

## Actual RFT responses written for client, April 2018

### **Demonstrated ability to engage service users, carers and family in the planning and delivery of services and outcomes**

Over the last four years, XXX has pioneered a unique approach to securing engagement of clients in the XXX and XXX Shires.

The service was established as follows. Initial contact was made through a phone call to a station, followed by a visit (if the request for a visit was accepted), and the delivery of a food hamper (particularly in the early days, at the height of the drought), and this has been continued, as it is considered 'good form' to bring a loaf of bread, a litre of milk and a paper.

These visits invariably involved meeting the whole family and/or those currently living on the property, usually over a morning brew, lunch or evening meal. Mental health services are treated with suspicion in the Bush and establishment of rapport was imperative to the program's success.

Out of the initial contact came one of two things:

1. The need for ongoing contact to reinforce the rapport, which would eventually lead to the establishment of a clinical "client/counsellor" relationship, and work beginning.
2. No immediate follow-up required. A visit, several months to a year or so later, to touch base, has become the norm. This keeps the service "top-of-mind" and makes it easier for people to reach out if their life circumstances change, as is often the case.

Nothing speaks to the demonstration of engagement better than responses from the beneficiaries of my service, as set out below.

Firstly, to establish context, landholders in remote XXX and XXX Shires have been severely tested by a decade of disasters: - bushfires, floods and a 4-year drought. For many, this has been a nightmarish scenario, with years of spiralling debt and little income. Landholders have been tested, some beyond endurance, to family break-down, drug and alcohol abuse, anxiety, depression, and suicide.

Landholder  
photo

*"People were really suffering, people couldn't sell cattle, people had no grass, people had no water, people were desperate..."*

- Landholder, XXX Shire

These circumstances lead to the establishment of the service, as described above.

I have since been reliably informed that my person-centred counselling service has saved marriages and lives because it is in tune with the needs and culture of the Graziers, being there, at the homestead, the safe place, where you can really talk to someone without being seen in town.

Landholder  
photo

*"XXX has provided a very, very valuable service, that can be life-saving to a lot of people in this neck of the woods"*

- Landholder, XXX Station

Landholder  
Photos

*"XXX has been coming out to visit us over a number of years now, and it's really good to have that consistency, we've got to know each other. And that's really important, rather than seeing different people because once you get to know someone you can really...open up and you trust them."*

– Landholder, XXX Shire

*"We've been seeing XXX for a couple of years now. He offers a unique and great service, much appreciated by the people of the XXX and XXX Shires. We'd love to see it continue."*

- XXX Station

The effects of the drought continue, despite the drought declaration being lifted. I now fill a broader need, dealing with ongoing mental health issues in the community, helping people recover from accidents, marriage stress or breakup, domestic violence, loss and grief, anxiety and depression.

*"XXX' services are very, very much valued, and we trust that he is going to be able to keep supporting everyone in our Shire."*

- Landholder, XXX Station

Landholder photo

*"The service that XXX supplies to rural and regional parts of the Gulf Country, should be the blueprint for how service delivery is rolled out when it comes to dealing with the psychological well-being of our industry and our community across this vast region."*

- Landholder, XXX Station and Chair of XXX

**Demonstrate value for money by estimating the number clients and the number of occasions of service to be delivered by the remote area service. Indicate how you have derived these figures.**

I visit an average of averaging XXX clients per trip. My service commenced more than 4 years ago, and given initial visits to XXX stations per day for XXX days, I established that XXX occasions of service could be undertaken in an XXX-day trip. Mitigating factors heavily influencing actual delivery included travelling time between stations (bearing in mind that this is an area larger than Tasmania, with stations averaging XXX Ha.), access issues (road conditions, largely determined by floods and bushfires) and availability of clients due to work schedules and location on the station.

The average time spent with a client is not the classical 'clinic hour'. The RFT submission cost (XXX) covers XXX clients per trip for XXX months = XXX clients = \$XXX per 'occasion of service'. Note that some occasions of service last XXX hours, some XXX mins, with an average of approximately XXX hours.

XXX has also been approached, and discussions held, on the potential for funding of costs associated with accommodation, travel and expenses. This amounts to XXX, and a proposal has been submitted to the XXX for consideration, through XXX. This would reduce the above figure (XXX) to XXX and the cost to XXX, per patient, to XXX. We expect the decision on this element of the funding in XXX.