

**EVALUATION REPORT ON
THE SWIMMING PROGRAM
FOR AFGHAN WOMEN
(PILOT PROGRAM)**

Assunta Di Francesco and Susan Hansen

Eastern Perth Public and Community Health Unit



March 2002

Eastern Perth Public & Community Health Unit
PO Box S1296
Perth WA 6845
PH 61 8 9224 1625 Fax 61 8 9224 1612
Email: rph.eppchu@health.wa.gov.au
Website: <http://www.rph.wa.gov.au/hpnetwork/>

© Eastern Perth Public & Community Health Unit, 2002
This work is copyright. Apart from any use as permitted under the Copyright Act 1968, no part may be reproduced without written permission from EPPCHU.

This version is slightly changed from the paper version. In this version there aren't as many appendices.

Suggested citation

Di Francesco, A. and Hansen, S. 2002, *Evaluation Report on the Swimming Program for Afghan Women (Pilot Program)*. Eastern Perth Public and Community Health Unit, Perth.

ACKNOWLEDGEMENTS

The authors of this report wish to thank the individuals and organisations who gave their invaluable input, support and time into the development and implementation of this program, including:

Tooba Ahmidzid	(Volunteer for) Gosnells Women's Health Service
Mariam Ashrat	Communicare
Nardia Burgwyn	Swim-Rite Pool
Lisa Crouch	North Metropolitan Health Service Population Health Unit
Sharon Easton	Gosnells Women's Health Service
Pam Fauldes	Communicare
Debra Fleischer	Swimming instructor
Barbara Gryta	Swimming instructor
Manjit Kaur	Swimming instructor
Marianne Law	Communicare
Susan Lee	(formerly) Association for Services To Torture and Trauma Survivors
Milica Mladinovic	Communicare
Fawzia Olomi	Bicultural Carer (contracted through the Ethnic Child Care Resource Unit)

Dijana Skorsur

Ethnic Child Care Resource Unit

Fiona Van Den Berg

Community Physiotherapy Services

Simona Willis

City of Swan

Zoila Wood

Ethnic Child Care Resource Unit

A special thanks also to the Department of Sport and Recreation who provided funding through a Healthway grant; and to Eastern Perth Public and Community Health Unit staff, in particular Lisa Bayly, Kathy MacKay and Anne Polley for their editorial support, constructive feedback and ideas.

Finally, a very special thank you to the Afghan women who so patiently waited for this program and so enthusiastically participated.

GLOSSARY OF ABBREVIATIONS

ASeTTS	Association for Services To Torture and Trauma Survivors
BAT	Be Active Together
CALD	Culturally and Linguistically Diverse
COS	City of Swan
ECCRU	Ethnic Child Care Resource Unit
EPPCHU	Eastern Perth Public and Community Health Unit
GWHS	Gosnells Women's Health Service
MBW	Multicultural Bilingual Workers
NMHS PHU	North Metropolitan Health Service Population Health Unit
RLSSA	The Royal Life Saving Society Australia (WA Branch)
WWSN	Women With Special Needs

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	3
GLOSSARY OF ABBREVIATIONS	5
TABLE OF CONTENTS	6
1.0 EXECUTIVE SUMMARY	7
2.0 RATIONALE	8
3.0 PROJECT BACKGROUND	8
4.0 PROJECT DESCRIPTION	9
5.0 PROJECT OBJECTIVES	11
6.0 PROJECT PARTICIPANTS	11
7.0 METHODS	12
7.1 SURVEYS	12
7.2 GROUP DISCUSSION	12
7.3 SEMI-STRUCTURED INTERVIEWS	13
7.4 REFLECTIVE NOTES	14
7.5 ANALYSIS	14
7.6 PREPARATION OF REPORT	14
7.7 DISSEMINATION OF REPORT	14
8.0 RESULTS	14
8.1 DEMOGRAPHICS AND LEVEL OF PARTICIPATION	15
8.2 GROUP DISCUSSION, REFLECTIVE NOTES AND SEMI-STRUCTURED INTERVIEWS	16
9.0 DISCUSSION	23
9.1 METHODOLOGICAL CHALLENGES	24
9.2 REDUCING THE EFFECTS OF LANGUAGE AND CULTURAL BARRIERS	26
9.3 PROGRAM SUSTAINABILITY	28
10.0 CONCLUSION	32
11.0 RECOMMENDATIONS	33
12.0 REFERENCES	36
APPENDIX 1	39
APPENDIX 2	41
APPENDIX 3	44

1.0 EXECUTIVE SUMMARY

This report presents the results of an evaluation of the Swimming Program for Afghan Women implemented by the Eastern Perth Public & Community Health Unit (EPPCHU) in 2000. The report provides a brief description of the project, information about its inception and the successes and challenges encountered by program organisers during its implementation and evaluation. Recommendations for the future direction of the program beyond the pilot phase are also presented.

The program sought to provide physical activity opportunities for members of the Afghan Women's Support Groups in Cannington and Gosnells, Western Australia. Specifically, there were three objectives for the pilot. These included the promotion of the target group's participation in physical activity, the improvement of their knowledge relating to physical activity and the improvement of their knowledge and use of the public transport system. The evaluation shows that the program was successful in achieving its objectives. The program overcame cultural and language barriers to enable Afghan Muslim women to participate in a culturally and gender specific swimming program.

The recommendations made on the basis of the results of this evaluation, if implemented, will help to facilitate the planning and evaluation of new physical activity initiatives in the future that are culturally sensitive and appropriate to these and other Muslim women's needs. A particular emphasis is given to sustaining the program via building new partnerships with other organisations and forging stronger links with the community to promote empowerment and ownership of the program at a local level.

2.0 RATIONALE

Physical inactivity is a significant population health risk factor (Stephenson et al 2000). Indeed, physical inactivity is eclipsed only by tobacco smoking in terms of its contribution to the burden of disease and disability from all-causes in Australia (Mathers et al 1999). An active lifestyle is linked to a number of clear health (United States Department of Health and Human Services 1996; Bauman and Owen 1999; Powell and Blair 1994), social and economic benefits for society (Stephenson et al 2000; Sallis and Owen 1999).

People from immigrant communities, particularly women, are less likely to be active than are Australian born people (Tzimas 1997). Even after adjustment for other demographic differences, people who do not speak English at home are less likely to report having participated in physical activity (Bauman et al, 2000: 27). In Western Australia, Australian born persons have higher levels of participation in sport and recreation activities (37.6%) than migrants (21.2%) and migrants from English speaking countries have approximately 50% higher rates of participation than people from culturally and linguistically diverse (CALD) backgrounds (Tzimas 1997). The low participation of people from immigrant communities in recreational physical activities is, in part, the result of a lack of culturally appropriate programs in the general community. People from immigrant communities are also often unaware of those services that are available (Tzimas 1997).

3.0 PROJECT BACKGROUND

The program originates from the Non English Speaking Background Mental Health Radio Project conducted by EPPCHU in 1998. This project examined the feasibility of using ethnic radio to convey health messages to CALD communities (Gillam, Bayly and O'Neil, 1998). During the course of this project, participants from the Afghan community requested targeted assistance to overcome the barriers which prevented Afghan women and other Muslim women from accessing mainstream physical activity facilities.

As a result of their request, formative evaluation¹ data was gathered during discussions held with members of the two support groups for Afghan women operating from Communicare and Gosnells Women's Health Service (GWHS) in March 2000. During these discussions the barriers unique to Muslim women who wished to participate in physical activity were identified. A central and defining barrier was the lack of facilities that catered for their privacy needs. The women also identified the need for access to transport and creche facilities since many of them did not drive and/or were mothers of young children. Advice was additionally sought from the two support group leaders and other 'enablers'², including service providers representing the Association for Services to Torture and Trauma Survivors (ASeTTS) and GWHS. The Swimming Program for Afghan Women was developed, in light of these consultations, with particular attention to these barriers.

4.0 PROJECT DESCRIPTION

The Swimming Program for Afghan Women ran over three terms between 31st May – 24th November 2000. Twenty-four swimming lessons were delivered in total.

The health promotion officer coordinated the program from EPPCHU and was assisted by a variety of organisations and individuals. In particular, she worked closely with the Be Active Together (BAT) Project Officer in the City of Swan (COS) to reflect and learn from her involvement in the Muslim Learn To Swim Pilot Program. This was a separate swimming program which was delivered over 1998-1999 in the COS and which targeted Muslim women from varied cultural backgrounds.

¹ Formative evaluation is evaluation for the purpose of establishing the program and/or informing the formulation of project strategies/design (eg. consultations with the target group, focus groups, in depth interviews) (MacKay, 1997).

² Enablers were defined as *individuals or employees of organisations who had acted in an enabling capacity to assist with either the development or implementation of the program* (Hansen and Bayly, 2001:9).

During the initial planning, efforts to secure a regular group booking using a local government swimming facility failed. Although amenable and supportive of the program, the council in question identified that its existing facility could not cater to the group's privacy needs. A regular pool group booking was instead successfully secured through a privately owned swimming facility in Kenwick for the duration of the pilot program. Participants were required to pay the \$2.20 pool entry fee per lesson.

Similarly efforts to recruit a swimming instructor through established swimming organisations were unsuccessful. Consequently one of the swimming instructors involved in the former COS Muslim Learn To Swim Pilot Program, and who had built an excellent rapport with participants, was privately contracted by EPPCHU to become involved in this latter pilot program for Afghan women.

As the need for child-care was one of the barriers identified by participants during the formative evaluation, child-care was organised through Occasional Care at Communicare. From term two onwards, an Afghan bi-cultural worker with child-care experience was contracted through the Ethnic Child Care Resource Unit (ECCRU) to work in the capacity of a *carer* in the child-care centre. Specifically her role was to provide care by settling and assisting Afghan children within the Centre, particularly those who did not speak English and/or were unfamiliar with child-care settings. These child-care services were funded by EPPCHU and offered free of charge to participants. The women who accessed child-care were encouraged to claim the Child-care Benefit through Centrelink in order to reduce EPPCHU's costs for child-care, and to follow a booking procedure in order to secure a place for their child at the Centre.

Transport was also identified as a barrier during the formative evaluation. To minimise this, a free bus service was initially offered to participants.

Although the program was mainly funded by EPPCHU, additional funding was secured through the Department of Sport and Recreation and Healthway's Smarter than Smoking Project.

5.0 PROJECT OBJECTIVES

There were three objectives for the pilot, each with several performance indicators:

Objective 1. To promote participation in physical activity.

Performance Indicators

1. Afghan women participated in the program.
2. Afghan women considered the program culturally appropriate.
3. Afghan women reported that they intended to continue being physically active.
4. Afghan women developed water skills and feelings of self-efficacy about those skills.

Objective 2. To improve knowledge relating to physical activity.

Performance Indicator

1. Afghan women reported increased knowledge of the benefits of physical activity.

Objective 3. To improve knowledge of and use of the public transport system.

Performance Indicators

1. Afghan women reported increased knowledge of how the public transport system operates.
2. Afghan women reported increased self-confidence in accessing public transport.
3. Afghan women reported that they intended to make use of the public transport system.

6.0 PROJECT PARTICIPANTS

The pilot program targeted the Afghan Muslim women who had previously participated in the formative evaluation and who were members of the Afghan support groups operating from Communicare and the GWHS.

7.0 METHODS

A method similar to that used by EPPCHU to evaluate the COS's BAT Muslim Learn To Swim Pilot Program (Eastern Perth Public and Community Health Unit, 1999) was used to evaluate this program. The following data were collected and combined:

- Quantitative data on participant demographics and level of participation (see 7.1 Surveys)
- Qualitative data from program participants (see 7.2 Group Discussion)
- Qualitative data from program enablers (see 7.3 Semi-structured interviews).

7.1 Surveys

A simple survey was developed for the collection of demographic data from program participants (See Appendix 1). A participant who was proficient in English interpreted the survey for the group and tallied their responses. This proved an effective and economical means of collecting group demographic data and removed the need for program organisers to be present during its administration.

A different survey was developed and forwarded to the swimming instructor to complete at the end of each swimming term. The information gathered from this survey pertained mostly to participants' level of progress and participation in the program.

7.2 Group discussion

As part of the formal evaluation, a group discussion with program participants occurred on the last day of the program at Communicare (24th November 2000). Nine women who were present at the pool on the last day of the swimming program provided information towards a demographic profile of the group and contributed to the group discussion. The health promotion officer used structured questions to conduct the group discussion in English, with assistance from an accredited Dari speaking interpreter who was contracted through the Translating and Interpreter Service (Perth). The decision to contract an independent interpreter was made following discussions with senior management and researchers at EPPCHU who recognised that it would be difficult for an Afghan person with some involvement in

the project to interpret in an unbiased manner. The health promotion officer used butcher's paper as an interactive aid to record the qualitative data obtained from participants and a note taker was present. Her decision to conduct an *unrecorded* session was based on the fact that the women had previously declined to have their responses audio-taped during the formative evaluation phase. See Appendix 2 for a copy of the group discussion evaluation tool.

The group discussion was preceded by a traditional Afghan luncheon, presentation of Certificates of Participation to participants and an information session about the current recommendations for physical activity³. A senior physiotherapist from Community Physiotherapy Services (Royal Perth Hospital) presented the information seminar in an interactive and informal way.

Of the 1.5 hours set aside in total for this final session, approximately 40 minutes was allotted for the group discussion. Due to competing events however the time for the group discussion was reduced to 25 minutes. Thus the questions were addressed in a condensed form and matters that had been raised in the previous information session conducted by the physiotherapist were dropped from the interview schedule.

7.3 Semi-structured interviews

Semi-structured interviews were conducted with selected program enablers. Each interview lasted between half an hour and 45 minutes. Three interviews were conducted, either over the telephone or in person, with one individual from each of the following organisations:

- Occasional Care, Communicare
- Swimming Instructor
- ECCRU.

³ The information presented was in line with the National Physical Activity Guidelines For Australians (Commonwealth Department of Health and Aged Care, 1999). The guidelines refer to the minimum levels of physical activity required for good health.

The health promotion officer made notes during the interviews which were used for the data analysis.

7.4 Reflective Notes

Reflective notes made by the health promotion officer over the duration of the project were combined with the interview data for analysis and discussion.

7.5 Analysis

The interviews and group discussion data were analysed according to focussed coding procedures, using codes derived from those used in the COS Muslim Learn To Swim Pilot Program. These codes were used to identify sections of text relevant to the stated performance indicators.

7.6 Preparation of Report

Copies of the full draft report, or relevant sections, were disseminated for comment to selected enablers before releasing the final report.

Although not directly involved in the program, one enabler was approached to review and provide comment on the draft document because of her extensive experience both as a health professional and as a swimming instructor. Her comments were incorporated into the discussion section of the report, and not in the results, since she had not been formally interviewed as part of the program evaluation.

7.7 Dissemination of Report

Copies of the report were disseminated to all program enablers. A summarised version of the report was circulated to all program participants.

8.0 RESULTS

The results are presented in two parts:

- The quantitative data on participant demographics and level of participation (See 8.1 Demographics and level of participation)
- The qualitative data gathered from the group discussion with participants, semi-structured interviews conducted with service providers and reflective notes made

by the health promotion officer (See 8.2 Group discussion, reflective notes and semi-structured interviews).

8.1 Demographics and level of participation

Age Range

Two thirds (6 of 9) of the women present were in their thirties. Of the remainder, one woman was in her teens, one in her twenties, and one in her forties.

Year of Arrival

Five women had arrived to stay in Australia in 1994 or earlier. Three women had arrived in 1997 and one woman in 2000.

Proficiency in Speaking and Understanding English

Two thirds (6 of 9) of the women present reported that they seldom needed help with speaking and understanding English. Two women indicated that they *sometimes needed help* and one woman reported that she *usually needed help*.

Proficiency in Languages Other than English or Dari

None of the women reported proficiency in any language other than Dari or English.

Familiarity with Support Groups

Eight of the nine women had attended the support group at Communicare in Cannington. Of these eight women, two had also attended the support group operating from GWHS. Only one woman had attended the Gosnells group exclusively.

None of the women had visited any other agency for support. The woman who administered the survey to the group remarked that she was unaware of the existence of any other agencies that would provide support for her community.

8.2 Group discussion, reflective notes and semi-structured interviews

Objective 1. To promote participation in physical activity.

Performance Indicator 1: Afghan women participated in the program.

Attendance

Group discussion

Twenty-two women participated in the swimming program in total, with an average of 13 swimmers per lesson. Although the program targeted Afghan women, one participant commented that two Indonesian women had also attended a number of the sessions. These women however did not participate in the final evaluation, and consequently their particular demographic details were not recorded.

Swimming Instructor

Three participants stopped attending altogether, which the swimming instructor attributed to *family commitments*. The swimming instructor also reported that some women would attend as observers when they were menstruating.

Cost

Group discussion

The women agreed that the entry fee was affordable. One participant commented that she was prepared to pay more if it meant allowing the program to continue.

HPO: ***Would you be prepared to pay extra if necessary? If so how much?***

The main thing is getting access to the facilities. We need your help. Money is not the problem. Finding a place is the problem.

Child-care arrangements

Group discussion

HPO: ***Was it important to have X [the Afghan speaking carer] at Communicare?***

Absolutely! It was essential.

(SEPARATE QUOTE)

Well, I feel that it would almost be better in some ways if X was not there, so that she [my child] can learn to get along with people in English. Then if I have to take her somewhere else, and X can't be there...But I am more comfy with X, and this has helped.

Child-care Centre

The representative of the Child-care Centre reported that participants apparently found it difficult to adhere to the child-care booking procedures despite several efforts made by the two Afghan support group leaders and the Afghan carer to outline the process in their own language. To encourage the women to adhere to the procedure in the future she suggested that priority would be given by the Centre to attend to the needs of children of parents who complied with the child-care booking procedure. For example they would be guaranteed a place in the Centre on an occasion in which the Centre was filled to capacity over another child whose parents had not formally booked their child into the Centre.

The child-care representative also explained that EPPCHU was charged at the highest rate per child on each occasion of service because the women did not apply for the child-care benefit that they were entitled to. She suggested that future users of the service make a nominal contribution in order to reduce costs to program organisers. In reiterating her support for the program, she offered to arrange the collection of monies from participants should they be required to make a contribution.

Health Promotion Officer

The health promotion officer sent out a Project Update letter translated into Dari to each participant between terms two and three outlining variations to the program and reminding the women of the process by which to access child-care. The women were informed that if they did not access the child-care benefit, they would be asked to *pay the difference* so as not to disadvantage EPPCHU. A copy of the Project Update letter is presented in Appendix 3.

Performance Indicator 2. Afghan women considered the program culturally appropriate.

Group discussion

During the group discussion a number of the women reported that the program had been culturally appropriate, in that it offered the privacy and support necessary for their participation:

HPO: ***Do you think that we managed to overcome most of these barriers?***
(in reference to the barriers identified during the formative research phase)

There appeared to be consensus amongst the women that most of the barriers had been addressed and overcome.

HPO: ***What did you most enjoy about the program?***

The program was very good because of the support it offered, and this made us keep coming.

One participant commented further that she enjoyed the program because it was *set up so that she could relax*. In listing the factors that made this possible, she included *childcare, privacy and appropriate facilities*.

Swimming instructor

The swimming instructor established a good rapport with the women. She reported that maintaining a register of names had helped her to learn the women's names and to make the lessons *more personal*. She asserted that *most came back because they love it ... so eager to learn*. She also reported that *the majority of the women wanted longer time in the water, and that the swimming program was the highlight of the week* for many participants.

To overcome language barriers, the swimming instructor reported that she worked by way of demonstration and that others with better English skills helped to communicate with the rest of the group.

Health Promotion Officer

The health promotion officer cited the importance of utilising the results from the formative evaluation and drawing on a number of organisations and individuals with experience working with Afghan women to develop and implement a program which was culturally appropriate to the community's needs. The health promotion reported that seeking an appropriate swimming facility presented one of the greatest challenges initially in setting up the program. This was because at the time of the program very few pools in the Perth metropolitan region (ie. between 3-4) catered for groups with special privacy needs and most of these were privately owned. She explained that because many schools had secured long term group bookings, the availability of pools was further reduced, especially during the summer months.

The health promotion officer further commented that due to Ramadan the last day of the swimming lessons and scheduling of the evaluation had to be brought forward by one week. Although this did not seriously affect the project in any way, she noted that it was a cultural consideration that program organisers need to make when planning, implementing and evaluating programs for Muslim communities. The timing of programs around significant days can impact on attendance.

The health promotion officer commented that communicating directly to participants was *sometimes difficult* because of language barriers and the fact that the nature of her work prevented her from having regular contact with the community. She reported relying heavily on a number of enablers, particularly the bicultural enablers (that is, the two support group leaders in Cannington and Gosnells and the bicultural carer) to regularly relay messages and/or gather feedback from participants (eg. participants' preferred time to organise a group discussion). On several occasions however the health promotion officer drove to the pool premises, either before or following the commencement of the lessons, to convey new information about the program directly to participants. The health promotion officer perceived this to be an important strategy to put a *face to the program* and to build a rapport with participants. During these visits she asked participants with better English skills to assist her to communicate with the rest of the group.

Although these strategies to communicate to participants worked effectively to a certain degree, the health promotion officer commented that mediating between a number of enablers and participants was time consuming and sometimes the messages were confused as a result. She suggested that having Afghan enablers involved in the program, *both* as organisers and as participants, may have helped to standardise channels of communication with participants. She perceived that their direct, and preferably continual, contact with participants would make them well placed to reinforce community decisions and ultimately perhaps to even drive the program. She further questioned whether locally based organisations with established community networks were better placed to deliver and coordinate future physical activity programs as opposed to organisations not closely connected to consumers at the grass roots level.

Performance Indicator 3. Afghan women reported that they intended to continue being physically active.

Group discussion

The community physiotherapist explored ways of building in incidental physical activity into participants' daily routine during the information session she conducted with the women. A number of the women indicated that they would be interested in participating in basketball and gym classes in the future.

Swimming Instructor

The swimming instructor commented that a number of women *were so keen to continue swimming* that they inquired about the possibility of private lessons if the program were discontinued.

Performance Indicator 4. Afghan women developed water skills and feelings of self-efficacy about those skills

Group discussion

During the group discussion a number of the women expressed pleasure and pride in having learned how to swim.

We have wished this for a long time. Our wish has come true – we are glad to have learned and done new things and learned a new skill. Swimming itself is a great sport.

One of the younger women noted that she could now tell her Australian friends about her newly acquired water skills:

I can now tell my friends that I can swim. Everyone is equal with the swimming, unlike other sports.

Swimming instructor

The swimming instructor reported that her involvement with the Afghan women had helped her to teach adults with special needs. She described the experience as *a very rewarding job for an instructor* and further explained that:

Some have done remarkably well- about three can do freestyle with breathing, backstroke. [It's] rewarding to see progress over course of project [they] start by not knowing how to float but all have now learnt basic skills.

She reported that some of the women were *beginners* and that about half of the women were still *not completely confident in the water*. As the women differed in their water skills and confidence, the swimming instructor also noted that:

Because the group is growing I find we have new swimmers often. A second teacher [would] allow for a better quality lesson and [would ensure that all of the women] are attended to. Having the second teacher [would be] of great value, as you can give more individual attention to your students.

Health Promotion Officer

The health promotion officer reported that efforts to recruit swimming instructors, both initially and later as the number of participants grew, through established swimming organisations proved administratively difficult and time consuming. In the first instance, swimming organisations reported not having access to appropriately qualified staff with experience in cross-cultural communications. A swimming instructor was therefore contracted drawing on the BAT Project Officer's networks. Although a second instructor was later recommended by a swimming organisation, the organisation in question did not have the resources to arrange the invoices for payment. Consequently the second swimming instructor was also required to enter into a private contractual agreement with EPPCHU.

Objective 2. To improve knowledge relating to physical activity.

Performance Indicator 1. Afghan women reported increased knowledge of the benefits of physical activity.

Group discussion

During the interactive information session conducted by the community physiotherapist the women identified a number of commonly recognised benefits of physical activity. These included *being healthy, having fun* and *having a nice body*. Further, during the group discussion, a number of women drew attention to the social benefits of physical activity – in providing *time out, relaxation* and a *break from the house*. One person commented:

The swimming is good because it means that we can come out of the house.... It means time for ourselves. We don't have to worry about anything else. We can relax like a little fish. Like a shark!

(SEPARATE QUOTE)

*It's good if family problems get too much. Can put everything aside.
Time out.*

Objective 3. To improve knowledge of and use of the public transport system.

Group discussion

The free bus service initially offered to participants was discontinued because of low utilisation. Over time, the majority of women car-pooled and it was not economically feasible to provide the service for the remaining 3-4 women. The group discussions revealed that some women were disadvantaged as a result because the health promotion officer's expectation that they would also car-pool or access public transport did not eventuate.

A problem still is with transport. Some of the women don't drive or have a car.

HPO: ***Car pooling seems to have worked well to get everyone to the pool. It was because of this we decided to stop hiring the bus. Did this stop people from being able to attend the swimming group?***

Maybe two or three in Thornlie and two or three in this area don't drive and find transport difficult. They haven't come since the bus stopped.

HPO: ***Would you like to learn more about using public transport?***

Although there appeared to be some group interest in using public transport, time constraints prohibited further discussion on this point. Person X (present as a representative of one of the agencies involved) commented:

Speaking on behalf of the women, I can tell you that it is the time factor and not the knowledge about how to use it [public transport] that is the problem. These are all intelligent women who know how to catch buses. It just takes too long to get by bus to Communicare [where the childcare is located] to the pool!

9.0 DISCUSSION

The Swimming Program for Afghan Women was successful in realising its objectives. Afghan women from the local community participating in the project found it culturally appropriate, acquired basic water skills and learned about the benefits of

physical activity. Although some women car pooled, it appeared that others may have stopped attending once the free bus service was discontinued.

9.1 Methodological Challenges

Time constraints for group discussion

Due to the structure of the final meeting, the time allotted for the group discussion with the participants was reduced. This shorter than anticipated discussion timeslot meant that the group interview schedule was followed in an abbreviated form, and thus the resulting discussion was not as detailed as was desired. Future group discussions held in conjunction with other project events might benefit from an extended timeslot, particularly when an interpreter is present to allow more time to explore emerging issues.

For example, time constraints prohibited the health promotion officer from gathering information directly from participants about their lack of access to transport once the bus service was discontinued. During the evaluation one enabler commented that lack of knowledge about how to use public transport was not the main issue, it was access to timely bus services. Another enabler explained that the amount of time spent on buses commuting to and from the pool frequently prevented women from fulfilling their family care and home duties which in turn affected their participation in programs. Her comments appear to tie in with those made by the swimming instructor who noted that the women sometimes did not attend the program because of *family commitments*. The implications of this barrier for the health sector are noted by Di Francesco, Gillam and Unsworth (1999:67):

Although the health sector does not have a direct responsibility for transport, lack of transport impacts directly on the use of services and therefore warrants attention.

It is recommended that EPPCHU, in collaboration with the Department of Transport and other sectors, advocate the need for *healthier transport systems* as identified in their 2001-2003 Strategic Plan (Eastern Perth Public and Community Health Unit, 2001). In the interim future program organisers are encouraged to consider this barrier with prospective participants during the formative planning phase.

Alternative data collection modes

The evaluation revealed gaps in information relating to the demography of participants. Future programs might benefit from collecting demographic data at the commencement of each term to enable a more complete picture of the range of participants in the program. This type of information could be included on enrolment forms and include items such as participants' level of English proficiency, age, prior swimming experience/grade attained and their medical history. The information would provide useful background information for swimming instructors as well as contributing to the evaluation of the program.

As noted in the methodology section, the participants had declined to have their comments audio-taped during the formative research phase. Although the researchers did not probe the reasons for this reluctance it seems likely that these women, as recent migrants from a *volatile* environment, held rather different attitudes towards, and perhaps experiences of, being interviewed and recorded than might other community groups (Hansen and Di Francesco, 2001, under review). This need to modify our methodology highlighted the fact that traditional evaluation procedures commonly used in mainstream communities cannot necessarily be applied with migrant and/or refugee groups. In view of such potential sensitivities ASeTTS (2000) recommend that when working with special need groups:

Evaluations consider how participating in the activity enhanced or facilitated the building of social networks, trust, safety and a sense of hope for participants.

In this project the level at which this was achieved was difficult to ascertain. The researchers agreed however that transcribing the group discussion by taking detailed notes during the discussion appeared to allay the concerns of participants about the confidentiality and anonymity of the resultant data (Hansen and Di Francesco, 2001, under review).

One enabler recommended devising a Comments Sheet for the swimming instructor to routinely report on any casual comments about the program made by participants, including her own observations and ideas for improvements. This suggestion provided an alternative method to collect process evaluation data on a regular basis which could

be complemented by a group discussion if required. As an ethical consideration, participants would need to be informed from the outset that their comments and suggestions were being documented and would be forwarded to program organisers upon completion of the program. Alternatively Graffiti Sheets could be placed in the change rooms for women to write comments at the end of each session in their preferred language (eg. English, native language or both). The literacy rates of participants would need to be assessed, including the availability of bicultural enablers to translate any comments written in participants' native language in order to decide whether such a strategy was likely to be effective.

9.2 Reducing the effects of language and cultural barriers

Increasing the number of appropriately qualified and culturally sensitive swimming instructors

In this program, recruiting and contracting appropriately qualified swimming instructors proved difficult and time consuming. Efforts to address this issue were explored during a meeting in December 2000 held between the North Metropolitan Health Service Population Health Unit (NMHS PHU), EPPCHU and the Royal Life Saving Society of Australia (WA Branch) (RLSSA). This meeting, which was convened by the NMHS PHU, explored options to collaboratively develop appropriate resources and/or to offer cultural awareness training to swimming instructors. It was perceived that providing training, for either newly recruited staff or as an optional professional development event, would help to increase the number of swimming instructors appropriately qualified to conduct sessions for women with specific cultural requirements. This would negate the need for program organisers in the future to seek out individuals through private contractual agreements as instructors could readily be contracted through organisations such as the RLSSA. An alternative and longer term solution to increasing the pool of culturally sensitive swimming instructors may be to train Muslim women from the community to provide a teaching swimming service to other Muslim women (Hansen and Bayly, 2001).

Building rapport with participants

The swimming instructor in this program reported the value of keeping a register of names to help her to learn participants' names, which in turn helped to build a rapport

with the women. Another service provider suggested an alternative strategy - asking participants and the swimming instructor to wear swimming caps with their names largely printed on the front of the cap. She also echoed the swimming instructor's recommendation for two instructors when working with large groups of women with poor English skills. This is because communicating can become particularly difficult as the use of body language is reduced in the water combined with the level of noise generated by large groups.

Enhancing opportunities for cultural exchange in child-care settings

Following a request by the women, an Afghan speaking carer was employed to attend to their children's needs in the child-care centre. The need to have an Afghan speaking carer was reiterated by participants during the formal group evaluation. Future program organisers faced by the same request may like to consider the advantages and feasibility of engaging multicultural bilingual workers (MBW). ECCRU coordinates a pool of MBWs which Child-Care Centres, eligible under the category of Commonwealth assisted Children's Services, can access directly thus negating the need for future physical activity program coordinators to become heavily involved in its organisation. MBWs are trained to provide language support for children and families of CALD backgrounds attending child-care services and to enhance opportunities for cultural learning (eg. encouraging friendships and interactions with other children and providing general cultural information for the benefit of all the children and staff). Such activities facilitated by a MBW may help to address the concerns expressed by one participant about the need for interaction opportunities between her child with other children in the Centre.

Time lags – maintaining communications with the community

Unfortunately a *time lag* had occurred between the preliminary meeting with an enabler representing the Afghan community, held before the formative research was conducted, and the start of the swimming program. Although participants made little reference to this, program organisers need to consider the impact such delays, *albeit unavoidable*, may have on developing trusting relations with community groups. Inviting community members to participate in an orientation prior to the re-

commencement of a program may be useful to sustain momentum and interest, particularly if changes to the program structure and/or time lags have occurred.

9.3 Program Sustainability

Graduated swimming program for CALD communities

Despite the positive feedback received from the swimming instructor about participants' progress, the program used no specific competency grading system. Discussions held between NMHS PHU, EPPCHU and the RLSSA highlighted the possibility of adapting the RLSSA's existing Swim and Survive Program to develop a graduated competency based swimming and water safety program. This would allow existing participants to progress from one level to another within a set program, and would facilitate opportunities for new participants to enter the program. It was recommended that options for the inclusion of first aid and safety awareness training were investigated and included into future programs.

Reducing program expenditure

Despite the success of the program in realising its objectives it became obvious to program organisers that, in its current format, the program was unsustainable. A review of the budget highlighted that almost 40% of the costs of the program were spent on transport and child-care - which were offered to participants free of charge. The evaluation revealed that despite the apparent need for child-care and transport, these facilities were not utilised to the degree that was anticipated and that the subsidies available for child-care were not readily accessed by participants. In order to reduce the overall costs to the program, and thus the time required to monitor their use, future program organisers may consider asking the community to increase their financial contributions. Alternatively, as suggested by Bayly and Hansen (2001:30), participants to organise their own transport and child-care, thus negating the need for the provision of these facilities. One strategy previously explored by NMHS PHU was for parents with child-care requirements to rotate the responsibility of caring for the children amongst themselves. This type of strategy may strengthen problem solving and decision making skills amongst participants.

Whilst efforts to sustain programs through reduced expenditure warrant investigation, ASeTTS (2000) cautions it is not always realistic to expect groups to be self sustaining for a considerable amount of time as groups differ according to the basic building blocks of social capital that they have available. This view is reinforced by Lee (2001:1), who explains:

Unfortunately highly marginalised groups often lack the capacity to continue even small programs or short term activities without external assistance. Reasons for this lack of capacity are many and varied depending on the group in question. Refugees resettling in Australia are one such marginalised group in Australian society. Programs and activities which aim to assist this group of people with health and social issues are often hampered by: the impact of trauma on individuals and their communities, the pressing practical needs of resettlement; poor physical and mental needs of new arrivals; poverty; and low social capital amongst individuals and groups... This does not mean that marginalised groups will never have the capacity to sustain programs or activities without external assistance. It does mean that the time and resources necessary to achieve this will be much greater.

Strengthening community ownership

The health promotion officer noted some of the difficulties of coordinating the program in the absence of community enablers closely connected to the program. That is, mediating between a number of enablers to continually relay messages to participants was time consuming and sometimes the messages were confused as a result. It is thus recommended that future program organisers aim to have bicultural enablers directly involved in the program, both as organisers and as participants, to respond to program challenges as they arise, facilitate community decision making and to mediate directly between future program planners and participants. Ensuring a minimum of two enablers will enable their responsibilities to be shared and delegated. Their visual presence and active leadership role may enhance community ownership of the program.

It was additionally suggested that locally based organisations with established community networks may be well placed to deliver and coordinate future physical activity programs. Through this alternative arrangement, EPPCHU's role would effectively change from program coordinator to providing support to community

based organisations within a capacity building framework. The strategies for capacity building outlined by Hawe et al., (1997) include building partnerships, resource allocation, organisational development, workforce development and providing leadership. In keeping with this framework, a range of support strategies would be required to ensure such organisations have the sufficient infrastructure to effectively implement and sustain the program at the local level. To move an activity from one entity to another in the absence of supportive structures will otherwise not guarantee that a program becomes sustainable (Lee, 2001).

Structural interventions

In this program a central and defining barrier was the lack of local government facilities that catered for the Muslim women's privacy needs. Program organisers expressed concern that the use of privately owned facilities may not be sustainable in the longer term. It is thus recommended that existing local government owned pools undergoing refurbishment and/or new swimming pools being installed are structurally designed to cater for all groups within the community, including those with special privacy needs. To this end, partnerships and advice could be sought from the Women with Special Needs (WWSN) Reference Group. This group, which has broad government, non-government and community representation, was primarily established to promote physical activity opportunities for WWSN (including Muslim women) through advocacy efforts - ie. at an industry level, service provider level and at the community level (Hansen and Bayly, 2001:30).

Collaboration and advocacy

Collaboration is a pivotal strategy in building an infrastructure for health promotion (Hansen and Bayly, 2001). The meetings and continued liaison between organisations during the implementation of the Afghan project highlighted the benefits of working in collaboration: to encourage cross-fertilisation of ideas, combine resources, consider new strategies (eg. developing competency based swimming programs) and potential to reach new audiences. Future program organisers are encouraged to work in partnership across sectors in order to achieve similar benefits and to maximise opportunities for the sustainability of programs.

Expanding the program

The program organisers did not widely promote the program to other Afghan or Muslim women as the pilot was primarily intended for members of the two Afghan support groups operating in Cannington and Gosnells. The health promotion officer consulted a range of colleagues as to the future of the project and it was decided that providing a physical activity program exclusively for Afghan women would, in the long term, potentially prevent physical activity opportunities for other Muslim women who faced similar barriers. One service provider suggested that to ensure future culturally appropriate physical activity programs remain sustainable beyond their funding period, target groups should be deliberately broad, from the outset, to prevent the development of ethno-specific and closed programs. Program organisers may benefit from the suggestions made, by enablers involved in earlier swimming programs, to encourage wider participation from other Muslim women in future projects. These included utilising ethnic radio to raise awareness and working closely with key intermediaries⁴ who were closely linked to the community (eg. bicultural workers, health service community nursing and/or allied health staff etc) and in a position to refer clients to the program (Hansen and Bayly, 2001 and Gillam and Bayly, 1999). Some enablers cautioned against using mainstream radio to recruit new participants as in the past it had generated negative publicity and consequently hindered the continuation of similar programs (Bayly, 1999). The latter strategy may warrant further investigation as it has been some time since these comments were made.

Bridging programs

Program organisers recognised that not all migrant groups face specific privacy barriers – there are a group of women, who because of language barriers, low self-esteem or low awareness of the services available to them cannot access mainstream facilities. The WA Centre for Research for Women (1998) recommends coordinating *familiarisation/bridging programs* to help familiarise these women with the venues and activities that are available to them, and which may involve organised tours

⁴Key intermediaries refers to professionals who are in contact with the community as part of their role and whom the community perceive to be approachable and credible sources of physical activity information and resources. Unlike enablers they may not necessarily be directly involved in the planning and implementation of programs.

and/or special open days held for migrant communities by local health, recreation and community services. It is recommended that such programs and activities, that are less time and resource intensive, for women who require support but not strict privacy, are explored and developed.

Other opportunities for physical activity

The program evaluation identified that a number of the women would be interested in participating in basketball and gym classes in the future. Although the level of interest in these activities warrants further investigation within the wider Muslim community it was felt that at the time of the study, expanding the options for structured activities was not economically feasible. It is thus vitally important that incidental and unstructured opportunities for physical activity - that appeal to all groups, *primarily walking* - are promoted (ABS, 2001). A recent study of the health education needs of migrant women found that women preferred ethnic radio to mainstream media (Gillam, Bayly and O'Neil, 1998). This medium is cheap to use and can be used to relay information about the benefits of physical activity and how incidental physical activity can be incorporated into people's daily lives. Future programs would benefit from exploring the effectiveness of inserting information into established CALD community newsletters to promote incidental physical activity.

10.0 CONCLUSION

It can be concluded that the program objectives were attained and the performance indicators were achieved. Afghan women from the local community took the opportunity to participate in the water awareness program, found it culturally appropriate, acquired basic water skills and gained knowledge about the benefits of physical activity through the course of their participation. This report highlights some of the challenges faced by program organisers and conversely the varied strategies to maximise the sustainability of future physical activity programs for Muslim women, and women with special needs in general.

11.0 RECOMMENDATIONS

Recommendation 1: That community ownership of future programs is encouraged via the following strategies:

- That EPPCHU appropriately supports consumer based organisations in planning, implementing and evaluating physical activity programs in line with a ‘capacity building’ framework. This includes the provision of financial resources, education and training and consultancy support.
- That program coordinators aim to have a minimum of two community enablers who have a connection with the program as organisers and as participants, to effectively share and delegate responsibilities.

Recommendation 2: To ensure the sustainability of future programs, it is recommended:

- That communities are actively encouraged to organise transport and child-care themselves. However, under certain circumstances, programs should be partially subsidised.
- That available subsidies for child-care are widely promoted, so as to increase participants’ ability to access affordable childcare. Where applicable, program organisers widely promote the services provided by Multicultural Bilingual Workers through the ECCRU to support the settlement of children from CALD backgrounds within a Child-Care Service.
- That future target groups are broadened to include women from diverse cultural backgrounds who face particular privacy barriers.
- That alternative swimming programs for women who require support but not strict privacy (eg. women who lack self confidence, are overweight) should also be explored and developed.
- That partnerships with a broader cross section of government and non government organisations are explored and formalised to adopt a graduated water skills and safety program which includes safety and/or first aid training.

- That cultural awareness training is offered to swimming instructors to increase the number of suitably qualified staff that can be contracted through swimming establishments.
- That incentives and/or opportunities are offered to train swimming participants to become bicultural swimming instructors for their community.

Recommendation 3: To *empower* women to take up unstructured physical activity, and to advocate for future structured opportunities, it is recommended:

- That physical activity information, that includes ways to build in walking as a means of incidental activity into daily life, and details of upcoming structured physical activity opportunities is disseminated via ethnic radio program/existing newsletters.

Recommendation 4: To improve WWSN's access to services and programs it is recommended:

- That EPPCHU work in partnership with a cross section of organisations to explore options for reducing problems associated with transport to services and programs.
- That programs are linked to the WWSN Reference Group to support advocacy and longer term environmental and/or structural interventions.
- That programs are not delivered during significant religious/cultural days and/or events that can otherwise impact upon attendance (eg Ramadan, school holidays).

Recommendation 5: To improve the quality and breadth of data collected from special needs groups it is recommended:

- That extended timeslots for gathering data are allocated particularly when an interpreter is present.

- That a combination of data collection strategies is explored and takes into account a range of factors (eg. participants' literacy levels) before they are adopted. Traditional evaluation methods commonly used with mainstream groups may not be appropriate with special needs groups, particularly those who face language barriers and/or come from refugee communities.

12.0 REFERENCES

- ABS, 2001. Australia. Now: Culture and Recreation, Sport and Recreation. [Online]
Available: <http://www.asritc.com.au>
- Active Australia & Commonwealth Department of Health and Aged Care. 1999.
National Physical Activity Guidelines For Australians. Commonwealth
Department of Health and Aged Care, Sydney.
- Association of Services for Torture and Trauma Survivors, 2000. *Health Promotion
with Refugee Communities*, Perth, One day workshop held 17th October, 2000.
- Bauman, A. 2000. *Getting Australia Active: Best practice for the promotion of
physical activity*, draft dated November 2000.
- Bauman, A. and Owen, N. 1999, Physical activity of adult Australians:
epidemiological evidence and potential strategies for health gain. *Journal of
Science, Medicine and Sport*, 2(1), 30-41.
- Eastern Perth Public and Community Health Unit. 1999. *Evaluation report on the
Muslim Women's Learn to Swim program*. Eastern Perth Public and Community
Health Unit, Perth.
- Eastern Perth Public and Community Health Unit. 2001. *Eastern Perth Public and
Community Health Unit - Strategic Plan 2001-2003*, Eastern Perth Public and
Community Health Unit, Perth.
- Gillam, C., Bayly, L. and O'Neil, K. 1998. *Non English speaking background
women's health program*. Eastern Perth Public and Community Health Unit, Perth.
- Goldflam, A. and Lymon, K. *Be Active Together for NESB Communities. Needs
Assessment Report for the City of Bayswater*. The WA Centre for Research for
Women. City of Bayswater, Perth.

- Hansen, S. and Bayly, L. 2001, *Evaluation Report on the Muslim Women's Learn to Swim Project*. Eastern Perth Public and Community Health Unit, Royal Perth Hospital, Perth
- Hansen, S. and Di Francesco, A. 2001. Under review: *Conducting Focus Groups with 'Reluctant Participants: What If Any, Compromises Can Be Made?* Eastern Perth Public and Community Health Unit, Royal Perth Hospital, Perth
- Lee, S. [Unpublished] *Rethinking program sustainability when working with Refugee Communities*. Conference presentation at the Diversity in Health Conference, Sydney, NSW May 2001
- MacKay, K. 1997. *Health Promotion Guide. Planning for health promotion practitioners*. Eastern Metropolitan Public & Community Health Unit, Perth.
- Mathers, C., Vos, T., and Stevenson, C. 1999, *Burden of disease and injury in Australia*. AIHW Catalogue PHE 17. Canberra.
- Powell, K.E. and Blair, S.N. 1994, The public health burdens of sedentary living habits: theoretical but realistic estimates. *Medicine and Science in Sports and Exercise*; 26(7), 851-856.
- Sallis, J. and Owen, N. 1999, *Physical activity and behavioural medicine*. SAGE Publications Inc. California.
- Stephenson, J., Bauman, A., Armstrong, T., Smith, B. and Bellew, B. 2000, *The costs of illness attributable to physical inactivity in Australia: a preliminary study*. Commonwealth Department of Health and Aged Care and the Australian Sports Commission, Canberra.

Tzimas, C. 1997, *Barriers to participation, training and employment for people of non-English speaking background in the Western Australian sport and recreation industry*. Western Australian Arts, Sport and Recreation Industry Training Council Incorporated and Western Australian Department of Training, Perth.

United States Department of Health and Human Services 1996, *Physical Activity and Health: A Report of the Surgeon General*. U.S. Department of Human Services, Centers for Disease Control and Prevention, National Centre for Chronic Disease Prevention and Health Promotion, Atlanta.

APPENDIX 1

Demographic Survey Instrument

Participants' Demographic Profile

Are you a member of a support group?	YES Total:	NO Total:
If <u>Yes</u> : Cannington?	Total:	
Gosnells?	Total:	
Both?	Total:	
Other?	Total:	

Age Range:

20s?	30s?	40s?	50+?
Total:	Total:	Total:	Total:

In what year did you first arrive in Australia to stay?

1995 (or earlier)	1996	1997	1998	1999	2000
Total:	Total:	Total:	Total:	Total:	Total:

How well do you speak and understand English?

I Don't Need Much Help	I Sometimes Need Help	I Usually Need Help
Total:	Total:	Total:

Do you speak any other languages? (Please list)

APPENDIX 2

Group Discussion Evaluation Tool

Interview Schedule for Participant Consultation

(Congratulate participants on completing the program). Its really important to hear your opinions on how the program went, the good bits and the not so good bits.

Can you tell me how you found out about the program?

What did you most enjoy about learning to swim together?

Prompts:

- Fun activity
- Time away from housework duties
- Opportunity to meet other Afghan women
- Opportunity to participate in an activity that Afghan women have traditionally found difficult to participate in
- Offered an opportunity to learn a new skill

Probe with 'why was that?',

- What were some of the benefits you gained from being involved? Physical and mental benefits
- Did you find learning to swim easier or harder than you thought it would be than when you first started?
- Do you feel more confident about being around the water now?
- Why do you think so many women keep coming to the swimming lessons?

{Ask silent members of the group whether they had a similar experience}.

Earlier this year I met with you and we talked about the kinds of things that can prevent Afghan women from participating in physical activity. We also looked at the types of activities you wanted to do. {Identify those who had attended this meeting at Communicare/Gosnells Womens' Health Service}

The barriers you identified included: no time, privacy issue, lack of awareness of existing facilities, need for creche, cost and transport. {List on whiteboard}

Do you think that we managed to overcome (some of) these barriers? (ie. was the program experienced as culturally appropriate?)

Probes:

- Which ones – and how?
- Which ones did we fail to overcome (for some women only?)
- Was there anything else that in practice stopped you from attending each week?
- Why was it important to have a carer in the child-care centre?
- Did you ever think of dropping out? Why?

Car pooling seems to have worked well to get everyone to the pool. Because of this we decided to stop hiring the bus. **Did this decision stop people from being able to attend the swimming group?**

Would you like to like to learn more about using public transport, so that you can find your way to different places.

Probe: Has anyone caught the bus/train before? How was it?
(if negative, describe the benefits of the learning program as a counter –
if positive, use as evidence of the benefits of the learning program)

What were some of the things that didn't work so well or that you think needed changing?

Probes: pool water temperature, hot water system, pool staff, bicultural worker, was it easy to communicate with the instructor?

What could be done to fix these things?

There seems to be a lot of interest in swimming by the Afghan community. Can you tell me why you think this is such a popular choice for Afghan women?

Thanks to your participation, the Learn to Swim Program has been a huge success. Sadly, I already know for sure that the pool is NOT available on Wednesdays. So, I'm still working with the pool owners to see if there is any time available for next year on a different day.

It is still unclear about whether we will sufficient funding to continue with the program next year. So on that note we need to see how we can work together to help you to be active. Would you be prepared to pay extra if necessary? If so how much?

Are there other types of physical activities that you'd like to do?

Probe: What kinds of activities?

Now that the program has finished, we need to look at ways of keeping in touch. That way, we can contact you after we know more about the future of the program.

Recap all briefly, if time. If not, then just review suggestions.

In order for us to evaluate the program, we need to talk in more detail with someone who has been to most of the swimming lessons. This will help us to work out what it was about the program that made it work and what we could change in the future to make it better.

Who has been to most of the lessons?

Probe: (if no-one volunteers) Who has been to more than 6 sessions? (5,4 and so on!)

(***At this point, do you want to ask for a volunteer, or ask the group to suggest someone?)

It would be good to keep in touch with the rest of you, too. I already have a contact list with all of your details on it would help us to do that – and you could use it to keep in touch with one another, too.

Would you like me to send you each a copy of this list?

APPENDIX 3

Project Update Letter

AFGHAN WOMEN'S LEARN TO SWIM PROJECT

Enjoying the benefits of physical activity

Hello Swimming Group members,

Listed below are some changes to the program for next term. Please read the following information carefully. It's really important that we continue to work together to ensure the program runs smoothly.

Program dates

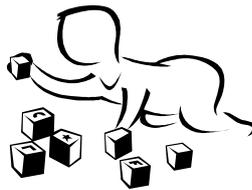
The swimming lessons next term will run between 11th October - 29th November 2000.

Pool booking

The pool has been booked between 11.40am – 1.05pm (other groups can not come in during this time). You can not enter or leave the pool before or after this time.

Lesson time

The swimming lesson will run for one hour from 11.45am- 12.45pm. Because time is limited, please wear your swimming costume under your clothes before you arrive at the pool.



Childcare requirements

A child-care service will operate between **11.20am to 1.30pm** every Wednesday at Communicare. All users of this service need to comply with the new booking procedures, or risk losing this **free** service. Bookings and cancellations must be made with Lee (Child-care Worker) on 9451 9777.

Regular users

If you are likely to use the service every week you must inform Lee before 11th October. The only time you will need to contact Lee again, is in the event that you are unable to attend one week and need to cancel.

Irregular users

If you are likely to need child-care on an occasional basis, you must book **every** time you require this service. Your child will not be guaranteed a place if do not make a booking. The booking must be made by Tuesday before 4pm. If you book and then no longer require child-care, you must cancel your booking.

Child-care Benefit

Users of occasional child-care **must** apply for **Child-care Benefit** before 11th October. You will be required to pay the \$4 difference if you do not apply before this time.

To apply for Child-care Benefit, please follow these simple steps:

- Telephone Centrelink on 13 24 13
- Explain that you want to apply for the Child-care Benefit at Occasional Child-care (Communicare) one day per week
- You will be required to quote this number – 555 001 480J.
- Centrelink will send Occasional Care a notice that you have applied so that our organisation is charged at the reduced rate.

Sharing the pool

We have arranged to share the pool with other Muslim women between 1st – 29th November. There will be no interruption to your program.

Any questions?

Please contact Mariam Ashrat (9451 9777) if you have any questions about child-care. Please direct any other questions about the program to Debra.

Enjoy next term and I hope to see you again soon.

Regards

Assunta Di Francesco

Eastern Perth Public and Community Health Unit

