

Sustaining community wellbeing in drought

Benalla Drought Outreach Service



Fresh approaches to assist drought-affected communities

By publishing these case studies Victoria's Department of Human Services aims to share the learnings from the State Government's *Sustaining community wellbeing in drought* funding program funded in the 2007–2008 financial year.

The program, involving 19 Primary Care Partnerships (PCPs) in 47 rural and regional local government areas, was part of the department's broader drought response.

The department is keen for others to be inspired by positive experiences gained from it.

Sustaining community wellbeing in drought funding helped establish the Benalla Drought Outreach Service which aimed to improve navigation and access to community health supports for drought affected local farming families.

Here, mental health and wellbeing was a priority in local health promotion and future community health plans of the local PCP.¹

A key feature of the outreach service was the use of an 'adaptive practice' approach in which a drought outreach worker acted as a 'friendly conduit' between farmers and health services that they might not otherwise access.

The region

The Benalla Rural City Council, formed in 2002 following the de-amalgamation of Delatite Shire Council into Benalla Rural City Council and the Mansfield Shire Council, is located approximately 180kms north east of Melbourne.

In the 2006 Census, Benalla Rural City had a population of 13,968 and a diverse economic base. The main industries by employment were wholesale and retail trade (20%), manufacturing (19%), agriculture, forestry and fishing (12%), health, cultural and community services (10%) and education (8%).

The 'adaptive practice' model

A key goal of the Benalla Drought Outreach Service was to improve farmers' navigation of the primary health system and increase their access to services.

Because these farmers were not directly requesting a service and tended not to be experienced health system users, the service decided to use 'adaptive practice' (the flexible use of otherwise standardised processes and practices) to reach them.

Adaptive practice requires service providers to adapt the way they do things in order to extend their reach to a particular demographic group. This requires an understanding of the

¹ See the *Delatite Community Health Service Integrated Health Promotion Plan and Central Hume Primary Care Partnership future Community Health Plan*.

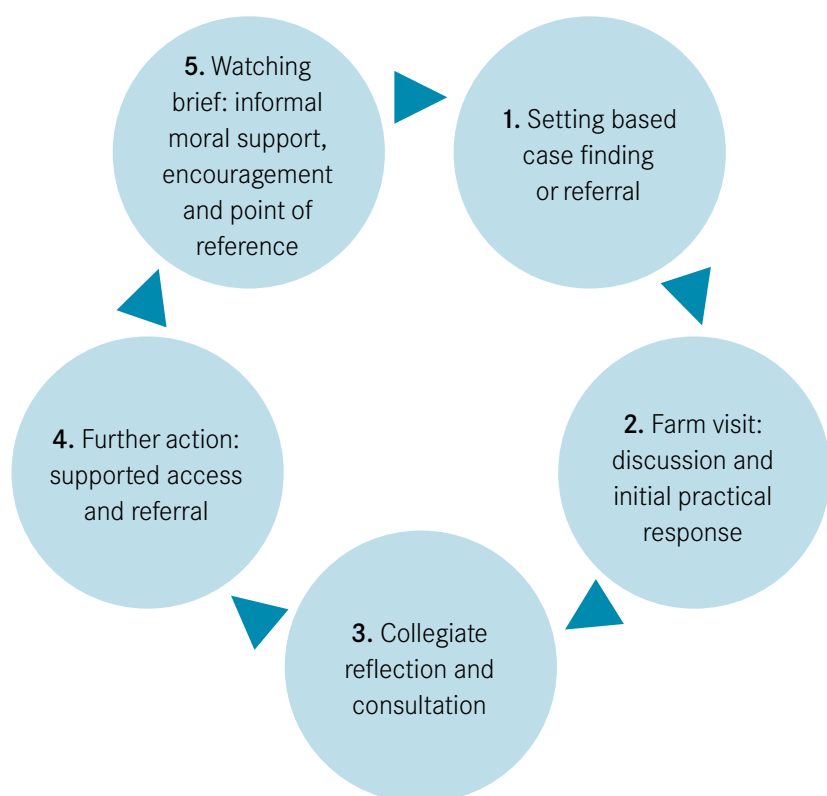
target group's behavioural and social norms and, as with field research or ethnography, requires face-to-face engagement with people in their natural settings.

A non-linear, cyclical service model (Figure 1) was specifically designed taking account of the values—such as independence, resilience and stoicism—which made farmers hesitant to ask for help.

The model, encompassing service values of respect, resilience building and participative decision-making, was designed to provide both specific and general support. Its five key stages are:

1. opportunistic case finding
2. farm visit and initial response
3. collegiate consultation and reflection
4. supported access
5. watching brief

Figure 1: Service model



How the model works

Under the service model, a drought outreach worker was employed to meet face-to-face with local farmers on their home turf, whether at the farm, at saleyards or local venues and events.

The worker had to have the appropriate profile and 'cultural framing' (acceptance based on cultural credibility).

Credibility with the target group relied on local knowledge, experience and networks; local visibility (eg attending monthly stock sales) and appearance (farmer-like).

By interacting with farming families in their natural settings, sharing their language, and using inductive reasoning (drawing inferences from evident or provided facts), the worker looked for 'what is really happening' in order to generate an immediate response and provide practical assistance. The interactions were also an opportunity for finding other cases.

Case finding

By cold-calling on farms, meeting farmers at local events and speaking with 'unofficial' community leaders, the outreach worker identifies many cases of need. His extensive professional and target group networks ensure that both formal and informal referrals occur with ease.

Farm visit

Engaging the farmer in conversation, the outreach worker uses active listening techniques and avoids sensitive questions until rapport is established. What ensues is guided by the farmer's response to conversational questions about farming associated and family issues.

The worker's interpretation of the farmer's responses acts as an informal screening process. His 'cultural framing', local knowledge and common sense allow him to draw inferences beyond what is seen or explicitly stated and respond accordingly.

His role emulates that of a friend or advisor listening with genuine interest. But the process differs as it has an explicit purpose: to learn about the person in order to act as a conduit between the farmer's needs and available services.

Whenever possible, key issues are immediately acknowledged with a helpful, practical response based on knowledge of primary health and other key services. Immediate responses range from information and advice to on-the-spot, fast-track appointments by phone—for example, with GPs, rural financial counsellors or mental health workers.



Collegiate consultation

Following the farm visit and initial response, the outreach worker and two senior practitioners meet to discuss the farmer's situation and consider the options.

Case and practice reflection is used rather than formal case planning. The focus is on 'where to next?' At the consultation they identify other appropriate referrals which means that the service extends beyond the first assessment.

Supported access

Following the collegiate consultation the drought outreach worker supports the farmer to access additional appointments if needed. As the farmer's confidence in the worker increases, and the farmer has a positive, helpful experience with the service system, further referrals or appointments are made.

This is not a care coordination or case planning role but rather a facilitation role in which, following further disclosure by the farmer about the outcome of initial referrals, further information is provided or other action agreed on and taken.

The worker supports access by providing information, encouragement, advice, moral support and a point of reference for services.

Watching brief

The worker continues a watching brief over the farmer, including informal support and opportunistic interactions (eg conversations at saleyards). In keeping with the adaptive practice approach, this brief is largely unstructured, with flexibility a cornerstone of ongoing interactions, advice and follow-up.

Planning and coordination

The Benalla Drought Outreach Service's relationships with other drought programs ensured easy access to service delivery.

The drought outreach worker reported key trends to the Benalla Rural City Council Drought and Fire Recovery Strategic Advisory Committee which meet bi-monthly to develop strategic drought responses.

The committee was broad, comprising the council Chief Executive Officer, councillors, representatives from the Victorian Farmers Federation, Department of Primary Industries, Department of School Education, Department of Sustainability and Environment, Community Health Services, local service clubs and other community organisations.

The outreach worker liaised with the council's drought coordinator (a position funded by Victoria's Department of Planning and Community Development) who coordinated meetings of stakeholders, strategic projects and a bi-monthly drought forum (attended by the outreach worker) which mapped service delivery, discussed trends, avoided duplication and coordinated responses.

The outreach worker also liaised with the community liaison officer for the North East Division of General Practice—a position specific to drought affected areas—who had a direct service role in case-finding and General Practice (GP) and health services referrals. Potential geographic overlap by these two direct service positions was avoided through cross-referral and communication.

A straight forward one-page data collection sheet used by the outreach worker led to an early evidence base to help develop related drought initiatives and inform future planning forums.

Data collected included demographic information (postcode, township, gender, age bracket, family status), referral source (word-of-mouth, friend, cold-call, GP), visit numbers (first or subsequent), main concern (finance, health, relationships, livestock), and general comments (immediate action taken or referrals made).

The quantitative data was enhanced by verbal qualitative observations provided by the outreach worker.

Achievements

- ▶ A grant from Toyota, used for 'Pit Stops,' a men's health screening program
- ▶ A grant from the Country Women's Association for a local area 'Blokes Barbeque' which provided social opportunities and health information
- ▶ Use of the drought outreach worker's growing network to invite more than 80 female farmers and females from farming families to a Womens Night arranged by Delatite Community Health Service, Hume Corridor Community Health Service and Benalla Rural City Council
- ▶ Use of the drought outreach worker's collected data to feed into the concept development and funding submission for the Men's Shed program*

* A Men's Shed program aims to provide men with a meeting place around traditional men's activities such as carpentry. The program helps men feel useful and contribute to their communities, learn or share skills, make friends, network and learn about health information programs.

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Positive impacts

The primary achievement of the Benalla Drought Outreach Service model has been improved service navigation and access for a target group that was otherwise under-served due to reticence about accessing services.

Between August 2007 and September 2008, the drought outreach worker made 898 farm visits around Benalla and Violet Town. A total of 363 contacts (40%) were first visits and 535 were follow-up visits.

'Good news' local media stories featuring the service and the drought outreach worker broadly communicated the activity.

Anecdotal evidence suggests that the drought outreach worker position and services provided have reduced negative life impacts and the number of drought-related suicides.

Aspects of service coordination (particularly initial contact and referral) and health promotion across a range of sectors have helped to counter the social impact of drought for farming families in Benalla.

The data collection tool employed has directly informed and thus added value to rural health and community services planning, coordination and service responses.

Available data provides evidence of a high number of serviced individuals, occasions of service and linked episodes of care for an otherwise under-served group.

Lessons learned

In terms of transferability, critical success factors in the Benalla Drought Outreach Service's adaptive practice approach included:

- a drought outreach worker with cultural credibility (looks, acts and speaks like a farmer)
- a drought outreach worker with explicit knowledge of relevant health and rural services (counselling, mental health services, health screening, rural finance services)
- a simple-to-use data collection tool appropriate to inform ongoing planning and related initiatives
- the availability of flexible funding arrangements.

Funding flexibility was important as, not being based on unit costing or prescriptive targets, it enabled adaptive practices such as flexible hours, a non-appointment based system and providing immediate responses.

The combined funding for the drought outreach worker position—including Victoria's *Sustaining community wellbeing in drought* initiative and Hume Corridor Community Health Service Commonwealth funding—shows positive partnering between key agencies and indicates strong support for the role.

Conclusion

The Benalla Drought Outreach Service suggests that the use of adaptive practice has succeeded in extending the reach of primary health services to an otherwise under-served group.

It has improved farmers' navigation of the primary health system and increased their access to services.

Adapting the service model to farmers' norms and behaviours creates a comfort factor not always achieved in traditional primary health settings. This leads to individuals revealing their needs without compromising their sense of identity and control, enabling them to receive immediate, practical support.

This service shows how a *Sustaining community wellbeing in drought* initiative has developed a successful approach to the needs of the local farming community, achieved positive community outcomes to minimise the social impact of drought and contributed to a good practice evidence base.

The information contained in this case study, in particular **the concept of adaptive practice and the service model**, adds to the body of evidence available to services and practitioners across Victoria.

Acknowledgements

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