



Settlement
Council
of Australia

Impact Evaluation of the COVID-19 Vaccine Health Project

FINAL REPORT

Prepared for the
Settlement Council of Australia by



www.fpconsulting.com.au



COMPANY DETAILS

First Person Consulting Pty Ltd

ABN 98 605 466 797

Tenancy 3, Level 4, 224 Queen Street

Melbourne VIC 3000

First Person Consulting (FPC) is a Melbourne-based consulting firm where staff specialise in social research, evaluation and design. Staff at FPC have conducted a wide variety of projects across a range of sectors, including agriculture and natural resource management, sustainability and climate change, and public health.

Contact

Cara Stephenson & Mallory Notting

First Person Consulting Pty Ltd

ABN 98 605 466 797

www.fpconsulting.com.au

DOCUMENT DETAILS

Title: Impact Evaluation of the COVID-19 Vaccine Health Project

Authors: Cara Stephenson, Mallory Notting and Serina Wong

Version: Final

Revision date: 20/01/2023

Client: Settlement Council of Australia



Settlement
Council
of Australia

Contents

1	Introduction	5
1.1	Background	5
1.2	Objectives and scope	5
1.3	Structure of this final report	8
1.4	Evaluation approach	8
2	Key findings and recommendations	10
2.1	Key findings	10
2.2	Recommendations	12
3	Results in detail	13
3.1	Relevance	13
3.2	Program delivery	16
3.3	Health Project outcomes	24
3.4	Sustainability	31
	Appendix 1 – Evaluation Framework	34

Figures

Figure 1. Program logic model developed for the SCOA Health Project	7
Figure 2. Health program iterations	13
Figure 3. Stage 1 reach (https://www.datawrapper.de/_/YXV71/)	18
Figure 4. Stage 2 reach, all NSW (https://datawrapper.dwcdn.net/9cFZP/1/)	18
Figure 5. Stage 2 reach, Sydney	18
Figure 6. Stage 3 reach (https://www.datawrapper.de/_/9Voi7/)	19
Figure 7. Stage 4 reach (https://www.datawrapper.de/_/oF31u/)	19
Figure 8. Preferred source of information (n=87)	22
Figure 9. Responses to 'Do you feel that COVID-19 vaccine information should be included with other health topics, or should it remain as a separate health discussion?' (n=241)	23
Figure 10. Responses from forum discussion regarding outcomes of forum presentation (n=74)	26
Figure 11. Participants' reflection on helpfulness of session	27
Figure 12. Other topics of interest identified by forum participants in Stage 4, (n=118)	33

Tables

Table 1. Key Evaluation Questions	6
Table 2. Reach of each delivery stage	16
Table 3. Number of attendees (minimum) reached in different language groups.	17
Table 4. Effectiveness of various stages of the Project.	21

Boxes

Box 1. Case study - strengthening public health networks.	25
Box 2. Case study 2 - Health forum outcomes for East African women	29

Acronyms

DoH - Department of Health

FPC - First Person Consulting

KEQ - Key Evaluation Question

SCOA - Settlement Council of Australia



1 Introduction

1.1 Background

The Settlement Council of Australia (SCOA) is recognised as a well trusted peak body in the migration sector. Working with over 100 organisations across Australia, SCOA is well placed to support migrants and refugees through the work of members in their network. In 2021, SCOA, alongside several other peak bodies, received funding from the Department of Health to develop a range of health information activities, which included community consultations, forums and campaigns.

SCOA's role has been primarily coordination focused, relying on the reputation and connections of member organisations to deliver activities. Being a trusted peak body with a large network of members, government funding is able to reach communities through SCOA's projects.

The health project (known throughout this document as 'the Project') evolved from vaccine and COVID-19 specific forums to now encompass broader health information forums. Community perceptions around COVID-19 have evolved over time as the needs of community and the political climate have changed. SCOA's strength is adaptability and working closely with members to ensure the needs of community are being met by the work.

1.2 Objectives and scope

First Person Consulting (FPC) was engaged by SCOA to evaluate the impact of the Health Project, during the funding period from 2021 to December 2022.

The broad objectives of the evaluation are to:

- + Demonstrate the impact of the Project
- + Develop recommendations for future initiatives of this/similar models
- + These objectives translate into a series of key questions relating to:
 - + The appropriateness and relevance of the work of SCOA, and its role in the broader sector
 - + Effectiveness and efficiency of the project, including how this has evolved over time
 - + The impact of the project on community and member organisations

Table 1 (next page) outlines where these evaluation questions are answered throughout this report.

KEY EVALUATION QUESTION	SUB-QUESTIONS	REPORT SUB-SECTION
To what extent is the Health Project relevant to the target population?	+ Does SCOA's program focus on issues that are relevant to migrants in Australia?	3.1.2
	+ To what extent has SCOA ensured that its work remains relevant to the issues migrants have faced during COVID-19?	3.1.3
	+ To what extent is the Health Project reaching migrant communities in Australia?	3.2.2
	+ Where is SCOA's place in the larger sector of health information delivery to migrants in Australia?	3.1.4
To what extent was program delivery effective and efficient?	+ How effective and efficient is SCOA's service delivery model in reaching CALD communities and raising awareness?	3.2.4
	+ How has SCOA collaborated with other member organisations to ensure that targets are achieved more effectively?	3.2.3
	+ Which components of the Project were the most effective and should be considered for future initiatives?	3.2.4
	+ Which components of the Project were less effective and could be improved?	3.2.4
To what extent have the intended outcomes been achieved?	+ To what extent has SCOA's health program succeeded in achieving the intended objectives?	3.3.1
	+ Are there unintended consequences or unexpected results from the programs?	3.3.4
How sustainable and scalable is the Health Project?	+ Has SCOA's programs sufficiently considered and implemented sustainable interventions?	3.4.2
	+ To what extent are the community activities sustainable without SCOA's intervention?	3.4.2
	+ How are member organisations supported by SCOA to sustain program activities and outcomes?	3.4.2
	+ To what extent is the Project model replicable in other settings or contexts?	3.4.3

Table 1. Key Evaluation Questions

In addition to these KEQs, a program logic model was developed (**Figure 1**). The program logic model summarises the intended outcomes expected to occur as a result of delivering the Health Project.

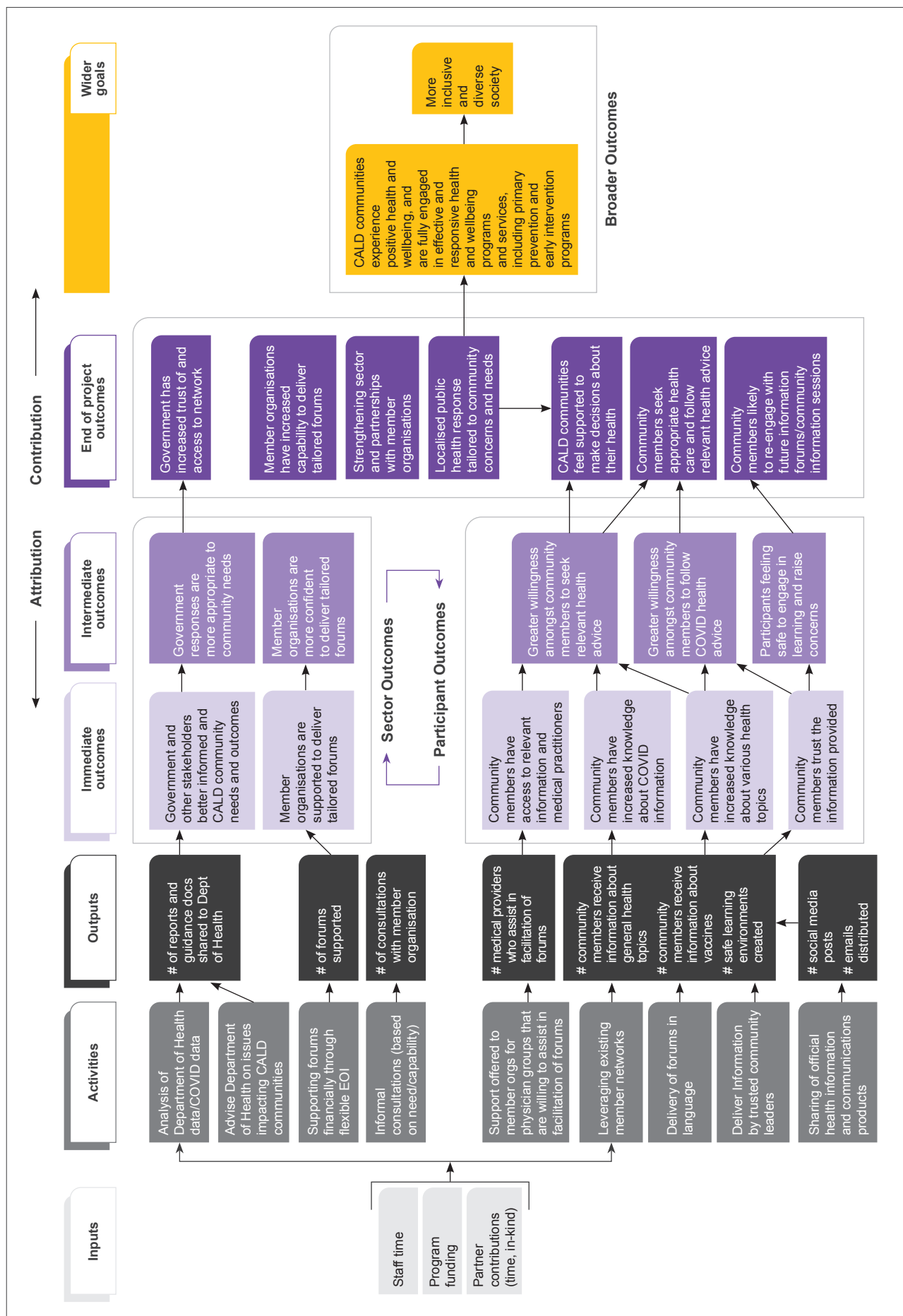


Figure 1. Program logic model developed for the SCOA Health Project

1.3 Structure of this final report

In this final report we:

- + outline the approach for the evaluation (Section 1.4)
- + summarise the key findings and recommendations (Section 1.3)
- + present the results in detail in relation to:
 - the relevance of the work of SCOA
 - the effectiveness and efficiency of the different components of the health project
 - the impact of the project on community and member organisations
 - the sustainability and scalability of the health project and its operations

1.4 Evaluation approach

1.4.1 Overview

The key steps in this evaluation were:

- + **An online inception meeting**
The FPC team met with SCOA staff to:
 - confirm the objectives for the evaluation
 - agree on the approach
 - confirm timelines
 - identify documents available for the evaluation and potential key stakeholder groups for data collection.
- + **Program logic workshop**
FPC met with SCOA staff to clarify SCOA's activities and their intended outcomes in the short and long term, and their relevance to broader sector goals. These were summarised in the form of a program logic and provided to SCOA in an evaluation plan. The plan was provided to SCOA to comment on before being finalised.
- + **A detailed document review**
This involved the review of key project documents and enabled FPC to gain a deeper understanding of SCOA, gather initial data against the evaluation questions and identify gaps to be addressed through interviews. Summary graphs, tables and outputs have been extracted from the documents and are included throughout this report.

+ Interviews with key stakeholders

In total, we interviewed 12 stakeholders:

- SCOA staff members (n=2)
- SCOA member organisations representing a broad range of activities supported through this project (n=10)¹ including:
 - » Hosting vaccine information sessions (n=5)
 - » Conducting community outreach through communication channels (n=5)
 - » Holding health forums (n=9)

Interview questions were tailored to each stakeholder group and focused on key evaluation questions relating to program delivery, program outcomes and program learning. Interviews were completed remotely by phone.

+ Analysis and reporting

The above data has been summarised into this report. Where relevant, we have used descriptive statistics for quantitative data and grouped qualitative data into relevant thematic areas. Quantitative data was analysed in Excel and qualitative data has been analysed in NVivo. Due to the diverse community groups represented by interviewees, comments have been anonymised as much as possible to preserve confidentiality.

1.4.2 Limitations

Throughout this evaluation, we encountered several limitations that were mitigated as best as possible:

- + Data from early Stages (vaccine forums and communications) were focused on outputs, barriers, and vaccination rates, with little emphasis on the outcomes being achieved by the delivery of tailored forums. As external evaluators, we began our evaluation as Stage 4 forums were underway. Due to the limitation of earlier data, we suggested adding some additional questions regarding the outcomes of the Stage 4 forums. Because of this, we have stronger evidence to highlight the outcomes achieved by Stage 4.
- + Despite contacting member organisations involved in all four Stages of Project delivery, we did not have anyone who participated in Stage 3 focus groups agree to be interviewed. However, we were able to interview representatives from all three other Stages, from a diverse range of organisations.

¹ Note: some member organisations conducted multiple activities



2 Key findings and recommendations

2.1 Key findings

This section summarises the key findings from the evaluation. More detailed results are provided in Section 3.

Relevance of SCOA

Overall, key findings suggest that the SCOA Health Project was directly relevant to the challenges facing refugee and migrant communities in Australia throughout the pandemic. This was primarily due to SCOA's position as a robust sector representative and advocate, and the continual work undertaken to respond and adapt to the evolving social and political climate in Australia and the emergent needs of migrant communities.

Feedback suggests that member organisation representatives view SCOA's role in the broader settlement sector in Australia as serving three main functions:

- + Advocating to the federal government on behalf of organisations working in the sector
- + Sharing best-practice, standards, and frameworks to ensure cohesion in the sector
- + Connecting smaller organisations to learn from each other and form partnerships

Efficiency and effectiveness of activities

The Health Project successfully reached and engaged a wide cross-section of communities across Australia, with at least 40 different language groups reached.

In summary:

- + Stage 1: 67 forums delivered with 1964 community members
- + Stage 2: approximately 759,028 community members reached
- + Stage 3: 4 focus groups held with 42 community members
- + Stage 4: 31 forums delivered with 643 community members

SCOA effectively leveraged the existing trust and networks that member organisations have in their communities during Project delivery.

SCOA recognised that member organisations have unique expertise and understanding of the communities they serve and aimed to empower these organisations to deliver the Project in the most effective ways for their target audience.

Similarly, SCOA acts as a direct line of access between member organisations and the Federal Government, which allowed the Project to be delivered more efficiently and effectively.

Feedback suggests that while each Stage of the Project experienced specific challenges and successes, the overall components of the Project that increased effectiveness include:

- + Providing information to community members using appropriate language delivered by a trusted professional
- + Allowing groups to tailor the messaging to suit the needs of their target audience
- + Remaining flexible and responsive to emergent opportunities

Health Project impacts

The outcomes from the Health Project were explored at the sector level and at the community level.

Sector outcomes

- + **Government has increased trust and access to a network:** It is evident based on revisions to approaches and the scale of the project, that the Department of Health both trusts and has access to a network of organisations who can deliver appropriate activities.
- + **Member organisations have increased capability to deliver tailored forums:** Through existing mechanisms of regular meetings and networks, The Project was able to build the capabilities of member organisations to deliver forums.
- + **Localised public health responses are tailored to community concerns and needs:** SCOA ensured that member organisations were empowered to deliver the forums in the way that was most appropriate for their local community. This resulted in better outcomes and strengthened community health networks.

Participant outcomes

- + **CALD communities feel supported to make decisions about their health:** Overwhelmingly, Stage 1 forum attendees felt more informed, safe, and willing to get the COVID-19 vaccine after the session. Similarly, 93% of Stage 4 forum attendees agreed that the session they attended allowed them to get their questions answered and understand the topics better.
- + **Community members seek appropriate healthcare and follow relevant advice:** Member organisation representatives felt that the key outcomes they saw from the forums was an increased willingness to get the COVID-19 vaccine. They also felt that dispelling misinformation was an important achievement.
- + **Community members are likely to re-engage with future information forums and community sessions:** Stage 4 forum attendees overwhelmingly felt that the session was helpful and indicated that would attend more sessions in the future.

There were also some additional unanticipated outcomes that resulted from the Health Project:

- + Strengthened relationship between SCOA and many of their member organisations
- + Member organisations had the opportunity to leverage the Health Project for further funding
- + Member organisation staff members had an opportunity to learn from others in their networks
- + One member organisation noted that as a result of being part of SCOA's network their staff demographics have changed, with now 96% of staff being hired from the community.

Sustainability and replicability

While there is little need to continue offering COVID-19 specific forums, **the model and approach used by SCOA through the Health Project provides a useful framework for continuing the work in other contexts and content areas going forward.** Member organisations noted that the impact of the Health Project would likely be sustained in the following ways:

- + Leverage further funding to continue delivering community health forums in broader health topic areas

- + Develop a better understanding of the topic areas of interest among the community
- + Engage more directly with SCOA and continue building the relationship through other initiatives

From a sector perspective, the Project led to sustainability of activities and outcomes in the following ways:

- + Increasing the capabilities of member organisation staff who participated in the Health Project, who will continue working in those roles and across the sector during their career
- + Establishing and fostering connections between practitioners
- + Encouraging lessons to be shared amongst organisations to improve outcomes going forward
- + Linking organisations to other SCOA initiatives that contribute to growing the sector
- + However, interviewees also stated that duplication of efforts across representative bodies may be a challenge for the sector going forward. Some member organisation representatives questioned whether SCOA was effectively 'doubling up' with other peak bodies or agencies that fulfil similar functions.

Overall, the findings suggest that there is perceived value in replicating the model of the Health Project with a focus on other broader health topics. Member organisation representative noted that there was significant interest in continuing to deliver the community forums with a focus on health topics that were relevant to their community. Similarly, participants indicated in the Stage 4 survey that they were interested in learning about numerous other health topics.

2.2 Recommendations

Based on the key findings above and the results detailed in Section 3, we have made the following recommendations for SCOA and the Department of Health/other Federal Government funding bodies.

We recommend that SCOA:

- 1. Continue to offer health forums or information dissemination activities where possible.** The impact of the project is clear, as is the broad interest in continuing the work with a focus on other health topics. SCOA could leverage the successes of this project to trial other forms of information dissemination pathways or content areas, for example piloting longer time periods for project delivery to see greater reach and impact within communities.
- 2. Streamline and synthesise reporting and data collection procedures.** Receiving continual feedback and collecting and analysing data in a real-time ongoing way was key to the success of the project. There would be benefit in consolidating these data collection instruments in order to improve efficiencies and ensure the most meaningful data is collected. This could include preparing some basic routine monitoring templates for use by member organisations and identifying priority questions to gather data from participants.
- 3. Continue fostering a reciprocal relationship with member organisations and continuing to strengthen the sector.** SCOA is uniquely placed to both represent member organisations to the Federal Government, and to facilitate access to communities. SCOA should continue to establish this strategic place within the sector, for example through Communities of Practice and strategic activities. This intermediary role with member organisations and the Federal Government is crucial to the success of projects like the Health Project, and in turn, also strengthens the sector.

We recommend that the Federal Government:

- 4. Continue to fund localised health forums for future priority areas and other health topics of interest to migrant communities.** Where funding is available for similar projects, funding arrangements should be flexible and should build in opportunities to adapt project activities as necessary. Utilising a peak body such as SCOA to manage relationships and funded organisations will help this process and will likely result in greater efficiencies.
- 5. Consider the networks and resources established during the Health Project in future emergency response situations.** The Health Project has resulted in an established network of community-based organisations who have demonstrated the ability to effectively mobilise during an emergency situation. It would be beneficial to consider the approaches and resources developed and utilised during this Project in future situations that may require a swift and rapid response, e.g., for a natural disaster.

3 Results in detail

3.1 Relevance

3.1.1 Overview

This Section outlines the results of the evaluation in relation to the relevance of the program, particularly in relation to the following evaluation questions:

- + Does SCOA's program focus on issues that are relevant to migrants in Australia? (Section 3.1.2 and Section 3.1.3)
- + To what extent has SCOA ensured that its work remains relevant to the issues migrants have faced during COVID-19? (Section 3.1.3)
- + Where is SCOA's place in the larger sector of health information delivery to migrants in Australia? (Section 3.1.4)

3.1.2 Issues facing refugee and migrant communities

Over the last two years, COVID-19 has significantly impacted the lives of many migrant and refugee communities both in Australia and globally.

This is due to many underlying demographic factors amplifying the risk of contracting COVID-19, whilst simultaneously providing poorer access to many protective mechanisms.

Specific challenges refugee and migrant communities face which may both hinder protection from COVID-19 and exacerbate the spread of COVID-19 include:

- + Information is often only provided in English
- + Information is often only provided digitally
- + The Australian healthcare system is often not accessible and understandable
- + A lack of trust in Government due to previous experiences of corruption in home countries
- + Risk of exposure and experiencing challenges in taking protective measures (like socially isolating) is higher for:
 - those working in low-skilled professions and at-home occupations
 - those living in multigenerational households
 - those living in small homes

3.1.3 Ensuring the work remains relevant and broad reaching

Recognising the above challenges, the Australian Government allocated funds from 2020 – 2022 to promote the dissemination of COVID-19 information to culturally and linguistically diverse communities across Australia. SCOA's Health Project, funded by the Department of Health, transitioned through four stages as SCOA adapted the model to respond to the ongoing needs of refugee and migrant communities. The different stages of program delivery are outlined below in **Figure 2**.

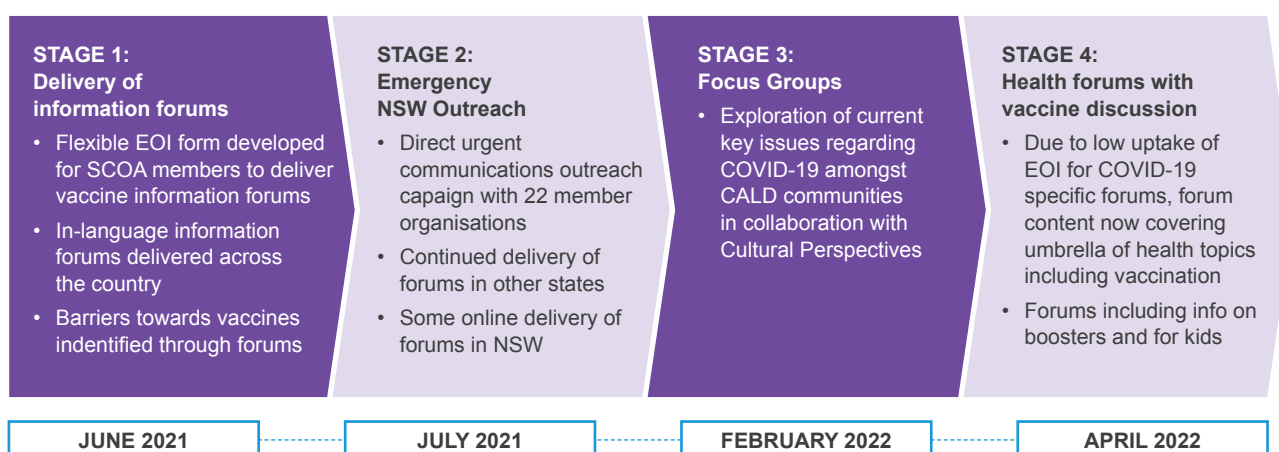


Figure 2. Health program iterations

A summary of each Stage of the Project is provided below.

Stage 1: Vaccine forums

An expression of interest form was developed for SCOA member organisations to deliver COVID-19 vaccination specific information forums to their community. Member organisations were provided with a funds and resources in the form of a script and PowerPoint slides to help deliver the information and data collection tools.

Feedback in relation to understanding, concerns, and common barriers or enablers towards becoming vaccinated were collected during the session via the data collection tools provided. Community members were encouraged to ask questions and raise their concerns which were responded to by the facilitator.

Stage 2: Emergency NSW Outreach

In light of the outbreak of COVID-19 in Western Sydney in July, SCOA contacted 22 member organisations in relevant locations in NSW and asked if they could contact 1,000 community members each to disseminate public health information. Upon confirmation that this was feasible, SCOA engaged these 22 members to deliver the information.

The main activity was individual phone calls; however, a range of other communication methods were also used, including creating culturally relevant communication campaigns, hosting pop-up vaccine clinics and providing educational opportunities through online platforms, hosting vaccine Q&As and other vaccine-related forums.

Stage 3: Focus groups

By February of 2022, the nature of COVID-19 and the vaccine roll out had changed substantially. As such, SCOA undertook targeted consultations with community members and developed a report to inform the next steps of the project. As part of the project SCOA contracted an independent consulting firm to run a series of focus groups with four member organisations.

The consulting firm conducted four online 90-minute focus groups in Sydney, Melbourne, Bendigo, and the Gold Coast.

Stage 4: Health forums

From March – May 2022, SCOA worked with members to build on the focus groups and identify changing priorities. It became clear that communities' interest in COVID-19 vaccine related topics was waning, as SCOA struggled to find members who would deliver vaccine related forums. Health Forums were then broadened to incorporate information about boosters, as well as various health information on topics of particular interest for communities (such as mental health, non-communicable diseases, and health screening). At the time of writing this report, this activity is still undergoing.

At each Stage of the Project, SCOA focused on ensuring that the content, mode of delivery, and communication strategies were relevant to the needs of refugee and migrant communities and were responsive to the changing social and political climate in Australia throughout the pandemic. This was further achieved by supporting member organisations to tailor the information and approaches to the needs and concerns of their particular communities. The effectiveness of this approach is explored further in following sections.

3.1.4 SCOA's role in broader sector

Feedback from member organisation representatives suggest that they view SCOA's role in the broader sector as serving three main functions:

- + Advocating to the federal government on behalf of organisations working in the sector
- + Sharing best-practice, standards, and frameworks to ensure cohesion in the sector
- + Connecting smaller organisations to learn from each other and form partnerships

Firstly, SCOA is seen as an important peak body with a strong advocacy function. This advocacy function is particularly important for smaller organisations in the sector, as they acknowledge that 'making policy suggestions or submissions' to government is especially challenging as a small organisation. **Member organisations place trust in SCOA's ability to understand and listen to the needs of communities across the country and represent these views appropriately and accurately to the government.**

As one member organisation representative stated:

‘So it’s [SCOA’s] main job is for it to be our voice, our eyes, and ears to the government. So that’s what we look for from SCOA – that advocacy for policy change that reflects our views.’

– Member organisation

Other member organisations noted that as a small federally funded organisation, it is more challenging to advocate for change themselves:

‘A lot of settlement agencies like ourselves are funded by government, so we can’t play an advocacy role. But SCOA can have an external voice and advocate for policy.’

– Member organisation

SCOA’s unique membership model ensures that all organisations – regardless of size – have the opportunity to be a SCOA member. This approach is not seen at such scale across other sector wide organisations in Australia and demonstrates SCOA’s strong focus on fostering networks and collaboration. Feedback from member organisation representatives indicates that many view their membership as an opportunity to be directly involved in a national discourse. As a result of encouraging and facilitating collaboration through this membership model, SCOA is able to:

- + Utilise trust and leverage existing networks of member organisations
- + Work with member organisations who have direct access to community groups
- + Be a direct line of access between member organisations and funding bodies
- + Leverage expertise of member organisations

Despite broad diversity between members, member organisations feel there is a real benefit in having a united voice, and that SCOA understands the nuances of the sector. SCOA both respects and appreciates the diversity inherent in the sector, and also works to ensure there are some shared high-level goals amongst settlement organisations:

‘The benefit comes in having a united voice. They understand differences in regional areas, and nationally in different states. They understand approaches and challenges across the country.’

– Member organisation

Secondly, SCOA’s perceived role and value is their **ability to share best practice and relevant frameworks to settlement services across the country**. Similarly, SCOA connects organisations and encourages collaboration within the sector and shares learnings. As mentioned above, there is huge diversity of settlement organisations across Australia, ranging from large national organisations to small grassroots organisations.

Therefore, having a body that can bring member organisations together regularly through meetings, communities of practice and other forums helps ensure that organisations can learn from each other:

‘We need to be able to communicate to other providers who deliver the same programs, to learn from each other and share best practice. These recent opportunities have been important, tapping into resources we would otherwise not have access to.’

– Member organisation

One SCOA staff member reflected on the importance of cohesion between organisations, and how learning from each other mitigates the risk of organisations duplicating efforts:

‘Without SCOA being there in that space you lose that cohesion and a lot of that focus. It’s quite important because otherwise you end up reinventing the wheel [for community groups] it’s a matter of being efficient and impactful.’

– SCOA staff member

While most organisations agreed on SCOA’s role in the sector, **some organisations reflected that this funded project was not in line with SCOA’s usual work**. Some interviewees reflected that SCOA’s main function is normally about advocacy, sharing best-practice, and connecting organisations, rather than funding activities:

‘SCOA’s work is usually at a higher level, not so much about programs and information. These COVID-19 workshop opportunities weren’t really standard practice.’

– Member organisation

Due to this perceived change in practice, this evaluation plays an important role in understanding how future similar projects could serve to benefit member organisations, the sector, and the broader community.

Furthermore, this evaluation seeks to understand where future similar projects could sit within and complement SCOA's existing work.

3.2 Program delivery

3.2.1 Overview

This Section outlines the results of the evaluation in relation to the Health Project's effectiveness and efficiency, particularly in relation to the following questions:

- + To what extent is the Health Project reaching migrant communities in Australia? (Section 3.2.2)
- + How effective and efficient is SCOA's service delivery model in reaching CALD communities and raising awareness? (Section 3.2.2)

- + How has SCOA collaborated with other member organisations to ensure that targets are achieved more effectively? (Section 3.2.3)
- + Which components of the Project were the most effective and should be considered for future initiatives? (Section 3.2.4)
- + Which components of the Project were less effective and could be improved? (Section 3.2.4)

3.2.2 Activities and reach

The Health Project successfully reached and engaged a wide cross-section of communities across Australia. **Over the four stages, the Program reached and engaged approximately 2,639 community members through 102 forums and focus groups, and another 759,028 through emergency outreach services.** A reach summary is provided in **Table 2** below.

Stage	Activity	No. of sessions	Reach
Stage 1	Delivery of Information Forums	67	1954
Stage 2	Emergency NSW Outreach	N/A	759,028
Stage 3	Focus groups	4	42
Stage 4	Health forums with vaccine discussion ²	31	643

Table 2. Reach of each delivery stage

² Reach figures accurate at time of writing, however sessions are ongoing and the attendance numbers are subject to change.

As shown in **Table 3**, there was a wide range of languages reached via the forums (Stages 1 and 4), with at least 40 different languages as well as those included in the mixed languages grouping.

Language	Stage 1	Stage 4	Total
Mixed languages	478	250	728
Arabic	428	134	562
Swahili	145		145
Tigrinya	108		108
Cantonese	70	28	98
Indonesian	70	19	89
Kinyarwanda	85		85
Nepali	78		78
Chinese	47	15	62
Urdu	60		60
Dari	31	28	59
Kirundi	25	50	45
Bangladeshi	24	40	44
Bhutanese	43		43
Spanish	34		34
Burmese	31		31
English	30		30
Tigray		27	27
Rohingya	25		25
Vietnamese	10	14	24
Dinka		21	21
French	20		20
Hindi	20		20
Farsi	15		15
Assyrian Arabic		14	14
Turkish		13	13
Korean	12		12
Fijian Hindi		11	11
Dari and Pashto		10	10
Eritrean	10		10
Gujarati	10		10
Karen	10		10
Macedonian	10		10
Mandarin	10		10
Tagalog		10	10
Hindi/Punjabi		9	9
Somali	8		8
Oromo	7		7
Grand Total	1954	643	2597

Table 3. Number of attendees (minimum) reached in different language groups.

The following figures are heat maps of each stage, highlighting the broad reach of each stage. Below each figure in the caption is an interactive link, where users can Zoom in and see details of the reach of each stage. Circles are sized by the number of attendees.

Figure 3 below shows the reach of Stage 1 vaccine forums. Positively, many states and territories are represented, including regional towns and cities of QLD.

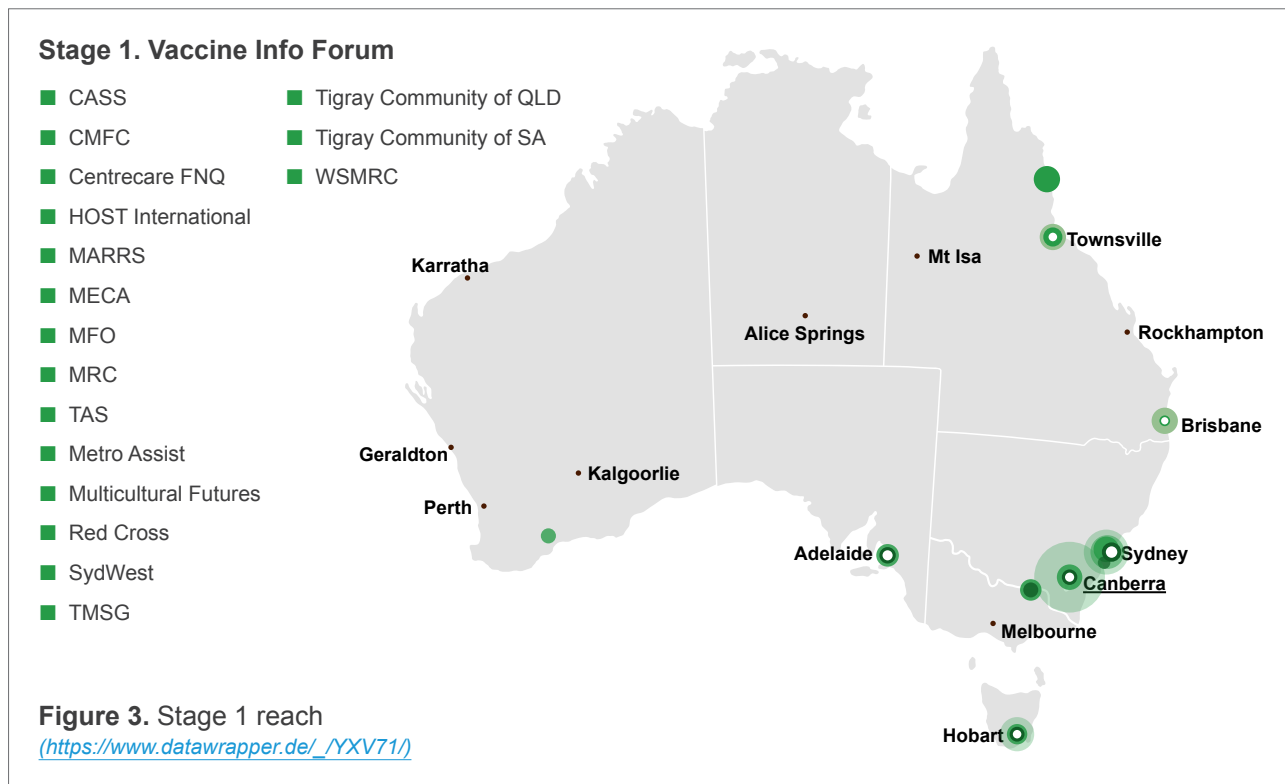


Figure 4 and **Figure 5** below show the reach of Stage 2 – the NSW communications effort. The figures show the broad reach that the communications drive was able to have, with every LGA of NSW reached by a member organisation’s efforts.

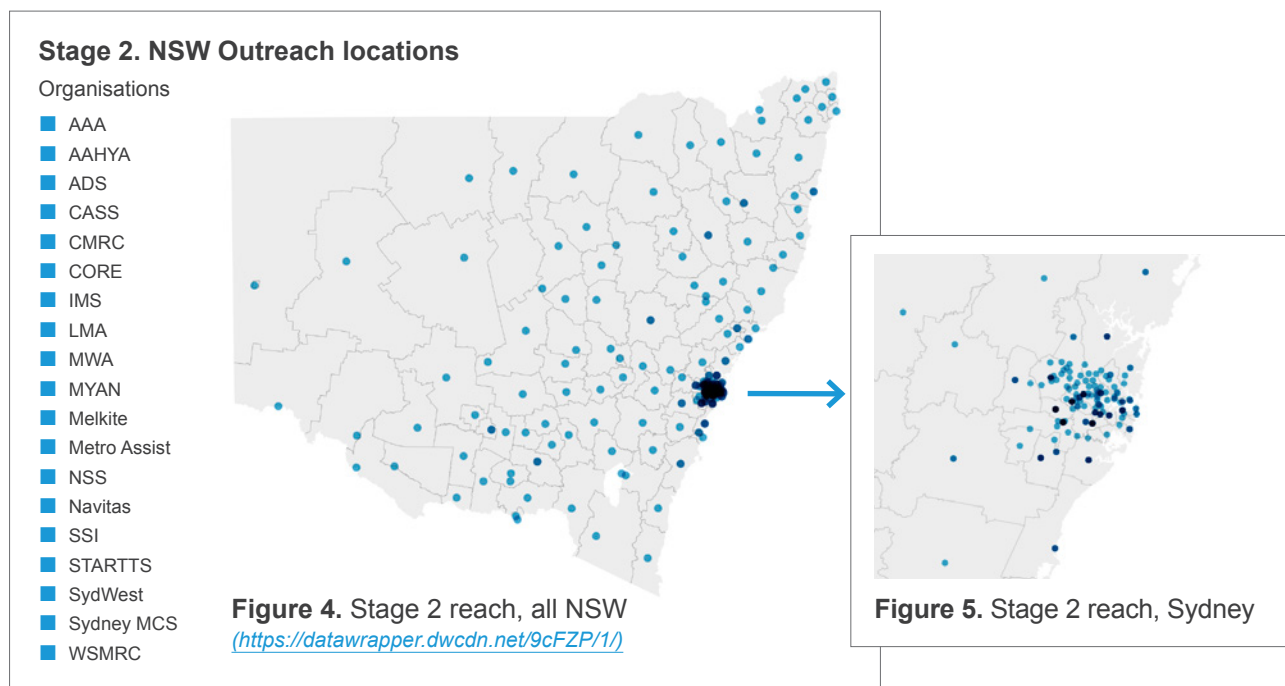
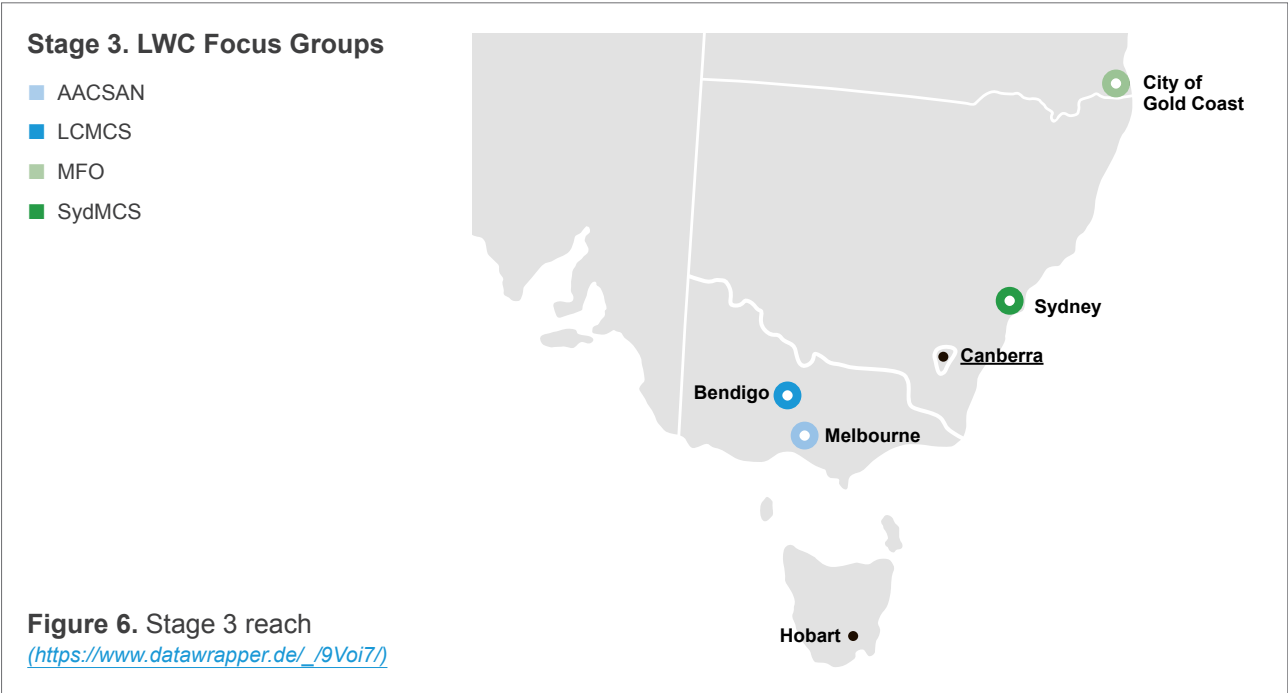
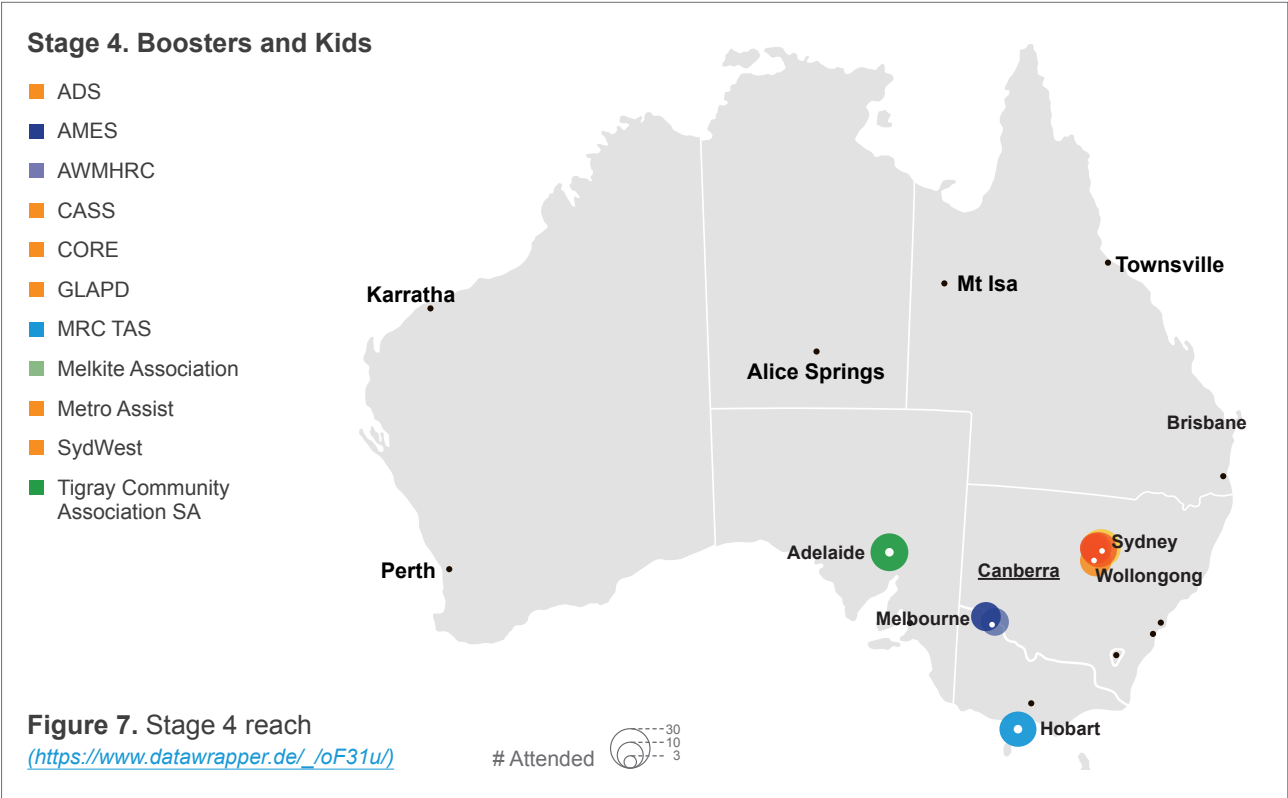


Figure 6. Stage 3 reach (https://www.datawrapper.de/_/9Voi7/) below highlights the breadth of member organisations who participated in the Stage 3 focus groups. Encouragingly, SCOA was able to recruit member organisations representing three states, as well as one regional member organisation.



Finally, **Figure 7** below shows the reach of Stage 4 health forums (focused on booster and childhood COVID-19 vaccinations). Positively, the reach broadened compared to Stage 1, with more regional member organisations participating in NSW, Victoria, and South Australia. Furthermore, more Tasmanian and Victorian member organisations participated in this stage of the Project.



Member organisation representatives noted that the Project was promoted to community members primarily through the following mechanisms:

- + Social Media platforms, particularly WhatsApp and Facebook
- + Word of mouth, particularly through existing networks (e.g., church database)
- + Direct communication with individuals, e.g., through emails, text messages, or phone calls

Some interviewees noted that while it could be difficult to reach members of their community and engage them in the project (for example, if they have children) SCOA's support allowed them to invest extra time and resourcing into reaching those members of the community.

As one interviewee stated:

'We reached out to over 1,200 clients in a month. And that couldn't have been achieved if we didn't have that extra funding from SCOA to run those groups and to have extra staff available to call and do those welfare checks.'

– Member organisation

Some also noted that being able to incentivise community members to attend had been an important consideration:

'A few months prior I tried to run a session by myself, and I only had 5 participants compared to 22 recently. Having 22 people in [our] community is a big deal – being able to incentivise people to come made a big difference.'

– Member organisation

SCOA staff members felt that while the reach of the Program has been good, there were always possible improvements to be made:

'We're reaching people in need, but I'd never say we're reaching all or even the majority. There are external factors that impact our reach – the funding criteria for settlement services. There are limitations on our reach, but if you keep investing in the mechanism, you can reach people who need it.'

– SCOA Staff member

3.2.3 Collaboration with member organisations

As discussed in Section 3.1.4 above, part of SCOA's role in the broader settlement sector involves facilitating networks and collaboration amongst member organisations. This important function was leveraged throughout program delivery and contributed to increased effectiveness and efficiency.

The Project relied on the existing trust and networks that member organisations have in their communities. Many staff in member organisations are part of the community they represent themselves and have strong ties with community.

Furthermore, member organisations have direct access to community groups, with close links to community and community leaders, as well as access through social media. For example:

'We are a grassroots organisation, we are well connected with our community, and with many diverse communities in our area.'

– Member organisation

Member organisations have unique expertise and a deep understanding of their own communities and their needs. SCOA aimed to empower member organisations by recognising that they are the experts within their community, and that they would be able to deliver the Project in a way that was appropriate and relevant for their context:

'They specialise in working with migrants and refugees – they can tailor things to a way that resonates with people. They can create events that people want to attend and will engage with.'

– SCOA staff member

SCOA also acts as a direct line of access between member organisations and the Federal Government. Section 3.1.4 outlines how this is a key function of SCOA's broader role in the sector, however this specifically allowed the Project to be delivered much more efficiently, with a simple EOI and contractual mechanism.

As interviewees noted:

'The grant process was so easy, so much easier than a government [grant].'

– Member organisation

'What this project allowed us to do was ensure the government didn't have to administer 115 contracts. Government process doesn't allow it to move so quickly. We could mediate this.'

– SCOA staff member

3.2.4 Effectiveness of components

Section 3.2.3 above highlighted the way that collaboration enhanced the benefits of the Project overall. **Table 4** below summarises the successes and challenges experienced when delivering each Stage of the Project.

Stage	Activity	What worked well	Challenges
Stage 1	Delivery of Information Forums	<ul style="list-style-type: none"> + For states where COVID-19 cases were high, the forums could get information quickly where needed. For states where COVID-19 cases were low/not there, organisations were able to prepare early and have forums ready once the vaccines were ready. + Forums utilised trust to get people present – some organisations helped community members schedule vaccine appointments or had vaccine nurse on-site, addressing some of the fears and barriers around health care. 	<ul style="list-style-type: none"> + Some states didn't have COVID-19 yet – whilst member organisations were willing to prepare early, some community members were not ready to hear about COVID-19. + There was too much data collected about barriers – making it hard to show program outcomes.
Stage 2	Emergency NSW Outreach	<ul style="list-style-type: none"> + Communications reached a lot of people. 	<ul style="list-style-type: none"> + The communications drive was NSW specific – couldn't leverage the successes to other states
Stage 3	Focus groups	<ul style="list-style-type: none"> + The focus groups explored barriers still in place to help determine Stage 4 of the project. 	<ul style="list-style-type: none"> + Having an external facilitator for the focus groups rather than people from within the communities or known to them potentially resulted in less rich data
Stage 4	Health forums with vaccine discussion	<ul style="list-style-type: none"> + The health forums offered various topics of interest, weaving boosters and paediatric vaccines into broader issues that were relevant to communities. + Member organisations utilised a 'health by stealth' approach when it came to discussing vaccines, due to people being tired of COVID-19 vaccine discussions. 	<ul style="list-style-type: none"> + The Department of Health wanted to focus on paediatric vaccines and boosters, but there was little interest. + Like Stage 1, there was too much data collected about barriers – making it hard to show program outcomes.

Table 4. Effectiveness of various stages of the Project

Feedback suggests that the overall components of the Project that were particularly effective across the Stages included:

- + Providing information to community members using appropriate language delivered by a trusted professional
- + Allowing groups to tailor the messaging to suit the needs of their target audience
- + Remaining flexible and responsive to emergent opportunities

Community member responses to the survey indicated that participants overwhelmingly preferred to receive COVID-19 information from healthcare providers or trusted community leaders during the Stage 1 forums (**Figure 8** below).

This finding was further supported by qualitative feedback collected from member organisation representatives who felt that **the outcomes for their community were better when they received information in a way that was accessible and relevant.**

During a recent AGM meeting, a member organisation attendee stated:

‘...and the understanding of it is not just about the translations, and you know, the language, it is about the cultural context, and how do you transfer that message within specific communities in the way that it is perceived, you know, the right way.’

– Member organisation

Similarly, interviewees noted that a real strength of the program delivery model was allowing them to tailor the messaging, content, and delivery strategies to the specific needs of their target audience. For example:

‘But they let us decide the target community and how we wanted to run the session. They provide a framework, but they allow our local flexibilities.’

– Member organisation

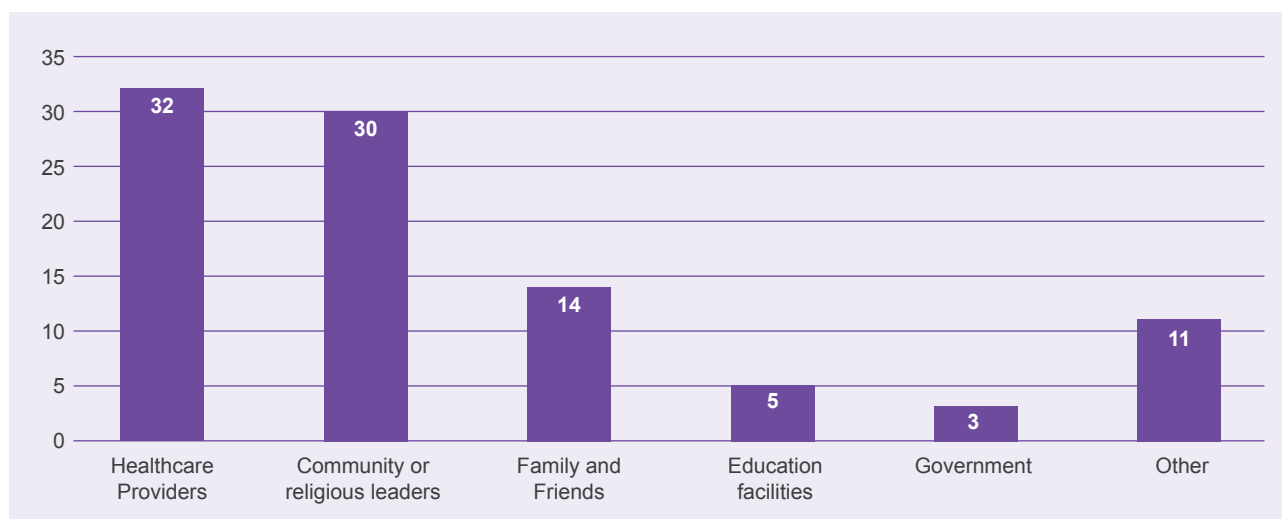


Figure 8. Preferred source of information (n=87)

SCOA allowed for significant flexibility throughout Project delivery – shifting the focus during Stage 4 away from COVID-19 and vaccination specific forums towards broader health topics in response to the changing social and political climate. This was well-received by both participants and member organisations. Member organisations were able to tailor forums to be in-language and content specific, targeting relevant misconceptions and engaging appropriate facilitators.

All member organisation representatives reflected on the flexibility that the funding provided, and the benefits that this tailoring was able to achieve.

During Stage 4 participants were asked if they felt COVID-19 vaccine information should be included with other health topics, or whether it should remain as a separate health discussion. Overwhelmingly, participants felt that grouping COVID-19 into other health forums was preferable, highlighting opportunities for the future direction of the Project (**Figure 9** below).

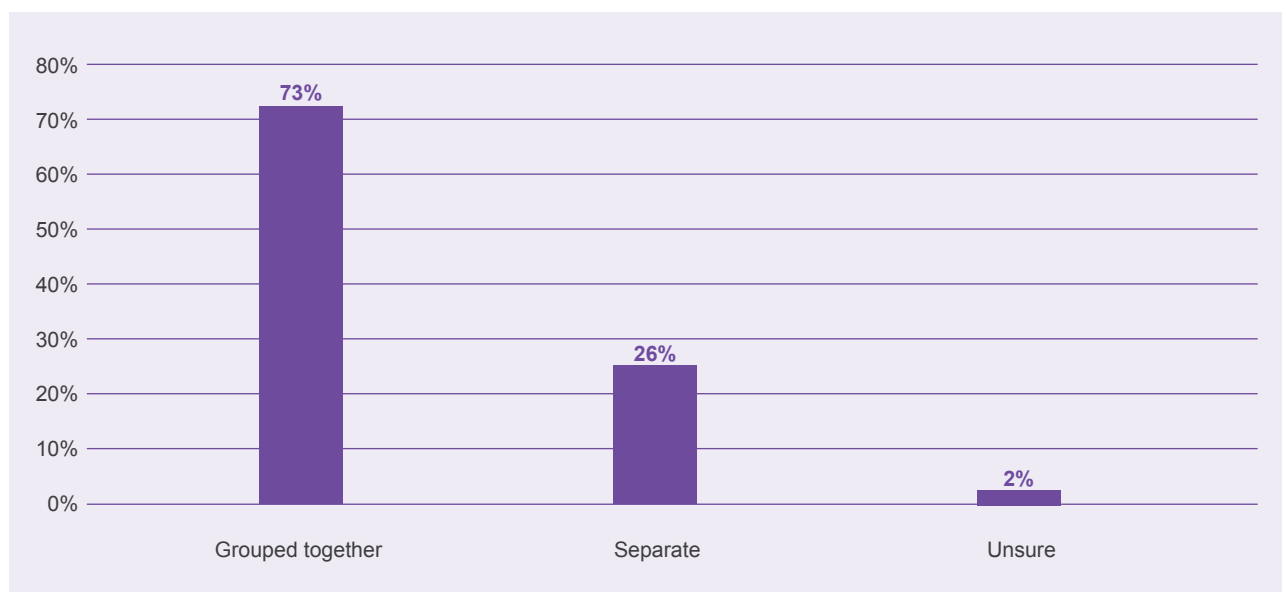


Figure 9. Responses to 'Do you feel that COVID-19 vaccine information should be included with other health topics, or should it remain as a separate health discussion?' (n=241)

3.3 Health Project outcomes

3.3.1 Overview

This Section outlines the results of the evaluation in relation to the following questions:

- + To what extent has SCOA's health program succeeded in achieving the intended objectives and outcomes? (Section 3.3.2 and Section 3.3.3)
- + Are there unintended consequences or unexpected results from the project? (Section 3.3.4)

Through the project logic workshop, FPC and SCOA collaboratively mapped out the expected outcomes for the Health Project, particularly those which are directly attributable to the project.

These outcomes were broadly explored at two levels: sector outcomes and community member outcomes.

3.3.2 Sector outcomes

As shown in **Figure 1**, there are several broad sector outcomes that the Project was aiming to achieve by the end of the funding period. These were:

- + Government has increased trust and access to a network
- + Member organisations have increased capability to deliver tailored forums
- + Localised public health responses are tailored to community concerns and needs

The first outcome the Project was aiming to achieve was that Government has increased trust and access to a network of organisations working in the sector. Throughout the project, there was constant engagement between SCOA and the Department of Health – feeding back lessons and suggestions for the future of the project. **It is evident based on revisions to approaches and the scale of the project that the Department of Health both trusts and has access to a network of organisations who can deliver appropriate activities.** SCOA found the Department of Health to be responsive to the adapting and changing needs of migrant communities, particularly as the feedback was based on evidence. Furthermore, the project was an opportunity for the Department to have access to a broad reach of organisations able to deliver activities in a short time period.

'It's been a good opportunity to engage with Department of Health and provide that direct feedback to them. It's really affirming when a federal health informational flyer goes out and you can see they're listening.'

– SCOA Staff member

During COVID-19, having a peak body to represent settlement organisations ensured that the response remained relevant, and the federal government was meeting the needs of community.

'It's going to be a win-win for the people – they get the service, and government will save resources.'

– Member organisation

Despite these positive outcomes, there is some concern that with trust and access to a strong network of community organisations, future initiatives will 'rely' on the network, without dealing with some of the systemic challenges that affect migrant communities.

'We can't just use communities when we need them... It's not the sole solution.'

– SCOA Staff member

The second outcome the Project was trying to achieve was that member organisations have increased capability to deliver tailored forums and health messaging. **The Project, through existing mechanisms of regular meetings and engagement was able to build the capacity of member organisations to deliver appropriate forums.** Member organisations reflected on the benefits of these during COVID-19, particularly in regard to learning and sharing experiences.

'During COVID-19 there were interactions and organising leadership things to support us. They bring people from different organisations to discuss to learn from each other and sharing.'

– Member organisation

Furthermore, for member organisations based outside of Victoria or NSW who were not impacted by COVID-19 cases to the same scale, SCOA provided an opportunity for other member organisations to learn from members and prepare.

‘QLD wasn’t hit the same way. We were protected but watching from a distance. The network helped us, we heard what was happening elsewhere. We’re hearing that people in Melbourne are scared of vaccines based on what they’ve heard from families back home or on social media. We need to get ahead of this, we’ll have the same barriers here.’

– Member organisations

The third sector outcome the Project was aiming to achieve is that localised public health responses are tailored to community concerns and needs. The importance of tailoring project delivery is discussed in Section 3.2.4 above. Further to this, some member organisations reflected on how the project strengthened community health networks through the initial vaccine forums. Below is a brief example of this public health network strengthening.

Building a network of partners in Regional QLD

‘Having the funding meant we could build a team of regional partners – vaccine, refugee health, schools, community leaders. We have an information team on hand. So when we were faced with challenges, we had a team of the right people.

The refugee health network in [city] previously, you could barely get 3 people to attend. After the information sessions, the group is so connected. We meet bi-monthly on a Tuesday and it’s so strong.

And we are going to appoint a group [the 6 main refugee organisations in the area], with leaders from each to progress the whole network. The information sessions did a hell of a lot to build collegiality in the region. It’s a huge outcome.’

Box 1. Case study - strengthening public health networks.

3.3.3 Participant outcomes

As shown in **Figure 1**, there are several outcomes at the community level that the Project was aiming to achieve by the end of the funding period. These were:

- + CALD communities feel supported to make decisions about their health
- + Community members seek appropriate healthcare and follow relevant advice
- + Community members likely to re-engage with future information forums and community sessions

It is somewhat difficult to measure these outcomes based on the participant data available, particularly for earlier stages of the project. The original

surveys for Stage 1 asked questions regarding vaccine status and barriers but did not attribute change to the project. In the recent forums, Stage 4 – the data collection tools (forum discussion form and survey) were modified to account for this.

Stage 1 participant outcomes

At the end of the forums in Stage 1, which were primarily focused on COVID-19 vaccines and safety, member organisers facilitated group discussion and posed the question ‘How do you feel this presentation has impacted the way you feel about getting vaccinated?’. Member organisations summarised the discussion, with the results presented in **Figure 10**. Overwhelmingly, the groups felt more informed, safe, and willing to get the vaccine, with only 12% of the groups still feeling undecided.

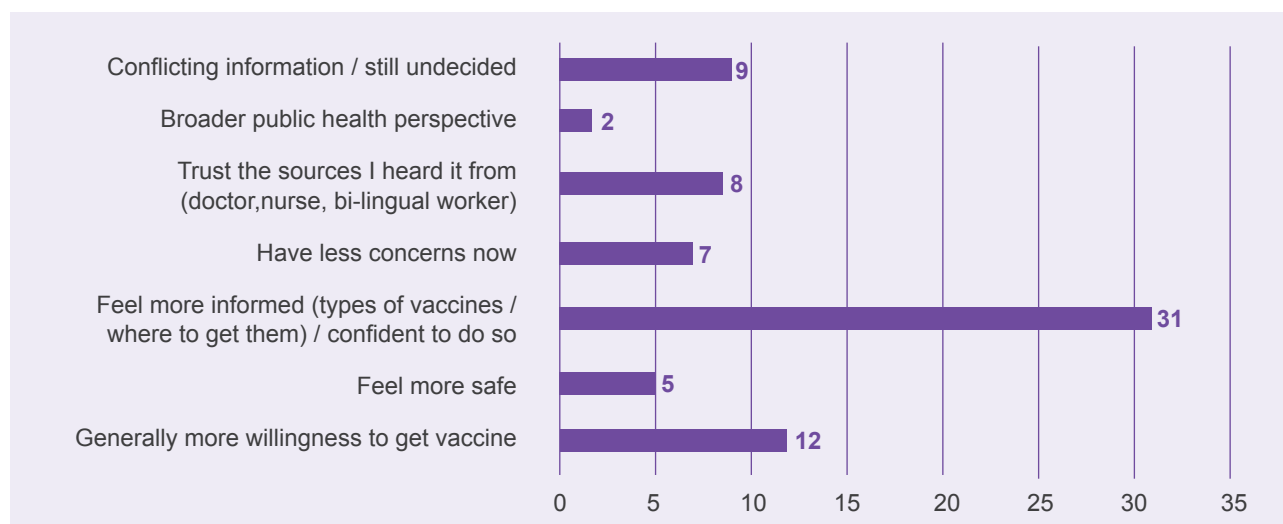


Figure 10. Responses from forum discussion regarding outcomes of forum presentation (n=74)

Member organisations who took part in Stage 1 vaccine forums reflected on the outcomes they saw in communities. For most member organisations interviewed, **the key outcome was that people felt less fearful and had greater trust in the vaccine.**

‘I think people are less scared of the vaccine. People were scared because misinformation was bad.’

– Member organisation

‘At least 8 or 9 people I know of have got vaccinated because of the sessions, so that’s the impact.’

– Member organisation

Secondly, another positive outcome for communities was seen by member organisations who then went on to support community members to get vaccinated. Some member organisations organised vaccine nurses to attend sessions or arranged transport and interpreters to support community members at vaccine sites.

‘Everyone who attended then came to the other info sessions and the vaccination days. We coordinated with QLD Health to have certain time slots just for our communities. We bussed them in with language workers and interpreter services. So we could move people through really quickly.’

– Member organisation

Stage 2 participant outcomes

Stage 2 saw a large communications push by member organisations to CALD communities around NSW, who were subject to lockdowns and high COVID-19 case numbers during this timeframe. Section 3.2.2 highlighted the reach of the communications drive. Beyond the reach, some member organisations reflected on the benefits to community members of this effort.

‘Our community got a lot of information from overseas and social media, so it was a chance for us to share information and break those misconceptions.’

– Member organisation

The benefits of this effort to community members was particularly in the ability to challenge the information people had been seeing online and presenting factual information on COVID-19 vaccines in-language.

‘Our community liaison officer saw really positive outcomes – challenging the information that they had and presenting the facts and distinguishing the misinformation.’

– Member organisation

Stage 4 participant outcomes

Stage 4 (booster and general health forums) saw an increased focus on data collection tools capturing outcomes for participants. After the Stage 4 forums, participants completed a survey regarding their thoughts on vaccines and other opinions about the sessions. Figure 11 below highlights some of the opinions of participants regarding the usefulness of the forum sessions. **Overwhelmingly, participants found the session helpful, with 204 of the 218 respondents (94%) agreeing ‘a lot’ or ‘a little’ that the session was helpful and would attend more sessions in the future.** This highlights that the Project achieved the outcome of ‘Community members likely to re-engage with future information forums and community sessions’.

Furthermore, participants found that the session they attended allowed them to get their questions answered and understand the topic better (93% agreeing ‘a little’ or ‘a lot’). This highlights that the Project is contributing to the intended outcome of ‘CALD communities feel supported to make decisions about their health’.

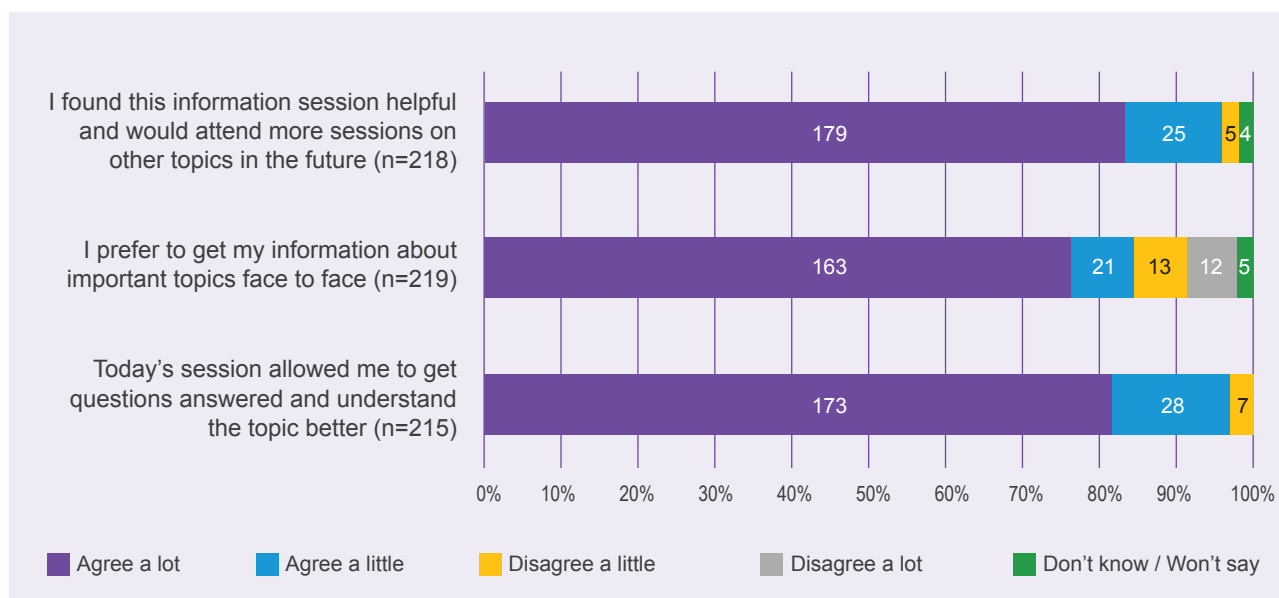


Figure 11. Participants' reflection on helpfulness of session

Beyond the data captured through the survey and forum discussion guide, member organisations and staff members reflected on positive outcomes they saw firsthand or heard anecdotally.

Member organisations reflected after the sessions and upon speaking to communities, thought that community members felt an increased sense of trust in making decisions regarding health and vaccines, and felt more confident to do so. Some member organisations also saw community members taking tangible action, such as exchanging numbers with each other regarding the best GPs in their area or booking appointments for cancer screenings.

A key contributor to the positive outcomes was the information sessions being facilitated by experts – many member organisations arranged medical professionals from within the community to present at the sessions. Most recognised that without SCOA's support, the ability to pay an expert facilitator would not be possible.

One member organisation reflected on the outcomes seen in communities regarding children's vaccinations, due in part to the trusted information source.

'They were transfixed. The doctor was so knowledgeable and could answer any questions. More people were sceptical about vaccinating children. The decision about vaccinating children was more eye opening, afterwards they knew where to find more information.'

– Member organisation

Both member organisations and SCOA staff reflected on the benefits of broader health topics of relevance to migrants and refugees. **Providing member organisations the space to host forums that touched on COVID-19 alongside other relevant health topics, resulting in increased and renewed conversations about various health concerns.**

'One thing that has come out of this is much greater mental health conversations. In CALD communities and recently arrived migrants and refugees, they may not have that mental health vocabulary. So it's really opened the door to have a lot of those conversations.'

– SCOA staff member

The following case study highlights participant level outcomes seen after a small organisation based in regional NSW delivered two health forums as part of Stage 4 of the project. Positive outcomes were seen by participants, with an increased understanding and willingness to receive booster shots, and new knowledge about cancer screening.

Health forums in NSW targeted towards East African women

SCOA approached a settlement and support organisation based in NSW about the opportunity to conduct health forums with their local community. Many of the women from this community cannot read or write, even in local languages, after having spent many of their younger years in refugee camps.

‘Out of 20 women who came last Saturday, 12 of them cannot read or write, even in their own language. Then they get told to go online to look for information about COVID-19, but of course they’ve never seen or read the fliers.’

The organisation had three broad topics that they wanted to cover in the two forums: COVID-19 boosters for adults and vaccinations for children, mental health, other diseases such as cancer and heart disease.

Because of the funding from SCOA, they were able to invite three speakers – all of whom were born in East Africa and speak the same languages as community members. Speaking at the two sessions were doctors from Rwanda, including a senior epidemiologist who works as NSW Health, and a mental health nurse.

The two days had very high attendance, with some participants unable to attend the original forum in Sydney then going on to travel to Wollongong to attend, because they did not want to miss out.

Before beginning the session, the organisation ran a quick discussion around some perceived barriers to getting COVID-19 boosters. It was clear that most community members had received two vaccines only because ‘they were mandated’ but did not want to receive any more. By the end of the session, it appeared that the vast majority of attendees changed their mind and were willing to receive their third dose. When asked why the change, they responded

‘Because someone from our culture who speaks our language, who is trusted, who is knowledgeable, is here in front of us. She wouldn’t lie to us.’

Beyond ‘reassuring people’ about COVID-19 boosters, the sessions also aimed to introduce new topics to attendees. The sessions covered various cancer topics, with most women in attendance never having been screened for cervical or breast cancer. The organisation explained that ‘healthcare back home is a luxury’, and many women don’t know there are opportunities for screenings or health check-ups. The forums ended with participants sharing numbers of trusted GPs in the area, with the intent to follow up about various health topics.

By the end of the two sessions, it was clear that if this forum was to be held again, participation would grow even more – with word of mouth spreading among the community about the opportunity to meet trusted health professionals and ask questions. There were strong outcomes seen at the end of only two forums, with attendees feeling that their concerns were heard and answered, as well as many making tangible plans to follow up with various health issues.

3.3.4 Unexpected outcomes

An unexpected positive outcome of the Project was the strengthened relationship between SCOA and many of their members, as well as increased collaboration between members. For many member organisations, this Project was an opportunity for the group to work closely with SCOA towards a tangible outcome, and also come together with other members around common barriers and experiences to share and learn from.

For some member organisations, this Project gave them the opportunity to leverage for further funding. After being able to demonstrate some of the impacts of the forums, with support from SCOA, some organisations went on to find more funding to continue the work beyond this Project.

‘We’ve now secured funding a new staff and ongoing funding, this grassroots initiative has led to really tangible outcomes for the whole region.’

– Member organisation

Some members reflected on some of the unexpected benefits of being a SCOA member, particularly in part due to recent forums and engagements held during COVID-19. For some members, the network provides an opportunity for a variety of staff members to attend and learn, as well as feel as though they can contribute and are equal.

One member noted that as a result of being part of SCOA's network and since 2020, their staff demographics have changed – going from around 10% of staff from communities the organisation works with, to now 96%.

‘We’d have been left behind, that’s the movement – to hire locally. I knew the capacity of what our staff could do, but management needed to see it. And management saw it through peak bodies like SCOA.’

– Member organisation



3.4 Sustainability

3.4.1 Overview

This Section outlines the results of the evaluation in relation to the sustainability of SCOAs' programs and support, particularly in relation to the following questions:

- + Has SCOAs' programs sufficiently considered and implemented sustainable interventions? (Section 3.4.2)
- + To what extent are the community activities sustainable without SCOAs' intervention? (Section 3.4.2)
- + How are member organisations supported by SCOAs to sustain program activities and outcomes? (Section 3.4.2)
- + To what extent is the Project model replicable in other settings or contexts? (Section 3.4.3)

3.4.2 Sustainability of activities and outcomes

Providing information about COVID-19 and vaccinations is not something that will need to be meaningfully sustained going forward. There is little ongoing need to provide information about vaccinations in particular, as vaccination rates are now relatively high, as is fatigue from hearing about COVID-19. However, the model and approach used by SCOAs provides a useful framework for continuing the work in other content areas going forward. Member organisation representatives noted that participating in the Health Project had allowed them to:

- + Leverage further funding to continue delivering community health forums
- + Develop a better understanding of the topic areas of interest amongst the community
- + Engage more directly with SCOAs and continue building the relationship through other initiatives

Specifically, member organisation representatives noted that they would be able to continue the work in several ways. Some interviewees noted that they would be able to draw directly from the feedback collected through the forums to ensure that future work was responding more acutely to the needs of community members.

For example:

'SCOAs provided an opportunity to focus on grassroots stuff – going to [community] leaders and seeing the best ways to approach things... SCOAs was so fair. They asked questions in the process, and you had to provide feedback on the sessions which kept us accountable. The feedback was also a chance for us to evaluate our own work.'

– Member organisation

Others also stated that the forums had allowed them to establish and strengthen partnership arrangements which would be useful going into the future. The benefits of this are discussed in the case study in Section 3.3.2.

Some organisations have secured additional funding from other sources to continue delivering health information to community members. The importance of the project in allowing them to secure this funding was stressed by several interviewees:

'We've now secured ... ongoing funding, this grassroots initiative has led to really tangible outcomes for the whole region. A tiny start has led to a huge outcome.'

– Member organisation

Additionally, the capacity and capabilities of organisations had likely improved in many ways by participating in the Health Project. Organisations ensured that different staff members were able to attend the forums for professional development opportunities and increased exposure to this sort of work. The impacts of this are likely to be varied and far-reaching as these individuals continue working in those roles, and across the sector during their careers.

From this sector perspective, the Project led to sustainability of activities and outcomes in the following ways:

- + Fostering peer engagement and professional networking
- + Encouraging lessons to be shared amongst organisations to improve outcomes going forward
- + Linking organisations to other SCOAs initiatives that contribute to growing the sector, such as the current 'Roadmap' project. SCOAs can increasingly bring organisations together as a result of strengthened connections and trust and ensure that organisations have the opportunity to contribute to developing national strategies.

However, interviewees also stated that duplication of efforts across representative bodies may be a challenge for the sector going forward. Some member organisation representatives questioned whether SCOA was effectively 'doubling up' with other peak bodies or agencies that fulfil similar functions:

'The question is, if a body like SCOA – which is a national body – performs the same or very much similar duties as MCA, Migration Council, and the local [body] depending on which state you're in, why double them up? Why not one body like SCOA leading that space?'

– Member organisation

While this challenge is very complex and not easily addressed, it should be kept in mind going forward. Opportunities to streamline project activities and reduce duplication in future work should be assessed to increase efficiency and ensure sustainability of outcomes.

3.4.3 Replicability

As discussed previously, the shift in focus to broader health topics during the later Stages of the Project was very well-received by participants and by member organisations. Member organisation representatives also noted that there was significant interest in continuing these community forums with a focus on health topics that were relevant to their community. Member organisation representative suggested that the following topics (amongst others) would be important for their community to hear about:

- + Mental health
- + Gender-based violence
- + Cancer-screening and other preventative health screens

This was supported by survey results from the Stage 4 forums, where participants were asked if there were other topics of interest to them (**Figure 12**). Of the 118 responses, more than half (67 responses) were interested in topics including non-communicable diseases (including heart disease and diabetes, not including cancer), various cancers and mental health. Other topics of interest included women's health and general health topics (including how to find a GP and navigating the health system).

Overall, the results strongly suggest that there is perceived value in replicating the model of the Health Project with a focus on other health topics. In addition to delivering health information on broader health topics – such as those listed above – there are several key components of project delivery that should be considered and implemented in future initiatives. These include:

- + Providing information to community members using appropriate language delivered by a trusted professional
- + Allowing groups to tailor the messaging to suit the needs of their target audience
- + Remaining flexible (including providing flexible funding arrangements) and responsive to emergent opportunities
- + Collecting ongoing monitoring data and feedback from those implementing project activities to ensure that project adaptations and revisions are informed by evidence

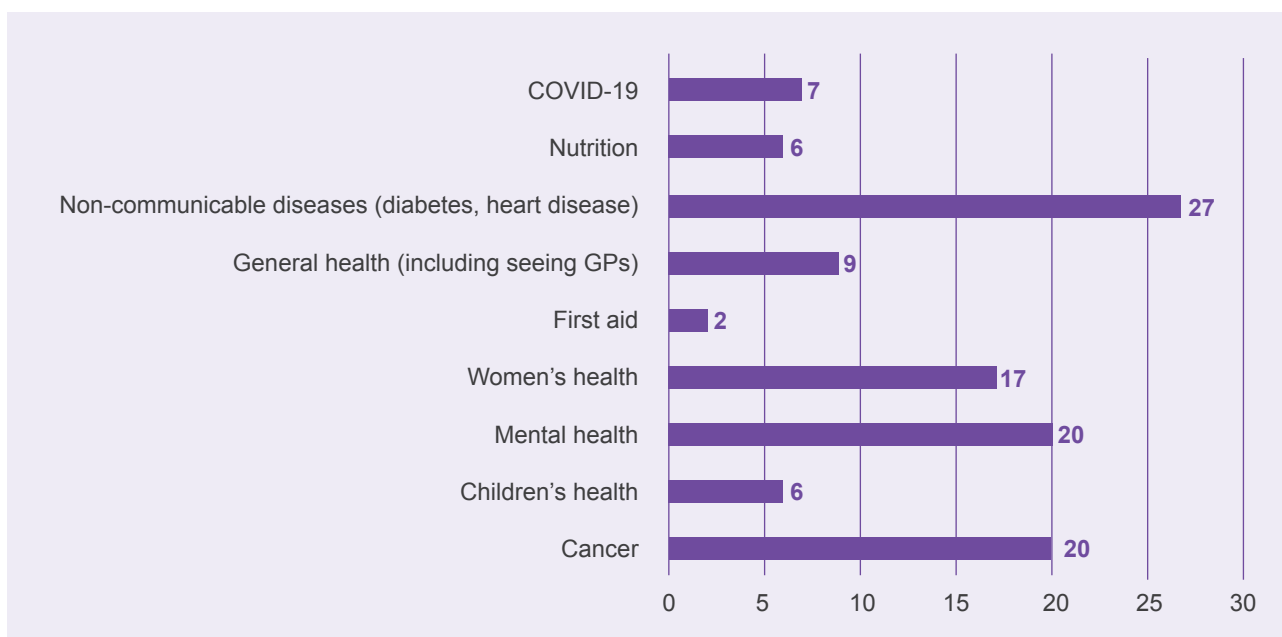


Figure 12. Other topics of interest identified by forum participants in Stage 4, (n=118)



Appendix 1 – Evaluation Framework

Key Evaluation Question	Sub-questions	Indicators	Data sources and methods
To what extent is the Health Project relevant to the target population?	<i>Does SCOA's program focus on issues that are relevant to migrants in Australia?</i>	<ul style="list-style-type: none"> + Feedback from SCOA staff/ stakeholders + Uptake of and demand for forums + Documentation related to the challenges and issues facing CALD communities 	<ul style="list-style-type: none"> » Survey data from participants » Forum discussion guides » Interviews with key stakeholders » Document review
	<i>To what extent has SCOA ensured that its work remains relevant to the issues migrants have faced during COVID-19?</i>	<ul style="list-style-type: none"> + Feedback from SCOA staff/ stakeholders + Documentation showing consideration of issues and refinement of approach/ strategy 	<ul style="list-style-type: none"> » Interviews with key stakeholders and SCOA staff » Document review
	<i>To what extent is the Health Project reaching migrant communities in Australia?</i>	<ul style="list-style-type: none"> + Forum attendance numbers + Demographic information of attendees 	<ul style="list-style-type: none"> » Document review » Interviews with key stakeholders
	<i>Where is SCOA's place in the larger sector of health information delivery to migrants in Australia?</i>	<ul style="list-style-type: none"> + Feedback from SCOA staff/ stakeholders + Assessment of broader 'system' based on document review and feedback from stakeholders + Development of network map 	<ul style="list-style-type: none"> » Interviews with key stakeholders » Document review
To what extent was program delivery effective and efficient?	<i>How effective and efficient is SCOA's service delivery model in reaching CALD communities and raising awareness?</i>	<ul style="list-style-type: none"> + Data on reach and uptake of services and Project + Feedback from SCOA staff/ stakeholders 	<ul style="list-style-type: none"> » Forum discussion guides » Interviews with key stakeholders » Document review
	<i>How has SCOA collaborated with other member organisations to ensure that targets are achieved more effectively?</i>	<ul style="list-style-type: none"> + Feedback from key partners/ related organisations + Documentation outlining roles, plans/strategies and achievement of targets 	<ul style="list-style-type: none"> » Interviews with key stakeholders, including SCOA staff » Document review
	<i>Which components of the Project were the most effective and should be considered for future initiatives?</i>	<ul style="list-style-type: none"> + Feedback from SCOA staff/ stakeholders 	<ul style="list-style-type: none"> » Interviews with key stakeholders » Document review
	<i>Which components of the Project were less effective and could be improved?</i>	<ul style="list-style-type: none"> + Feedback from SCOA staff/ stakeholders 	<ul style="list-style-type: none"> » Interviews with key stakeholders » Document review

Key Evaluation Question	Sub-questions	Indicators	Data sources and methods
To what extent have the intended outcomes been achieved?	<i>To what extent has SCOAs health program succeeded in achieving the intended objectives?</i>	+ Feedback from SCOAs staff/ stakeholders	» Survey data from participants » Forum discussion guides » Interviews with key stakeholders » Document review
	<i>Are there unintended consequences or unexpected results from the programs?</i>	+ Feedback from SCOAs staff/ stakeholders	» Survey data from participants » Forum discussion guides » Interviews with key stakeholders » Document review
How sustainable and scalable is the Health Project?	<i>Has SCOAs programs sufficiently considered and implemented sustainable interventions?</i>	+ Feedback from SCOAs staff/ stakeholders + Review of SCOAs plans and strategies + Review of budgets/ expenditure and funding sources	» Interviews with key stakeholders » Document review
	<i>To what extent are the community activities sustainable without SCOAs intervention?</i>	+ Feedback from SCOAs staff/ stakeholders + Discussion of impacts to small organisations if they had to deliver without input from SCOAs	» Interviews with key stakeholders
	<i>How are member organisations supported by SCOAs to sustain program activities and outcomes?</i>	+ Feedback from SCOAs staff/ stakeholders	» Interviews with key stakeholders
	<i>To what extent is the Project model replicable in other settings or contexts?</i>	+ Feedback from SCOAs staff/ stakeholders	» Interviews with key stakeholders



Settlement
Council
of Australia

Suite 3a, 32 Thesiger Court
Deakin ACT 2600

P (02) 6282 8515
M 0419 988 059
E info@scoa.org.au
W www.scoa.org.au

 @SCOA_Aus

 @SettlementCouncilofAustralia

 Settlement Council of Australia



First Person Consulting Pty Ltd
ABN 98 605 466 797
Tenancy 3, Level 4, 224 Queen Street
Melbourne VIC 3000

www.fpconsulting.com.au