding of health issues relating to the migrant/refugee community group



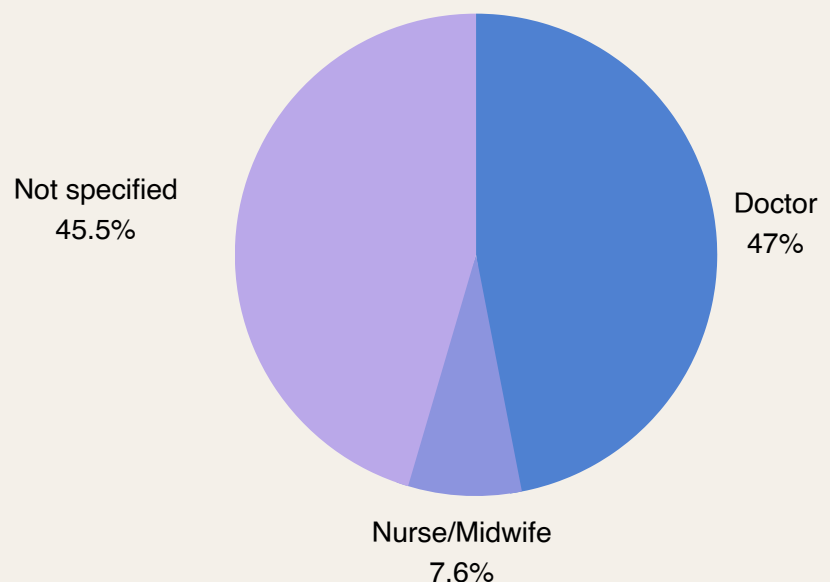
Volunteers 2011-2022

At the inception of The Water Well Project, recruited volunteers came from a purely medical background. However, this very soon diversified to include allied healthcare professionals. This promotes inter-disciplinary learning and also optimised the experience of sessions for community participants. For example, doctors delivering Oral Health sessions alongside a dentist, or Healthy Eating with a dietitian. The Water Well Project has had **839** Healthcare Professionals volunteer with our organisation over the past twelve years. The following is a breakdown of this number.

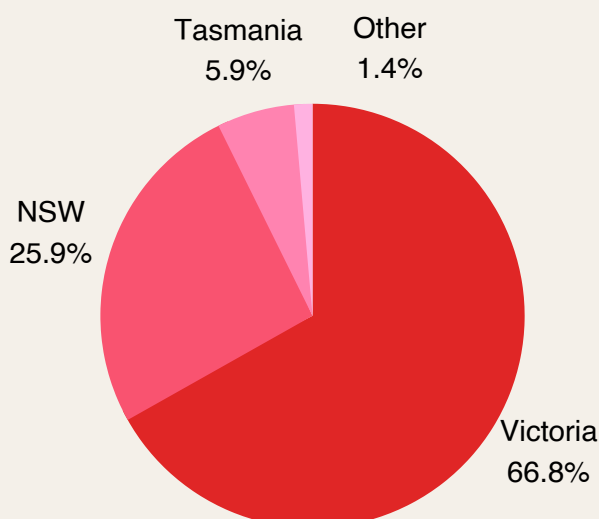
Other professions include:

- **Final Year Medical Students: 3.8%**
- **Pharmacist: 0.8%**
- **Osteopath: 0.3%**
- **Occupational Therapist: 0.1%**
- **Speech Pathologist: 0.1%**
- **Social worker: 0.1%**
- **Physiotherapists: 1.4%**

Breakdown of Volunteers by Healthcare Profession:



Breakdown of Volunteers by State:

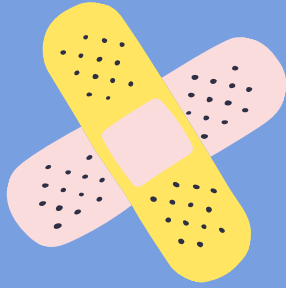


Breakdown of Volunteers by Gender:

- **Female: 82%**
- **Male: 17.9%**
- **Not specified: 0.1%**

Volunteer Induction Sessions

All volunteer healthcare professionals with The Water Well Project attend a compulsory induction which provides them with an introduction to our organisation, skills training in working effectively with interpreters and facilitation of group education.



Between 2011 and 2022 The Water Well Project has delivered 35 volunteer induction sessions with 839 going on to sign up as volunteer healthcare professionals.

Pictured: St Albans Heights Primary School Community Hub, 3 June 2019, Dental Hygiene Session





"Fantastic session! I feel way more confident about volunteering for a session, and I now have a really great understanding of the goals of the project! Can't wait to run a session!" (Volunteer Induction attendee, 12/8/2021).

"Really great energy throughout the session - I could really feel the genuine passion of everyone there and I can't wait to get involved :)" (Volunteer Induction attendee, 12/8/2021).

"Thank you for an excellent session! Very well structured and comprehensive." (Volunteer Induction attendee, 5/9/2022).

"I liked how engaging it was plus the specific and detailed advice (including from current volunteers)" (Volunteer Induction attendee, 3/3/2022).

Organisational Improvements

To ensure that key findings and improvements are robust and sustainable, we have aligned learnings to our organisation's program logic and theory of change, to ensure that our activities are driving lasting change. This project brought to light the importance of extending our collaboration with community partners into our impact measurement processes. This is vital to ensure that our sessions are developed through a shared design approach with community partners to meet the needs of community members, and also ensure activities pertaining to our impact measurement foster collaboration.

The Water Well Project is now implementing an effective feedback loop between our partner organisations following health education sessions. This ensures that feedback received from community representatives is provided to the volunteers involved in facilitating the session. This closes the loop for the volunteer experience after each session. In addition, this allows the community organisation the opportunity to provide session feedback but also book a subsequent health education session.



Pictured: Uniting Vic/Tas, 5 May 2022, Mental Health and Wellbeing Session



Key Learnings

This project has exposed several key learnings:

- **Team effort!** Monitoring, Evaluation and Learning (MEL) implementation requires an organisational effort to implement a robust and sustainable organisational process.
- **Unique!** The process of organisational MEL improvements is unique to each organisation.
- **Marathon, not a sprint!** Organisational MEL improvements take time to implement and improve.

Limitations

The Water Well Project has been developing its data collection and recording tools over the past twelve years. In the beginning, MEL for our organisation focused on the quantitative outputs (for example, number of sessions and repeat sessions etc.) and some aspects of qualitative data. This was important whilst the organisation was just starting out, developing and learning from its sessions. Following this period, as our model around health education sessions became established, a focus on MEL processes improved the strength of our quantitative and qualitative data collection.

With increased capacity and funding, our organisation also developed and embedded our administrative processes to facilitate constant feedback. On reflection, there may have been some inconsistencies in capturing and storing qualitative data and thus a margin of error may be present in this final data set. Through the implementation of a CRM in the near future, we are hopeful that our data collection will become automated but also more integrated to accurately and systematically capture feedback.



Pictured: Health Education Session, 4 July 2019

Pictured: 4 April 2017, Healthy Eating Session



Future aspirations

With the growth of The Water Well Project as an organisation, this project has allowed us to expand and strengthen our MEL processes to learn from previous oversights and ensure that moving forward, improvements are robust and sustainable, and align with our program logic and theory of change. This way, we hope that our work in the community continues to drive lasting change to empower our target communities to achieve and maintain health through better health literacy.

Moving forward, The Water Well Project has several key activities it aims to focus on:

- Use of the Social Impact Measurement Tools from the Social Value Bank to demonstrate the social impact of our health education sessions
- Develop a Health Literacy Committee group, which will provide opportunities for input from community representatives, and allow us to incorporate further community led MEL processes into our organisation
- Further The Water Well Project's organisational capacity for demonstrating impact at the community level
- Connect evaluation data points to our website to demonstrate output, outcomes and impact
- Build partnerships with culturally diverse medical groups to recruit more volunteer healthcare professionals from culturally diverse backgrounds
- Continued implementation of Annual Volunteer Engagement Survey

Conclusion

The findings of this review demonstrate that the last 12 years of The Water Well Project have had a positive impact for our community participants from migrant, refugee and asylum seeker backgrounds and their partner organisations.

We thank the Lord Mayor Charitable Foundation for this opportunity to allow our organisation to reflect and focus on our past to think about how we approach our future engagement in the CALD sector.

We look forward to continuing to partner with many wonderful community organisations to promote good health and wellbeing to communities from migrant, refugee and asylum seeker backgrounds to improve their health literacy.

Pictured: St Albans Primary School, 31 July 2019, Infant Nutrition Session

Pictured final cover page: Uniting Vic/Tas, 5 May 2022, Mental Health and Wellbeing Session.

AVWA Sunshine, 18 March 2019, Falls Prevention and Bone and Joint Health Session.

Dandenong Primary school session, 20 November 2015, Child Development and General Health Session.



Appendix

Health West: Evaluation Capacity Health Check

Component	Title
1. Leadership and Culture – To what extent does the organisational culture and leadership expect/’demand’ monitoring, evaluation & learning (MEL)?	1.1 Organisational Leadership 1.2 Attitude to investigation, learning, risk taking and change within the organisation/team 1.3 Decision making by leaders within the organisation/team
2. Staff Capacity – To what extent do the people within the organisation have the skills, experience, and time/space to ‘do’ MEL?	2.1 Time for strategic thinking and reflection 2.2 Experience and skills for MEL 2.3 MEL responsibilities within staff roles
3. Systems and Structures – To what extent do organisational systems and structures enable and support MEL?	3.1 Outcomes framework and associated indicators 3.2 Information systems 3.3 Stakeholder engagement (including co-design) within MEL activities 3.4 Systematised monitoring, evaluation and reporting 3.5 Systemised learning learning and outcome sharing processed 3.6 Funding to support the implementation of MEL activities
4. Collective MEL Efforts – To what extend is the organisation able to support and lead collective MEL efforts?	4.1 Alignment of outcomes and indicators within the collective MEL effort 4.2 Alignment of data collection tools with the collective MEL efforts 4.3 Sharing relevant data with the collective MEL efforts

Health West: Make it Easy (Self-assessment Tool)

Topic/Focus	Questions
<p>Workforce: A health literate organisation recruits and cultivates a competent workforce with the appropriate knowledge and skills. A workforce can include paid staff and volunteers.</p>	<ul style="list-style-type: none"> • Do we include health literacy knowledge and skills in staff and volunteer HCP position descriptions and professional development plans? • How do we support staff to understand health literacy and apply health literacy practice in the scope of their role? • Have we identified health literacy champions, and do we support them to drive improvements that make our services and information easier to use and understand?
<p>Partnering with Consumers: A health literate organisation partners with consumers to ensure they are developing services and information that are easy for consumers to find, understand and use.</p>	<ul style="list-style-type: none"> • What systems do we have in place to engage with consumers in our work? • How do we support consumers to engage with us? • How do we support staff to engage with consumers?
<p>Plan User-Friendly Services: A health literate organisation plans user-friendly services across its organisation and with communities and partner organisations.</p>	<ul style="list-style-type: none"> • How do we ensure that our environments are easy to understand and navigate? • How do we include consumers in planning, delivering and reviewing our services?
<p>Information and Communication: Health literate organisations provide information and communicate in ways that are easy for anyone to understand. Information and communication resources can take a variety of forms including websites, written documents, videos, audio materials, etc.</p>	<ul style="list-style-type: none"> • How do we ensure we are providing relevant and easy to understand information (both verbal and written) between ourselves and to our target populations? • How are we building a culture that promotes the importance of checking consumer understanding? • How do we involve consumers in the development and review of consumer information? • What procedures do we have in place for developing consumer information that is easy to understand?
<p>Commitment: The foundation of becoming a health literate organisation is commitment from leaders at all levels.</p>	<ul style="list-style-type: none"> • How does leadership prioritise clear and effective communication across the entire organisation? • How does leadership prioritise partnering with consumers? • Have we incorporated health literacy improvement activities into existing committees • What resources do we allocate towards making our services and information easier to use and understand?



The Water Well Project



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