

Drought Assistance under the Social and Community Drought Support Program: Feedback from CSSA Member organisations

Covering Email to Ms Cara Tasker, Department of Social Services

Thank you for the opportunity to provide feedback on the take-up of Social and Community Drought Support services delivered by member organisations of Catholic Social Services Australia. The general comments below and the attached detailed responses reflect the feedback of six CSSA member organisations which between them cover the bulk of Queensland and western NSW.

General comments:

There is no doubt that extended drought conditions in many parts of rural Australia continue to have a significant impact on members of farming communities. Nor is there any doubt that support on personal, business and community levels will be required for some time to come, if the families and communities concerned are to sustain livelihoods, wellbeing and hope into the future. The Social and Community Drought Support Program is a welcome investment, but in order for the program to achieve its objectives of increasing access to family and relationship counselling and support and community-based mental health services, it is important to understand the cultures that underpin these communities, the nature of support required, and the time and sensitivity it takes to both enable access to support and to build on existing strengths so that long-term wellbeing and confidence are assured.

The attached feedback recognises the complexities associated with communities' openness to support and reflects on the kinds of support most likely to make short and long-term differences in people's lives. A common theme was that initial engagement with people will often reveal an interest in practical assistance that will help them solve problems and gain/regain control and therefore contribute to wellbeing.

These are proud communities unused to asking for, or receiving, assistance

The pride of individuals, a common feature of the cultures in many of these communities, means that there is an evident unwillingness to register for counselling or other specific DSS services unless a major effort has been made to connect with people, to understand and to build relationships of trust. People don't want a formal service to 'fix' their deeply entrenched social or emotional issues, but they are receptive to practical engagements as an initial point of access. Pending the subsequent investment of time and 'follow through' by the service provider, they are then more likely to take up counselling and other services. This requires a high level of trust, reinforced by the provider's demonstrated appreciation of and respect for people's long-time relationships with their properties and their communities.

Paperwork acts as a barrier to accessing services

Our member organisations commit considerable time, effort and resources to connecting with the communities concerned in a way that respects local contexts and empowers people to first acknowledge and then seek the kinds of supports that will work for them. That can mean

connecting with business forums, or hosting information stalls at community events (whether in town or on properties), or working closely with the schools so that families are aware of the kinds of support that are available and have a basis for trusting further outreach by the organisation concerned. The overtures may eventually result in people registering as DSS clients, but there is often a lot of sensitive groundwork to be undertaken before that happens. Given that the contact is based on the establishment of relationships, individuals receiving support see the requirements to register and complete paperwork as intrusive. In the minds of the person, the requirement to complete paperwork escalates what the individual regards as support into a 'service'. Rather than assisting people to engage with support, individuals are more likely to turn away.

We have invited our member organisations to reflect on the reasons why people do or do not access certain services, what 'pre-conditions' might enable access, and whether the policy settings are right for achieving the stated outcomes. They have also reflected on other kinds of assistance that are needed and social/community issues that are not addressed through this program. All of the responding organisations have provided examples of the work they do, including how they use creative and locally-relevant ways to not only connect in the first place, but to ensure long-term, sustainable community strengthening.

Finally, you may also like to refer to a submission developed by the CSSA National Office in consultation with our rural and regional member organisations. Our [Submission to the Joint Select Committee on Northern Australia](#) (February 2014) makes several recommendations in support of better social outcomes for people in Northern Australia.

Please let me know if you have further questions or would like to connect with our members in other ways.

Regards,

Sue

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Reflections from the Catholic Social Services Australia Network September 2014

Part 1: Central Queensland	
Questions	Comments and observations
<p>Do people want these services?</p> <p>What other issues need to be resolved first?</p> <p>What else is going on (on-the-ground) that this program doesn't tap into?</p>	<ul style="list-style-type: none"> • The current situation in rural Australia is as much a result of economic policy decisions as it is the impact of extended drought. Ongoing financial pressures are due to the loss in value of capital assets and ongoing debts with limited capacity to replenish stock lost during bad seasons and therefore repay loans. People want a thriving and sustainable farm sector that contributes positively to regional prosperity. They also want to be able to provide for their families and ensure that individual and community wellbeing flourishes. • The drought support services on offer provide a key for promoting wellbeing, but require a lot of groundwork before farming families are willing to take them up. • Centacare engages with the central Queensland community on many levels. A recent focus has been to talk with producers/farmers about assistance that Centacare could provide that would enhance their wellbeing and coping mechanisms. The overwhelming response is that they need to be supported to make decisions, and that a one-on-one counselling session or family counselling is not really what they are ready for at this time. Therefore Centacare has been looking at solutions from other industries and then working with producers to build capacity to be able to make decisions and deal with their issues at hand. Feedback reinforces that this is a practical way to help people feel better, regain a sense of control and build resilience in individuals and communities. Follow-up with the people concerned has been positive, indicating improvements in wellbeing, evidence of new energy, and more positive talk. Some would argue that this is the same outcome of counselling. It should be noted, however, that none would register for DSS purposes. • Centacare was recently involved in a program that brought CEOs into Longreach to have a brainstorm on dealing with two issues which both need to be resolved if farmers are to cope with the immediate and long-term impacts of extended drought: (1) the current debt situation endemic to rural Australia and (2) how people will restock when it does rain, given that the banks are very reluctant to add further debt to these pastoral properties. Centacare was considered a key stakeholder in these discussions, contributing significant expertise and insight relating to community resilience. • Centacare's support, delivered through the Government's drought assistance package, was recently also recently acknowledged by the Barcaldine Mayor:

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The Drought, Finance, Future Industry Renewal Summit was a great success in terms of beginning to empower people to look at solutions. The support provided by CentacareCQ, as part of the Australian Government drought assistance package, to use technology to connect people with the event now and into the future will assist in helping those in the drought affected communities create a real change not only within their businesses but the future wellbeing of their families, children and communities.

Regards, Rob Chandler, Mayor

Improving wellbeing takes time, trust and sensitivity to contexts

Community members can be hard to engage for a number of deeply entrenched reasons. 'Engagement' needs to factor in existing beliefs and behaviours, perceptions and fears, current contexts and resource issues. Centacare has taken a number of approaches to connect with farming communities and to build trust and a shared, community-wide approach to building resilience and improving wellbeing.

Observations:

- Men are traditionally harder to reach. It is important to offer initial education/information through regular events and forums as well as at the 'farm gate'. Centacare regularly attends town and country events as well as building on existing relationships and connections (community, political, business, schools, etc)
- A common fear is loss of control. Enabling communities to feel in control is a key objective of initial outreach. Activities include discussion forums and community education sessions targeting producers, farm workers and the wider farming communities.

Measuring outcomes:

- Stakeholder engagement is registered in a stakeholder tracking data base. Indicators of engagement include responses to participant surveys, participant narratives and testimonials, general stakeholder feedback, number of participants in discussion and education forums, levels of participant engagement in the series of community education sessions, numbers and types of promotions, number of participants and other stakeholders engaged in follow-up activities
- Short-term outcomes: increased coping capacity, increased openness to seeking assistance, increased sense of wellbeing including capacity to make decisions and an emerging 'new' routine
- Medium-term outcomes: increased wellbeing including self-confidence and problem-solving ability, sense of returning to 'normal' and confidence to adjust to change, increased engagement in community, increased awareness and acknowledgement of the place of (Centacare and other) support services
- Long-term outcomes: increased resilience including confidence in capacity to cope in the future; willingness to plan; more diverse and stronger partnerships; confidence in role of (Centacare and other) support services and willingness to engage

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Part 2: North Queensland, covering LGA service areas; Boulia, Burke, Carpentaria, Cloncurry, Croydon, Diamantina, Doomadgee, Etheridge, McKinlay, Mount Isa, Richmond, Winton, Flinders, and Charters Towers (partial)

Questions	Responses and observations
Do people want these services?	<ul style="list-style-type: none"> • Centacare North Queensland has 4 Drought Support (DS) workers covering an extensive area and the response in each area is slightly different but similar overall. • It has been identified that there is a need for a service but the general feedback is that counselling with 4-6 sessions or more may not be the correct service wanted/needed. There appears to be a need for a brief intervention that provides one off counselling, assistance, and /or support, advice and practical assistance. • It has been identified that the majority of people due to the current circumstances could do with help, but they don't know they need it or don't avail themselves to it. There are 5 attitudes that may explain the low take up of service; 1) pride, 2) stigma, 3) resilience, 4) normalisation, and 5) shame in family systems. • This quote from a publication in the Australian Psychological Society further explains the remote community mindsets that we have experienced to date. <i>"The self-sufficiency, self-reliance and stoicism known to be characteristic of rural people and communities, strict boundaries on self-disclosure (e.g., "what is considered family is private business" – Roufeil & Lipzker, 2007) and the limited anonymity present in smaller towns, all act as disincentives to help-seeking (Boyd et al., 2008). The small size of country communities (i.e., the 'small town' phenomenon) impacts both on client privacy and on boundary issues for practitioners, with concerns about confidentiality acting as a further disincentive to seeking help. The issue of stigma in relation to mental health issues remains a key factor in people's postponement or avoidance of getting help, particularly in smaller rural communities where it is thought that "everyone knows everyone else's business". Sensitivity to such common beliefs and knowledge of rural culture is crucial in successfully providing help, whilst remaining aware of dangers inherent in false stereotyping of this population."</i> 'Equity in Health and Wellbeing: Why does regional rural and remote Australia matter?' - Australian Psychological Society. (http://www.psychology.org.au/Content.aspx?ID=3960) • Several towns within the LGA's have stable services that offer counselling and this has resulted in some territoriality towards our DS workers. There has not been any feedback regarding confusion by the town or farm families regarding the additional services but in order for good relations the DS workers have not pushed the services in these areas to a great extent. • Within the LGA's there are stations that are company owned and effectively not requiring this service at all or only in a limited form, as employees continue to receive a wage and are not encountering financial, family or work related stress. The DS workers have undertaken research of the areas that they cover to ensure they focus on stations/farms that are family owned rather than company owned so that the more vulnerable are aware of and are the focus the service. • A major stressor is financial and DS workers have been sharing their knowledge, and supporting individuals and families in applying for money that they may be eligible for or referring them on to the Rural Financial Advisors. • The DS workers report positive feedback from the brief one off interventions and discussions they have had, and in the words on one person they spoke with, " I just wanted someone to talk to".

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	<ul style="list-style-type: none"> • Small communities are difficult to break into, and it takes time to build rapport and trust. In some respects, it is helpful as the DS worker can be completely objective, however, the feedback from some community members is that people tend to meet with up each other and regular visiting people to the areas, as it is viewed that they understand what each other are going through and support the affirmation that they are not alone.
<p>Are the communities open to these services?</p>	<ul style="list-style-type: none"> • Generally yes but there are considerations and differences in the different service areas, and there are some concerns around the ‘temporary’ nature of drought support in communities that have experienced multiple short-term initiatives that cannot be sustained. • People whose livelihoods are vested in the property appear to be more wary of support services than those who are not property owners or have not lived in the community for a lengthy period. • The slow and currently low uptake of services is somewhat due to distance and remote attitudes to obtaining therapy. Centacare is working hard to offer the service to this particularly difficult demographic of somewhat ‘hardened’ and uninformed graziers. Many ‘appear’ to be quite resilient, others would seem to be quietly suffering and it appears that if the drought keeps up and there is no good wet season, their mental health will be increasingly precarious and it is only a matter of time until either they seek help, someone helps them to get help, they develop a mental illness and/or become at risk of suicide. • There appears to be two types of people who are suffering in remote areas: <ol style="list-style-type: none"> 1. Resilient: These people, although challenged by current circumstances are generally more able to think realistically as well as with some form of optimism. 2. Not as resilient: Those that would slip into despair if their situation got worse. • There is stigma surrounding seeking help at all, let alone help for emotional reasons such as depression as they are proud, fiercely independent people who do not want to be seen as “weak” for seeking assistance.
<p>Are the policy settings right and are they the right type of services?</p>	<ul style="list-style-type: none"> • As noted above so far the DS workers have delivered - <ol style="list-style-type: none"> a. Practical support: Centre-link and subsidy forms b. Emotional and Mental support: In these cases we have had to seek out these people, as they do not readily seek support. c. Topics of informal counselling have included such things as anxiety and depression, grief and loss, relationship issues and most often a focus on cognitive restructuring. <p>DIFFICULTY IN REGISTERING CLIENTS</p> • The majority of the interactions with graziers so far have not resulted in them becoming registered clients. There is difficulty getting past the above attitudes, so getting them to sign a form creates even more of a barrier as they are already wary of commitment. Getting them registered is not as easy as it is in city areas where they come to your clinic or facility for help. However, contacts with community members have included conversations and psych-education around health and wellbeing. The majority of these contacts have been what we have classed to be ‘informal counselling.’ We have not been able to register many of these clients due to the attitudes mentioned above.

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	<p><u>Possible solutions:</u></p> <ul style="list-style-type: none"> • Registering clients where they simply verbally agree to giving the government some simple details but with no signatures. Getting the details throughout a conversation or a number of conversations isn't a great problem but pulling out a form for them to sign is a big turnoff and detracts from the professional relationship that is building and further therapy opportunities. • In light of above mentioned observations and experiences there needs also to be a realistic timeframe to see results. The DS workers are only just making inroads within the shires, including local shop owners, and townspeople, which has then enabled them to make contact with the station owners/managers.
<p>If not, what are communities saying about what would assist them?</p>	<p>Some suggestions -</p> <ul style="list-style-type: none"> • Ease of access to Centrelink supports • Support by way of accessible tax breaks/banking and interest relief. Currently these have been identified as so difficult to navigate that farmers simply become overwhelmed and access nothing • The main need that we see the property owners looking for is a practical one focusing around the state of their stock, property and their financial situation. • A major nuisance for the community is subsidies and donations that are not well thought out. For instance donations and assistance coming from city areas that causes local suppliers to lose business. • Speaking with organisational services, it appears that those who organise distribution of funding money and services should be in close communication with remote shires and community leaders to ensure that this does not happen and to better decide on how to distribute the funds or agency assistance. • It appears also that some service providers are working in isolation and the community becomes aware of this disunity. This causes community disharmony and prevents more effective delivery of all services. • It also appears that communities would better access the funded services if the service professional was living in the area where the service is delivered or committed on a regular basis to the community.
<p>Agency response to these suggestions:</p>	<p>Centacare is responding to primary issues by spending as much time as possible on the ground and face to face with the community and their leaders and stakeholders. We are also using events to help with face-to-face contact and building trust.</p> <p>EVENTS</p> <p>Attending the local events (e.g. rodeos, campdrafts, family events etc.) is very helpful in gaining that contact and getting your service known. We have used events to gain a visit to a station where you can assess the need in their own environment, and really connect and continue building the trust.</p> <p><u>Obstacles</u></p> <ul style="list-style-type: none"> • Sometimes you're not always welcomed to visit events as they are specifically held for social connectedness only. Organisers in some instances are protective of creating an environment that is fun and interactive for the purpose of enhancing social well-being and feel that even a low-key presence from Centacare would detract from this purpose.

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- Some events are quite closed and already cater for emotional and mental well being

Hindrances:

- 1) Travelling time, extends progress time: Road conditions and accessibility to properties can sometimes take hours of travel time just to get there. An example visit would be 2.5 hours to travel to a property for an hour and a half contact visit and then another 2.5 hours drive back to the nearest township where you are residing. This takes up one full day just for an assessment visit.
- 2) Safety in travelling: For safety of staff, Centacare advises against travelling at night however there are some instances where you cannot avoid travelling after hours. Not being able to travel at night due to the safety issue is a hindrance to therapy opportunities. If in the uncommon event that you do visit a station at night requires arriving at sundown or earlier. Careful travelling on remote dirt roads to avoid hitting animals and stock is required and your travel time is nearly doubled due to the reduction in your speed of travel. If you have not been offered to stay the night (which is not expected) then you face a long slow drive back to the township.
- 3) Mustering: Some property owners are currently in their 'second round' of mustering. Mustering is conducted in often two rounds per year and one round could last up to 8 weeks or even more depending on the size of the cattle property. Mostly all hands are on deck during these mustering rounds and work is conducted from first light to last light, 7 days a week. Because of the drought mustering is extended longer because they can't afford mustering contractors and so have to use their own family, wives and children or neighbours. We have had property owners advise us to not come back for a visit during mustering because they will be too busy.
- 4) Convenience of visits: Aside from mustering hindering, many of the seriously drought-affected properties have owners and workers working all day and are only available at night for a visit. This prevents any type of visit during the day and is a particularly significant barrier.
- 5) Unchartered areas: Centacare is venturing into some areas of the shires that they have not serviced before nor do other providers in an outreach model service these areas.
It takes a while for people to:
 - Know you and recognise that you are there to help.
 - Develop trust in you.
 - Acknowledge that they need help.
 - Then be ready to accept that help.
- 6) Dynamics of an outreach approach: Outreaching to people is different to conventional methods of service delivery. In the traditional setting of care services you have an office or location and people come to this location to seek help. At this point the majority are at the acceptance stage of their problem, evidenced by the fact that they have made the effort to come. In this instance of outreach, you have workers travelling into remote areas to 'find' those that need help. Once you have contacted them and negotiated a visit, you then have the opportunity to see how they are coping.

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Acknowledgment seems to be the most difficult part as you are faced with all the above-mentioned attitudes. It appears that the only clear way ahead at this point is to build trust over consecutive visits. But when someone is not at acknowledgment, you have to continue your visits for practical and advocacy reasons as the only way of building trust. At some point of your time with them, you make enquiries about other station owners in the area and possibly get a station referral to visit them.

7) Gaining trust: Building trust in any therapeutic relationship takes time and in this field of work the time required to build this trust is much longer because of the attitudes and the hindrances to therapy mentioned above. To conduct consecutive visits to people who don't think they need help (because of pride, stigma, and resilience) or are oblivious to it (normalisation) requires a therapist to seek out another reason for the visit. The DS workers are helping in areas of known frustration and difficulty that many are having with the DHS FHA forms and other subsidy forms. By being an advocate in this area we are able to listen to their concerns and validate their situation, which helps build trust.

8) Practical support finishes: Another difficulty is where once you have helped provide some type of practical support (e.g. subsidy forms); they may not choose to continue the relationship.

If there are other issues that need to be resolved first, at what point *would* people access the funded services?

- People are frustrated with the lack of assistance outside of pastoralists as they rely on the business that pastoralists would normally give them if not in drought and yet there is nothing for the business owners or related service contractors.
- The pastoralists are frustrated as they cannot control the weather, stock prices plummeting and other things that are outside of their control such as trade embargos and live export bans. They have said that they are frustrated by the “bandaid” incentives made available to them such as the Farm Household Allowance as the majority of pastoralists are ineligible due to their large asset base (in excess of 2.5 million) and that the paperwork is time consuming, onerous, frustrating and ambiguous.
- Only once people feel safe financially (Maslow's hierarchy of needs-food, shelter and means to earn a living) will they feel able to seek emotional support
- I have assisted a pastoralist with the Farm Household Allowance and she stated that she had never sought assistance from the government in her life and that despite having very little off farm work, no savings or superannuation, if I had not called her back and come back to complete the process with her, that she would not have gone through with it.
- These are very proud, resilient people who are not used to asking for help at all: whether that be financial, practical or emotional support.

What else is going on (on-the-ground) that this program doesn't tap into?

- The reality of what farmers/producers are really having to deal with that can't be addressed effectively by the current funding parameters such as:
 - Assistance with school fees to support children remaining in education (often boarding school)
 - Navigating the complexity of Centrelink forms and the costs in gaining the information required (The client's accountant is often required to provide documentation in order to get Centrelink benefits and their fee may not be affordable by the family so they become 'stuck' and unable to access Centrelink funds)

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- The complexity of ‘family trusts’ in relation to any agribusiness undertaking can mean that some family members are more vulnerable to financial hardship than others and due to their financial structures are not able to access the basics as the overall financial circumstances of the whole business entity is what is assessed by Centrelink in most cases
- DSS worked from a presumption of Producers/farmers being in a position to have access to basics such as internet, phone connectivity on a reliable and ongoing basis – this is simply not the case across the majority of regions where the Drought funds have been supplied. This is an added challenge to service providers in relation to service delivery

How is your agency responding to these primary issues and what are the time, resource and expertise challenges? Please also feel free to provide case studies about the particular issues being faced by the people you are assisting are facing, and how your agencies are engaging and assisting.

- In relation to the above criteria, the lack of presence in the communities that are so far apart does not lend itself to the ability to build familiarity and rapport...additionally, it is a 6 month contract, which is a relatively short period of time, especially when you are spreading your resources over such a large distance.
- There are clinics in some towns I have visited, and within that context, people can access help or referrals, however at this stage it is hard to say whether this service is not wanted or needed. We do know that people are doing it tough, there are people that are struggling, however as stated before, they are proud people who are reticent to seeking help.
- Perhaps a campaign geared toward pastoralists needs to be launched to say its ok to seek help...especially in light of events such as the pastoralist that took the lives of his wife three children and himself outside of Wagga Wagga.

Case studies

CASE STUDY 1

While listening and validating a station owner for a lengthy period of time (2 hrs.), it became very clear that she was suffering some degree of depression and anxiety. She appeared defeated, tired and stressed in regard to a number of pressures including her relationship, the state of their property, the family business and how it is structured and functions. At one stage she said to me as she was explaining how she was struggling to water her garden, “everything around me is dead.” (She was not only referring to her garden, but to the state of her relationship/s, the family, her property, the livestock and her life.) In her sharing she appeared not only “stuck” but also she had somehow normalised her circumstances.

CASE STUDY 2

After helping a station owner practically with Centrelink forms, including lodging them with Centrelink, scanning through her personal identification documents and her tax return documents and then bringing them back to her on our next visit to her area, she was extremely thankful and yet discontinued any form of contact or support. This was noted in her body language and in the way she acknowledges us in the local store or at an event. We see this, as a possible pride or stigma issue as many station owners are quite open in communicating how they don’t discuss their business with anyone.

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CASE STUDY 3

A family residing 2.5 hours north-west of Townsville, affected by drought that has been years long with little likelihood of change in the foreseeable future.

Family Issues and Dynamics:

- Large extended family with a multitude of family trusts established in relation to 4 properties and various other interests
- In total 1 initial client contact has the potential to mean work with 3-4 families who are all part of a larger extended family network
- Family is asset rich and cash poor (common situation) and no capacity to sell interests or properties as there are simply no buyers at this point due to the shared experience across the states of drought
- Family has never accessed assistance of any kind before and were caught in a 'help-seeking cycle' between their accountant and Centrelink who were not able to effectively communicate what needed to happen for the family
- Appointments to see services such as Centrelink or the accountant involved significant delays as the family have to actually leave the property to gain this assistance and the costs associated with travel were prohibitive as were the costs of seeking the information from the accountant needed by Centrelink

Service Response and Challenges:

- Managing service delivery and confidentiality when multiple families are involved
- What has worked is Staff being upfront with clients about capacity and potential limitation. This context around services and interventions appears to have kept expectations realistic
- Supporting families mean travelling long distances (in most cases, 1 appointment takes a full day and requires 2 staff members)
- Remote travel for workers means long distances where they have no communication due to a lack of mobile range and hence additional expenses for specialised communication options must be incurred
- Travelling on unsealed roads can be an issue for services that lease vehicles or have insurance impacts.
- Safety precautions often mean 2 staff are needed for the trip rather than a sole worker
- Ensuring strong and effective engagement with local communities is a challenge as there is a sense of 'impermanency' associated with initiatives that the communities well know are very short term. Their 'investment' of time and energy in a temporary arrangement can be reduced.

Concluding comments

CONCLUSION

- The rural remote mindsets are big barriers to therapeutic assistance.
- The vast distances and remote conditions cause further barriers for effective therapy and increase the time needed to achieve the same rate of results as in more regional areas.
- Expecting large results in 3 months is unreasonable.
- Checking in with other stakeholders we can see they are having similar issues and there needs to be more collaboration between funding distributors and local shires to avoid mishandled and unwise decisions which adversely affect local proprietors, businesses

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and contractors.

- Breaking new ground is difficult. Getting the name and intended service known is only the starting point, breaking through unique remote barriers, putting the legwork in, travel time; networking through different problems in different shires takes up a large proportion of your time.
- We are not traditionally assisting 'those that come' for help but instead 'trying to find' those that would not readily accept that they need help.
- The majority of therapeutic assistance is in the area of unregistered client support.

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Part 3: South West Queensland: a compilation of thoughts, reflections and discovery by Drought Counselling staff

Questions	Staff Reflections	Coordinator Comments
Do people want these services?	<ul style="list-style-type: none"> • People who are not farmers in drought affected communities want the services. If more referral agencies and people in the community were aware that they can access services for their children, I believe we would be inundated with clients. • Most certainly! Psychologists are in need throughout SWQ and the waiting lists for private practitioners are long. At present we have 2 women in these roles and feedback has been positive for our women and families. I have had discussions with clients in Mitchell, Injune, Surat and St George who state they are very thankful for this free service. • There is a degree of openness when speaking to community leaders. • When speaking to leaders in the community they will tell you that there is a great need, however there seems to be a great deal of suspicion around mental health coming from the community at large. • The often short funding periods seem to be contributing to an unwillingness to engage because of the expectation that the mental health worker is going to move on within a short period. • I have experienced a territorial attitude in at least one other mental health professional in one centre. • I have run into a great deal of pessimism among mental health professionals. 	<ul style="list-style-type: none"> • People need to know about the service before they can make a decision about whether they would like to access it. Marketing has been important initially and ongoing. Feedback about the 1300 number has been positive. • There is always a sense of suspicion when new services arrive in an area. It takes time to build relationships and trust with people. • Initially we spent significant time and effort visiting as many communities as possible including small villages. We left drought brochures and posters at places like; service stations; medical centres; agricultural agents; information centres; plus advising other service providers. • Being able to travel with the Care Outreach volunteers to properties around the Mitchell, Morven, Mungallala areas has significantly increased our credibility in this area. We are seeking to connect with volunteers in the other areas as well. We have had a lot of referrals from this area compared to others where our marketing strategies have been different. • These visits occurred over a month ago. We had a referral this week from a lady who had just found the bag information that was delivered and contacted the service for an appointment.
Are the communities open to these services?	<ul style="list-style-type: none"> • People living on the land seem to think others are more in need than they are, and that they themselves are not entitled to services. There is an attitude that they should just keep on keeping on and “she’ll be right”. • As the practitioners themselves and Centacare promote this 	<ul style="list-style-type: none"> • We have not received any negative feedback about the services we are offering, but have had a lot of positive feedback. Businesses have been very supportive and happy to display posters and brochures about the service • Developing a good name and being able to deliver what is

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	<p>service; the clientele I work with and referring agents are becoming aware each week of the expertise and local access. I do believe access to this service by community members will exceed expectations.</p> <ul style="list-style-type: none"> • Feedback from community members indicates that they like the fact that we go to their communities • Yes, once there is some established familiarity with the mental health professional. • I am currently seeing a steady increase in referrals now that members of the community are aware of my existence and the range of services I can offer (increase of four new referrals last week, and three new referrals this week). 	<p>promised is paramount in encouraging communities to be a part of what is happening.</p>
<p>Are the policy settings right and are they the right type of services?</p>	<ul style="list-style-type: none"> • By advertising ourselves as “Drought Assistance” I feel we are missing clients who are willing to engage. • All of my clients are drought affected owing to their geographical remoteness and locality. The greater proportion exhibit problems with long standing mental health issues which are compounded by the drought. Whilst some come under the stereotyped profile of “land owner” or “farmer” many are simply living in a community whose well-being is being compromised by the negative influences of the weather. 	<ul style="list-style-type: none"> • Our service aims to be flexible to meet identified community need. We have the ability to and are delivering group programs. We have been asked by the Charleville State School to provide a group resilience program to over 20 students aged 13 – 15. Individual counselling will also be offered, as required. Our connections with the school also include time spent with their parents and families. • Staff provide informal support wherever they go. A half hour chat with a business owner is a regular event, however these are not easily captured by our data collection systems i.e. permission forms do not apply, so these are not registered clients
<p>If not, what are communities saying about what would assist them?</p>	<ul style="list-style-type: none"> • People want practical help such as helping on the farm, in their business, around the house and with looking after children. • Practitioners travelling to remote communities experience various attitudes. Some are welcomed as impartial experts: the clients’ ‘secrets’ leave with the practitioner when they leave the community as they aren’t locals. Community anecdotal evidence: Quilpie had a visiting doctor from Melbourne coming every 5 – 6 weeks some time ago. The 	<ul style="list-style-type: none"> • I continue to hear as I travel across the south west, that both practical and psychological support is needed. Being connected with the volunteers providing the practical support has been valuable.

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	<p>community people liked to see him rather than the resident doctor – confidentiality.</p> <ul style="list-style-type: none"> • On the flip-side, however, clients are generally concerned that practitioners just come and go in a very short period. Clients want assurance that, when a practitioner comes to their centre, they (the client) can rely on an ongoing service from the same practitioner • Some assistance is extremely hard to source: e.g. a client with children with severe mental health issues who is finding it difficult to source a person to assist her in the home. 	
<p>If there are other issues that need to be resolved first, at what point would people access the funded services?</p>	<ul style="list-style-type: none"> • If we are re-funded, we will get more clients as word of mouth is just starting to take effect. • People seek access to a funded service depending on their understanding of psychology and trust of the referrer. For some potential clients a ‘funded service’ may be seen as a lesser or inferior quality of service. Those who have had previous contact with psychological services have the confidence to seek a referral. When their doctor/counsellor/mental health worker, etc. raises their concerns. • There is a need to have funding run long enough so credibility of the practitioner is observed by the community and people are afforded the time to build trust. This would increase referrals substantially over time. 	<ul style="list-style-type: none"> • One of the issues in coordinating the project is not being able to assure people that the service is long term. We don’t want to set up a false hope that we can continue to provide the service after 31/12/14 as this then enhances the mistrust in the community about constant change in services and service providers. • Community feedback is negative about the Government payments that are available. Statements such as “if I apply for the benefit, I will have to look for work off farm – how can I keep my farm going and work away as well”. “Most of the available payments are loans – how will I pay this back?”
<p>What else is going on (on-the-ground)?</p>	<ul style="list-style-type: none"> • Child and adolescent therapy/counselling – state schools– support needed. They do not have access to psychological assessments either. • Resistance of farmers – they are sick of hearing about mental health and keep a stiff upper lip. • Travel time for practitioners is massive and exhausting. Flights for practitioners from Toowoomba to Roma would 	<ul style="list-style-type: none"> • Children are speaking about the drought and the affect it is having on them and their families. • One of our major challenges has been the distances required to travel to meet the need expressed by communities. • The six shires that our service covers, represents a huge geographical area, which is difficult to cover in a vehicle, but in order to develop and maintain trust and a presence in all areas,

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	<p>help immensely but no longer exist.</p>	<p>this will continue.</p> <ul style="list-style-type: none"> • Centacare currently provides counselling services to the catholic schools across the South West. We have used this as an opportunity to spread the word about the drought counselling service. As the word spreads, we are seeing more referrals from teachers and students. State schools are asking about the service and how they can access support for their staff and students as well. • Schools are a major hub in each community, with most people being connected in some form – one of our strategies for next term will be to market the drought counselling service through the school network.
<p>How is our agency responding to these primary issues and what are the time, resource and expertise challenges?</p>	<ul style="list-style-type: none"> • Joining volunteers visiting properties in a non-intrusive way. • Some service to schools. 	<ul style="list-style-type: none"> • Our work with Care Outreach volunteers in the Mitchell, Mungallala area in conjunction with the Maranoa Regional Council, has been pivotal in getting the word out about our service. Care Outreach and other volunteers are providing practical support including care packages (basic food, toiletries etc.) and in some instances assisting with maintenance on properties both buildings and fences. • We provide support and counselling to schools where possible. We are currently looking at options for recruiting more counsellors to meet the need. This has proved difficult from the project's inception partly because of the short term contracts being offered. We may attract more staff if we could offer them longer term contracts.
<p>Case studies about particular issues and how our agency is engaging/assisting</p>	<ul style="list-style-type: none"> • The playgroup in Mitchell, as well as school principals in the Mitchell and Mungallala areas have commented about the drought counselling service being valuable in their communities. 	<ul style="list-style-type: none"> • One of the issues has been how to engage men in counselling. We are finding that women are accessing the service initially, taking home information for their men and encouraging their men to participate in counselling. • Our service is addressing this by making sure we target events and businesses that men access on a regular basis. • It would be wonderful to find a male worker as well. In my own counselling experience I have found men are OK with seeing a

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		<p>female counsellor - it is more the <i>initial</i> contact that seems to be an issue rather than the gender of the practitioner</p> <ul style="list-style-type: none"> •
<p>General reflections</p>	<ul style="list-style-type: none"> • Wherever possible we attend community events. However, most of these happen on weekends, so it is not possible to participate as much as we would like in this way. People remember when you are interested and participate in their community. The events that we have attended have resulted in opportunities for informal counselling and direct referrals for formal counselling. As Anglicare is funded to provide support for community events, we ensure they have brochures and posters and participate where possible. • Three social workers were employed by Qld Health to work across the South West around the same time as our counsellors began work. This may have had an impact on referral numbers. • There are minimal counselling/psychology services provided across the South West apart from Qld Health services. When the drought counselling project ends, what does this mean for communities? • Our Centacare staff have worked hard at marketing the service and continue to do so. It has been an added bonus to have Centacare offices and staff working in the major centres of Roma, St George, Charleville and Cunnamulla to be able to advertise the counselling service throughout their networks. • We have great difficulty ensuring that doctors are aware of our service and the referral pathways. We have mostly visiting locums right across the SW who stay for a few weeks and then go. There doesn't seem to be a consistent way of providing information to GP's about the service and how it can assist their patients. 	

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Part 4: Western NSW	
Questions	Comments and observations
Do people want these services?	Yes they want and need the services, but are unwilling to be registered for a number of complex reasons. Often it is simply an unwillingness to complete a two-to-three page document and sign it in three places – before a level of trust has been built. One way the organisation has started to encourage people to take the time to register is by asking a prominent local farmer or other community member to talk with group program participants about the importance of completing the paperwork. Obviously this takes additional time but is indicative to the sensitive approach that is needed to access people experiencing significant distress as a result of the impact of extended drought.
If there are other issues that need to be resolved first, at what point <i>would</i> people access the funded services?	<ul style="list-style-type: none"> • It is important to understand why, how and when people seek help – and why they don't. It takes time for people to recognise the value – for them – of a service that 'pops up' offering assistance. Is it what they need? Is the organisation recognised by the community? Are the practitioners trustworthy? Will the service be there for the long haul, or simply offer a band aid solution and disappear? • It needs to be reinforced that the families being reached out to are vulnerable, but they are also well-educated, have often lived on the land for generations and are proud people. A common attitude is 'we will be able to fix this; we will carry on'. Stoicism is considered a positive attribute and many families may not want to be seen to be accessing counselling. Getting people to the point of accepting a service they had previously considered not relevant to them takes time and a lot of trust.
Policy (and funding) settings	<ul style="list-style-type: none"> • One agency commented that is not clear from the funding agreement that clients even have to be registered – could this be clarified. • The short-term nature of the funding, and the expectation to have 'runs on the board', have created pressure on services which is not conducive to achieving sustainable outcomes. • Funding needs to cover vast geographical areas. Farming properties are scattered far and wide. Access to community events in villages or on properties is a very effective way of engaging with farming families, but requires sufficient resourcing to cover relationship building, targeted promotions and interactions as well as development and delivery of education and support programs.
Community engagement needs to be well established before people consider registering as clients	Strong presence at rural events is important. Engaging with families through information stalls and low-key workshops (relaxation, massage) and on-site counselling services offer 'soft entry' to more formal counselling or personal support (at which point a person may register for DSS purposes).