



**donnelly consultants**

*community development – from design to evaluation*

## **Resilience for Dry Seasons Conditions**

Final Report.

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## Glossary

RDSC	Resilience for Dry Seasons Conditions
UHPCP	Upper Hume Primary Care Partnership
CHPCP	Central Hume Primary Care Partnership
AWIMH	Albury Wodonga Integrated Mental Health

## Executive Summary

This report refers to that part of the Ovens Murray Resilience for Dry Seasons Conditions Project implemented by the Upper Hume Primary Care Partnership (UHPCP).

The Project was funded to work across the local government areas of Towong, Indigo, Alpine and Wodonga. Following the 2019-20 bushfires the Project's focus shifted to the Upper Murray and predominantly the Towong Shire.

This shift in geographic focus also coincided with the onset of the Covid19 Pandemic which resulted in a change in approach to implementing the Project. Instead of engaging directly with farmers and associated business people, the Project worked with existing organisations which worked with farmers and rural communities. The Project did this remotely using internet technology which these organisations had ready access to.

Initially due to funding uncertainties for the future of the UHPCP the auspice of the Project was transferred to the Albury Wodonga Integrated Mental Health Service, a body already involved with the Project and a member of the Project's reference group, however this was also a logical auspice, with their increased acknowledgement of their role in promoting community health and associated strategies.

The Project has been very successful in raising the awareness of mental health as an issue as well as the importance of accessing services to assist people with improved mental health and wellbeing. To this end there has been a noticeable increase in the number of formal and informal referrals to mental health services from the Upper Murray region.

The Project has also succeeded in bringing together organisations which previously, while being aware of one another, did not necessarily work cooperatively or collaboratively.

Coincidentally an increasing awareness of the influence of climatic conditions on individual and community wellbeing has also occurred.

The project initially assumed an understanding of resilience but it soon became apparent that there were many understandings of such a term. The understanding adopted by the project was that resilience was 'developing and learning from change' not necessarily getting back to where things were prior to the change.

A number of recommendations are made as a result of this evaluation that aim to inform and improve the effectiveness of any future projects and in particular the 'resilience' of the targeted communities. These recommendations relate to the involvement of local government, the link

between sectoral organisations and the community, and importantly the ability of communities and individuals to set goals, identify relevant indicators of change towards the achievement of goals and the ability to monitor those indicators and to respond to the results of that monitoring.

## 1. Introduction

The *Ovens Murray Resilience for Dry Seasons Conditions Project* funded by the (then)Victorian Department of Health and Human Services (DHHS) began in early 2019 and was auspiced and implemented by the Upper Hume Primary Care Partnership (UHPCP) and the Central Hume Primary Care Partnership (CHPCP). This final report refers only to the Project as implemented by the UHPCP and should in no way be read as or assumed to be, referring to the project as it was implemented by the CHPCP, because no consultation has occurred in that catchment. The Upper Hume component will be referred to in this report as the 'UHRDSC project'.

The Project Purpose is to 'build the Ovens Murray area's capacity to respond and adapt to dry weather conditions and the impact of this, through strengthening the wellbeing and resilience of communities'. The project design identifies two specific outcomes:

**1. Build social capital and community connectedness.**

**2. Increased knowledge and understanding of pathways for people to be referred into mainstream-funded services (e.g. Mental health, Centrelink, Financial Counselling, LGAs, etc.).**

*(Project brief, Resilience for Dry Seasons Conditions 2019-2020, p1).*

The UHRDSC Project has been implemented under the guiding frameworks of community development and mental health prevention, promotion and early intervention.

These frameworks are defined here:

*Community Development* - Community development is a process where community members are supported by agencies to identify and take collective action on issues which are important to them. Community development empowers community members and creates stronger and more connected communities.

Community development is a holistic approach grounded in principles of empowerment, human rights, inclusion, social justice, self-determination and collective action (Kenny, 2007). Community development considers community members to be experts in their lives and communities, and values community knowledge and wisdom. Community development programs are led by community members at every stage - from deciding on issues to selecting and implementing actions, and evaluation. Community development has an explicit focus on the redistribution of power to address the causes of inequality and disadvantage.(Australian Institute of Family Studies. Australian Government. Downloaded 20/2/2021. <https://aifs.gov.au/cfca/expert-panel-project/what-community-development>).

### *Mental Health Promotion, Prevention and Early Intervention*

Mental health promotion is any action taken to maximise mental health and wellbeing among populations and individuals.

Prevention refers to interventions that occur before the initial onset of a disorder to prevent the development of the disorder.

Early intervention (EI) in mental health is a simple concept drawing on a small number of principles: the prompt engagement, assessment and delivery of effective bio-psycho-social interventions to people at risk of or in the early stages of experiencing mental ill health.

Early intervention ensures effective treatments are provided as soon as possible with potential to reduce distress, improve people's life chances and reduce health care costs. Needs improvements to be made in access to mental health care in primary care for underserved groups.

([iepa.org.au/early-intervention-in-mental-health/](http://iepa.org.au/early-intervention-in-mental-health/). Downloaded 20/2/2021).

## 2. Methodology

The methodology used to gather data for this assessment utilises interviews with key informants. The interviews are based on the principles of Appreciative Inquiry (AI) where the respondents are asked for their view/understanding of benefits gained from the UHRDSC Project, followed by an assessment of the degree of achievement of those benefits.

## 3. Informants to the Evaluation

The data informing this evaluation has been gathered from informants who have direct and in some cases indirect contact/association with persons from the Upper Murray who were impacted by the 2019-20 bushfires.

The informants/respondents to this iteration of the evaluation of the UHRDSC Project were:

- The Ovens Murray project steering committee (5 of 6 members present. Interviewed as a group online).
- The (former) UHRDSC Project officer (now staff member of A W Community Mental Health Unit).
- The (former) EO of UHPCP
- Current EO of UHPCP
- Senior Advisor, Population Health and Community Wellbeing, Ovens Murray Area, East Division. Department of Families, Fairness and Housing.
- Manager Albury Wodonga Community Mental Health Unit.
- Executive Officer AgBiz Assist.
- Two staff members of AgBiz Assist.
- Director, Australian Resilience Centre.

#### 4. Limitations

The evaluation does not include any data from persons who are the target population of the RDSC project as was originally intended or from persons in the Upper Murray who were directly or indirectly affected by the 2019-20 bushfires.

#### 5. Findings

The context in relation to the implementation of the UHRDSC Project was outlined in the previous assessment report (February 2021) but is repeated here as it is relevant to the final evaluation.

The findings relating to the project outcomes (1. Build social capital and community connectedness. 2. Increased knowledge and understanding of pathways for people to be referred into mainstream-funded services (e.g. Mental health, Centrelink, Financial Counselling, LGAs, etc.) are consistent with those outlined in the February 2021 Report and as for context they are included here.

Further findings relating to the Project and its implementation and people's thinking in relation to what resilience means are also included below.

##### 5.1 Context

Since the UHRDSC project began there has been a significant change in the context in which strategies and activities have occurred. The Upper Hume component of this project was initially funded to focus on dry seasons (at that time assumed to be drought) in the local government areas (LGAs) of Wodonga, Indigo and Towong. After the devastating bushfires of the 2019-20 summer the geographic focus shifted to the Towong Shire and in particular the Upper Murray. The focus as it impacted upon mental health became more specifically the bushfires and the recovery process from those fires, which in some part were a result of the preceding drought.

The bushfires were quickly followed by the advent of the Covid 19 pandemic and the restrictions imposed upon individuals and communities as a result. This forced a shift in project strategy. The first was that rather than focusing on face to face/community gatherings including individuals, the UHRDSC project implementation became more dependent upon online engagement. Consequently the project focused more on the organisations and institutions which service the rural communities, and in particular, the agricultural sector. Generally this occurred because those organisations and institutions had availability (unlike many community members who were still traumatised by the fires and/or engaged in practical activities such as rebuilding infrastructure e.g. fencing) and they had more ready access to on-line meeting technology.

The second shift in focus was with the bushfire related and seemingly overwhelming issues of the Towong Shire/Upper Murray, the Shire of Indigo and City of Wodonga received little or no further attention.

Despite this shift in the focus of the UHRDSC project respondents from the Steering Committee, the project officer and the former executive officer of the UHPCP (who was in that role for much of the Project's time to date) have identified a number of benefits which are listed below in 5.2 under the heading of *Outcome 1, Build social capital and community connectedness*.

Over the period in which the UHRDSC Project was implemented respondents have observed an increasing focus on challenges in relation to climate adaptation. Many individuals within the sector, particularly farmers, were previously and continue to utilise practices which address changing climatic conditions. There is also though a growing recognition of the impact of changing climatic conditions in the health sector and amongst the broader community not directly involved in agriculture.

A greater awareness of 'resilience' as a strength within communities has also been observed and has resulted in the interaction of the UHRDSC project with the Australian Resilience Centre and the coincidental development of initiatives such as the Alpine Valleys Resilience Initiative.

## 5.2 Outcome 1. Build social capital and community connectedness.

The Upper Murray is a relatively isolated area of valleys separated by mountains without interconnecting roads. This physical isolation along with the often isolated nature of farming was recognized within the initial development of strategies for this project. The need to develop links within the often dispersed and disparate communities, organisations and individuals of the Upper Murray was an initial challenge which was exacerbated by the January 2020 fires.

Responses based upon the observations of the respondents point to the development of strong links and relationships over the course of this project. These links and relationships can be seen on three levels. The relationships between sectors especially Agriculture and Health; the relationship between previously unconnected organisations such as AgBiz and Community Health, or North East Catchment Management Authority (NECMA) and Albury Wodonga Community Mental Health services; and relationships at an individual level, a key example being members of the project steering group, but also sporting groups and health services, education centres and community health.

- The project's strategies to bring relevant organisations (private and public) together is observed in the greater awareness of what others are doing and a



greater willingness to seek out information from others – a greater awareness beyond the sector and beyond the farm gate.

- The governance structure of the Project includes the *NE Dry Season Conditions Coordination Group* which considers challenges for the agricultural sector beyond this project, and meets on a quarterly basis. Minutes, and feedback to date indicates a real change in the relationship between the disparate groups around the table, as well as an increasing readiness to see mental health and well-being as a responsibility of all members whether their key role be technical support, business assistance, local planning or health.
- The Ovens Murray Dry Seasons Resilience project steering committee which is made up of representatives of organisations with direct relevance to the project's targeted communities and the health and wellbeing of those communities was established to specifically guide this project. Member organisations are from rural finance, sector lobby groups, government, mental health and agribusiness. They report a greater understanding of each other's role and the development of relationships which has created a greater level of collaboration between these organisations beyond their role as a steering committee for the Project.
- After the bushfires of 2019-20 the impetus for collaboration became an imperative for the recovery process. The aftermath of the bushfires highlighted, at a local level, the need for improved access to mental health services. The degree to which organisations began to share information, cooperate on activities and advocate for one another increased markedly albeit often informally, under the coordination support of the UHRDSC Project.

The UHRDSC Project has been the facilitator of a process based in the frameworks of community development. The added impetus brought about by the 2019-20 bushfires and the subsequent recovery effort was a coincident situation to one which the Project had already begun. Representation from UHPCP, and specifically the project was both offered and sought specifically by Bushfire Recovery Victoria personnel, and individuals from Towong Shire in the days and weeks following the fires (former EO UHPCP). Whilst valuable this unfortunately this appeared to have occurred on an 'ad hoc' rather than planned basis.

The strategies employed by the project officer in gathering sector representatives together was further enhanced by the urgency created by the bushfires and this put in train an organic process whereby organized groups spread their linkages across the networks of the individual members. The process of doing this was undertaken with a heightened awareness of 'looking out' for the wellbeing of others leading to an expansion of the 'warm' referral process. Warm

referrals are those which utilize the relationships between referring organisations to provide practical support and even introductions to enable an individual to access a service that they may otherwise be reluctant to access. This process also often enables a more timely response.

Having a dedicated referral point or a coordinating role person enables organisations and individuals to coalesce and collaborate thus enhancing community connectedness. Community Development is about using the strengths and skills of all participants both individual and organizational.

Such was the development of the 'Kiwi Fire Break' Program. Local stock and station agents were keen to support farmers in the Upper Murray and sought support from a local Rotary club. They had a personal link with the UHRDSC project worker and so began discussions with her about what this might look like. With a rotary connection to a retired farmer in New Zealand the idea for 'family holiday breaks' in New Zealand for Upper Murray farming families commenced, and so began the 'Kiwi Fire Break Program'. The 'coordination' of this program fell to the UHRDSC program officer who undertook the task in her own time as well as utilising some of her project time. Connections made through the project and PCP provided further support and clarification for what was quite a complex proposal – made even more problematic when Covid closed the borders. Governance was clarified (a clear strength and role of PCP), and formal structures for recruitment of families as well as the rights and responsibilities of all involved including the New Zealand families. An appropriate funds holder was identified (AgBiz Assist) and the program progressed to the point where now families have commenced participating.

**5.3 Outcome 2.** Increased knowledge and understanding of pathways for people to be referred into mainstream-funded services (e.g. Mental health, Centrelink, Financial Counselling, LGAs, etc.)

All respondents to this iteration of the evaluation stated that they had observed, and indeed had often been involved in, a greater number of referrals to mental health services. A distinction is made, again by all respondents, of the difference between formal (1800 phone line) and informal or 'warm' referrals to mental health services. There are a number of factors identified by respondents which have been responsible for this positive trend and they are a result of the implementation work of the UHRDSC Project.

- Respondents identified the improved level of understanding of the services available in relation to mental health as well as a greater understanding in how to refer people to mental health services, especially using the 'warm' referral approach. This 'warm' or informal approach involves groups and individuals being

aware of the signs of mental ill-health in others and knowing to whom they might speak in the first instance so that the person they are concerned about receives appropriate treatment.

The involvement of the AWH Integrated Primary Mental Health Service directly in the project's governance means that there is mental health support readily available through this structure not solely reliant on individual contacts. Examples given in relation to this informal referral process include milk tanker drivers passing on their observations re individual farmers to service providers; the provision of mental health clinicians to a community following a suicide resulted over the following period of a number of persons seeking help or making referrals.

The previous lack of knowledge of how the health and mental health systems could be accessed and how they could be of benefit can be heard in the following responses:

*"Prior to this Project I had no idea how the health sector worked. Now I at least know what is available which is critical in situations resulting from natural disasters".*

*"A go-to-spot like the UHPCP has been great....it's been a conduit into health".*

*"Before (the Project) links to and information about mental health were ad hoc".*

*"..(the Project) has helped to develop excellent links between service providers (including rural finance and mental health) to share information about what they do and with whom they interact.... Before there was a real disconnect and a lot of duplication"*

#### 5.4 Auspice.

The current transitioning of the auspice of the Project from UHPCP to Albury Wodonga Health's (AWH) Integrated Primary Mental Health Service initially promised to be a seamless process particularly as it included the direct employment of the former UHRDSC project officer by AWH. While AWH was already a project partner, this has enabled a continuation of the knowledge base and linkages already established under the new auspice. Whilst there have been some delays in formalizing the change of auspice, the previously developed relationships and goodwill has meant that the basic tenets of the project as it existed under the auspice of the UHPCP has continued.

*"The fact that a mental health service has direct responsibility for the Project also means a greater awareness of the mental health sector by the agricultural sector as well as a greater awareness of the need for accountability to e.g. the agriculture sector by mental health services". (EO, AgBiz Assist)*

*"The shift in auspice from UHPCP to AWIMH is a 'game changer'. It's moving from a 'pilot project' to ongoing practice." (Senior Advisor, Population Health and Community Wellbeing, Ovens Murray Area, East division. Department of Families, Fairness and Housing).*

The change in Auspice appears to be achieving the desired results expressed in the two quotes above according to the manager of AWIMH. *“There is an expectation that (our) staff will engage with community. Clinical service is only part of our strategy. We are more reactive to community needs and respond to calls for engagement. We respond to community demand.*

*Each staff meeting has community engagement listed as an agenda item.”*

The increase in awareness of mental health services and mental health wellbeing within the Upper Murray community may be a significant reason why referrals from Towong Shire catchment were 30 for the month of May, 2021, more than for the rest of the entire region covered by AWIMH (communication from Manager of AWCMH).

AWIMH in recognition of the lack of community engagement training in the formal training of mental health workers, is working to develop monitoring systems which involve community. A move toward *“measuring what matters”* (Senior Advisor, Population Health and Community Wellbeing, Ovens Murray Area, East division. Department of Families, Fairness and Housing) is an example of this.

## 5.5 Project Implementation

Funding for the original Ovens Murray Resilience for Dry Seasons Conditions Project was awarded to the Upper Hume Primary Care Partnership (UHPCP) a situation which proved very successful according to informants to this evaluation. It should be noted again that UHPCP took responsibility for the Upper Hume Catchment and the funding for the Central Hume catchment was provided to Central Hume PCP, with a joint steering committee in place. This evaluation only pertains to the Upper Hume catchment component.

*“UHPCP already had connections across the region and was ideally suited to work across sectoral boundaries. UHPCP even had close links with Neighbourhood Houses showing their ‘depth’ of connection to community”. (EO, AgBiz Assist).*

For the funding body the UHPCP provided a vehicle to community engagement to enhance the achievement of its aims of achieving, *“...connectivity in communities and awareness to trigger responses between people like an ‘RUOK’ approach. Even before the fires our thinking was very much about trying to fix fractured communities. (UH)PCP was well placed to do this.”* (Senior Advisor, Population Health and Community Wellbeing, Ovens Murray Area, East Division. Department of Families, Fairness and Housing).

*“The (UH)PCP works across ‘silos’. It’s not constrained by sectoral or social boundaries and it has a community and human orientation.” (Director, Australian Resilience Centre).*

The funder was also, *“...not tied down by the initial project plan – it was not bound to content, only to principle.”* (former EO, UHPCP) *this enabled the Project to have a ‘dexterity’ to respond to, not react to, local context. The Project could, “...quickly identify where complex needs are because of the links with organisations already established by the (UH)PCP.” (ibid).*

The UHPCP was already impacting systems around resilience through its work within the region and with the disparate services and organisations with whom it had established close connections.

While the Project organised and facilitated participation for existing support organisations in capacity building activities, such as Mental Health First Aid, the project also provided opportunities for advocacy in relation to the already existing and potential roles of those local organisations and structures.

*"I recall a regional meeting soon after the 2020 fires in the Upper Murray where it became apparent that an organisation from Melbourne had been funded (by Bushfire Recovery, Victoria) to provide what was in fact the core business of AgBiz Assist. The PCP brought this up as an item of business at the NE Dry Season Conditions Coordination Group enabling the EO of AgBiz to clarify this and thus ensuring many other organisations were aware and able to further advocate. Sometimes it's just ensuring the 'facts' are known."*  
(Former EO, UHPCP).

The Project's governance structure, being auspiced through the UHPCP and the Project Steering Committee with its membership drawn from a broad range of stakeholder groups including mental health, catchment management, funding body, AgBiz Assist and other support persons and organisations ensured that the Project focus was one of responding to the local need. *"Having a mental health service provider on the steering committee also gave credence to the mental health service."* (Former EO, UHPCP).

The (UH)PCP with its established connections within the region ensured that the *"...multiple 'touch' points (are) needed to ensure community engagement" were in place. The project officer enhanced this situation.* (EO, AgBiz Assist)

## 5.6 Resilience

At the commencement of this project it appears that no clear definition of resilience was provided but over time an understanding of resilience as 'developing and learning from change' not necessarily getting back to where things were prior to the change.

However the ability to continue to be successful during dry seasons and then to recover from and build from the bushfires of 2019-20 has placed, *"... enormous stress on what is an already fractured community (Upper Murray). The levels of resilience are probably less now than they were before the fires."* (AgBiz Assist staff).

The bushfire event was one that affected all of the Upper Murray communities. Whereas coping with and adapting to dry season conditions was happening to varying degrees on individual farms and businesses, the bushfires, *"...created a level playing field. Everybody was affected to a similar degree in terms of damage."* (Manager, AWIMH). The resulting, *"...disruption to pattern..."* (Director, Australian Resilience Centre) has made what in many instances a difficult situation, even worse. *"The language used by organisations such as local government and health service providers needs to be nuanced*

*and sophisticated. Farmers are sick of hearing of (their need for) resilience. They can't get bigger due to the cost of land and so most (old) farmers are locked into a difficult position with no positive end in sight. They are stuck. Resilience language (should be replaced) with strategies around how to exit farming with dignity.*" (ibid).

To build resilience across communities such as the Upper Murray, existing organizations and individuals need to be encouraged to be clear in their goals and expectations and take ownership of the monitoring of progress. *"Measure the things that matter...what's important (to those to whom it applies) by and/or with, those to whom it applies, in ways which are understood by all."* (ibid, Senior Advisor, Population Health and Community Wellbeing, Ovens Murray Area, East Division. Department of Families, Fairness and Housing).

To ensure an ongoing level of 'resilience' is ever present, and improving a number of conditions need to be met according to the director of the Australian Resilience Centre. The conditions are:

*"Convene: A presence such as the (UH)PCP is required to enable other organisations and individuals to coalesce around. A coordinating function is required.*

*Educate: Strategic approaches to ongoing change are needed. The ability to measure change in ways that are understood and meaningful (monitoring) to those to whom it applies is a skill which individuals and organisations, community and otherwise need to develop.*

*Learned Lessons: Responses to issues need to be nuanced and informed by the local evidence gained through good (impact level) monitoring."*

These three aspects of building resilience are consistent with those expressed by the Senior Advisor, Population Health and Community Wellbeing, Ovens Murray Area, East Division. Department of Families, Fairness and Housing who says that he is *"aiming for connectivity and awareness to trigger responses in people and communities...so that people recognize problems and respond to them without waiting for the intervention of service providers."*

## 6 Conclusion

When the Project's outcomes are considered the Project has been very successful. The outcomes listed in the project brief are:

- Farming communities will be better prepared for and have increased capacity to respond to and adapt to difficult seasonal conditions and events.
- Communities and individuals are aware of and confident to encourage affected individuals into mainstream funded services.

The indicators for these outcomes listed in the project brief such as anecdotal feedback, recorded case studies, visibility of information about mainstream services and identification of vulnerable groups within communities and strategies to address this have clearly been observed based on the information provided by the informants to this evaluation.

All respondents indicated that the project has had a positive and valued impact on the wellbeing of communities particularly in the Upper Murray. The Project has been acknowledged as the catalyst for the increased awareness and development of relationships between diverse organisations, particularly enabling a greater awareness and comfort in working with the AWH Mental Health teams which became critical following the fires.

Indications from the Senior Advisor, Population Health and Community Wellbeing, Ovens Murray Area, East Division. Department of Families, Fairness and Housing, suggests that the success of this Project in engaging with people and communities and bringing previously unconnected organisations together will result in further ongoing funding to provide the coordination and facilitation to build community “...*adhesion and wellbeing...*”(ibid) across the Ovens Murray area.

## 7 Recommendations

In line with the thinking of a number of respondents to this evaluation, funding and implementing organisations need to have a greater focus on the inclusion of community bodies in the monitoring of the impact that planned activities generate and subsequent responses to that monitoring.

It is recommended that:

- The participation of local government continues to be sought, and supported both from community, from project governance and through formal expectation of relevant government departments.
- The auspice organisation begin consideration of if/how/when and where to engage those vulnerable communities in both Indigo Shire and Wodonga City.
- Clarity around the number of other ‘Resilience’ focused initiatives emerging across the catchment, and a consistent definition of resilience utilised in these initiatives.
- Local organisations and individuals are provided with the tools and skills to set goals with realistic and understood indicators which they can then monitor for themselves to determine if the goals they have set are being achieved or not. This is an area of interest which the Australian Resilience Centre hopes to begin working on in the near future. (communication with the Centre’s director).
- All persons concerned with and engaged with the building of community resilience have the opportunity to participate in decision making based upon the findings from their monitoring.
- Further clarity be sought and documented by the steering committee as to the role of this project, and other recovery initiatives in the Upper Murray.