



# **Rural Outreach Research Project**

**Benalla Rural City Council and  
Central Hume Primary Care Partnership**

# **PROJECT REPORT**

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## **ACKNOWLEDGEMENTS**

Central Hume Primary Care Partnership – funding source for this project.

Benalla Rural City Council Community Development Team – Project management and administration support.

Rural Outreach Worker – project support and referrals.

Rural Outreach Worker Reference Group – re-established in 2016 after successfully coordinating two Farming Forums in 2014 and 2015. This group is facilitated by the Community Development Team, Benalla Rural City Council. There is representation from a number of local farmers and support services including Central Hume Primary Care Partnership, Benalla Health, Department of Environment Water, Land and Planning (DEWLP), Goulburn Murray Hume Ag-care Rural Financial Counselling Service and Gecko Clan Catchment Landcare Network (GECKO)

Special thanks to the survey participants from rural communities across Benalla Rural City (refer to page 9) who willingly volunteered their time to participate and contribute to this important project. We truly value the information you have provided. We appreciate your honesty and willingness to assist with this research.

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## 1. BACKGROUND

Benalla Rural City is located in north-east Victoria 193 km north east of Melbourne, and is centred in the Broken River valley. The current estimated resident population of Benalla Rural City is 13,597, with approximately 9,000 living in the Benalla urban area and the remainder living in rural towns and communities.

Benalla Rural City was established as an agricultural and pastoral district in the 1840's, following long habitation by Aboriginal people. The rural area was characterised by wheat, oats and potato growing, alongside some vineyards and mining.

The geography of Benalla Rural City is divided by the Hume Freeway with hills, valleys, grazing land and forests to the south. The communities include those of Archerton, Baddaginnie, Boho South, Boweya, Bungeet, Chesney Vale, Devenish, Goomalibee, Goorambat, Glenrowan West, Lima, Lima South, Lurg, Molyullah, Moorngag, Mt. Bruno, Samaria, Swanpool, Stewarton, Taminick, Tatong, Upper Lurg, Upper Ryan's Creek, Warrenbayne and Winton.

The rural areas of the municipality are recognised for their good soils and many areas have access to irrigation. The major agricultural industries are prime lamb and beef production, some dairying and broad acre cropping. More recently agricultural diversification has seen a rise in viticulture and more intensive forms of horticulture and forestry.



## 2. PROJECT OVERVIEW

The Rural Outreach Research Project involved visiting farms and rural communities across the municipality to collect data on physical health, mental health, wellbeing, social isolation and community connectedness. This project conducted social research into the health needs of rural communities, with a particular focus on farmers. The data identified both protective factors as well as key health and wellbeing issues impacting on rural communities within the Benalla Rural City Council and also assisted in reviewing the role of the Rural Outreach Worker.

The project targeted rural communities impacted by a range of issues including but not limited to the dairy crisis, ongoing issues resultant from the 2003 - 2010 drought, the impact and recovery from bushfires, ongoing financial pressures, an ageing population, succession planning, social, emotional, mental and physical health and overall rural decline.

The project collected important data that assisted in understanding the barriers and issues impacting on rural communities; developing a more accurate picture of what is happening across the municipality. It is also worth noting that the scope and methodology of the project was limited due to the lack of specific data available for smaller rural areas to substantiate and validate key health and wellbeing statistics and outcomes.

This research identified key protective factors, issues, trends and the need for and type of support and services that will assist rural communities in Benalla Rural City Council into the future.





### 3. RURAL OUTREACH MODEL

The Rural Outreach model provides the link between rural residents and appropriate services that can assist and support people to self-manage their health and wellbeing.

The outreach model is based on the worker visiting clients in their own environment and providing a non-threatening space for people to discuss their issues and concerns by chatting about possible actions or referrals to help their situation.

Due to the networks established over time there is a strong underlying relationship of trust between farmers and the Rural Outreach Worker and also between the worker and various support services in Benalla, e.g. Benalla Health, Community Health Nurse.

Referrals to the Rural Outreach Worker come from family members, neighbours, friends, Centrelink, Rural Financial Councillor, Council staff, school staff, local GPs, Police, local Member of Parliament, community members or the individuals themselves. Much of the work is re-visiting and checking to see how people are travelling as well as initiating new contacts through outreach work (Source: Rural Outreach Support Report, Benalla Rural City Council 2012).



#### **Ivan Lister, the Rural Outreach Worker (ROW), Benalla Rural City Council**

Ivan Lister has an extensive background working with a diverse range of groups in the health and community service sector. Ivan combines his knowledge and local networks built through sport and personal interests to connect with local farmers. Ivan's down to earth attitude and willingness to respond immediately to an issue has been embraced by the local community. (Source: Benalla Drought Service Outreach Presentation DHS, June 2009).

*A current survey participant commented, "Over the last 10 years I have accessed Ivan's support on several different occasions. His ability to connect with blokey farmers and get them talking is quite amazing. I'm so grateful as a wife that he was there for my husband when we needed him."*

The longevity of this program (since Feb 2003) and consistency of the worker in the role has ensured ongoing trust and confidence in the service provided. The unique nature of the outreach model has been pivotal to the service's success. The capacity

to meet whoever, wherever has proven repeatedly to suit farmers and residents in our rural communities.

During the life of this project, there have been a number of different funding arrangements to assist in the ongoing provision of this service. Contributors to funding the Rural Outreach Service have been Benalla Health, Hume Corridor Community Health Service, the Department of Human Services and Benalla Rural City Council. The Council has contributed funding towards Ivan's position since June 2007 and since August 2016, Ivan has been working in Benalla Rural City two days a week, after finishing his outreach work in other municipalities.

Services clients are regularly referred to include health services such as GP's, Community Health services and Mental Health services. Referral to a rural financial counsellor and access to Centrelink services are also integral to the program.

Distribution of material aid and limited financial aid has become an increasing part of the ROW role. This includes distribution of Christmas hampers, food vouchers supplied by organisations such as Benalla CWA and the Uniting Church and previously food parcels from Benalla Foodshare. For many families the ROW worker has been the difference between having food on the table or not. Material support such as furniture has also been negotiated through St Vincent de Paul and the Salvation Army. Assistance with the purchase of essential white goods and bill payment has at times also been negotiated with Benalla CWA.

A Rural Outreach Reference Group has been established, with representation from local farmers and a number of support services. The group aims to support the ROW and assist with scoping recommendations for the future.

Over the period August 2016 to the end of June 2017 the ROW made 363 visits to properties across the municipality, this comprised 187 return visits and 176 new visits. Nearly two thirds (64%) of those visited were men. Presenting issues focused on financial and farming concerns and mental health and relationship issues. There was a particular emphasis on visiting dairy farmers in the municipality struggling with the dairy industry crisis.

#### **4. SURVEY OBJECTIVES**

The project involved the Health Promotion Project Officer visiting farms and rural communities across Benalla Rural City to collect data on people's physical health, mental health, social isolation and community connectedness.

The survey's purpose was to collect information by discussing one-on-one how farmers are faring so that the Rural Outreach Worker Reference Group could better understand the issues impacting on the health and wellbeing of our farmers and rural communities. The project aimed to interview 30 - 40 people over a five month period, commencing February 2017.

The survey was designed to:

- Gain a clearer picture of how farmers in Benalla Rural City are faring especially in light of the recent dairy crisis
- Increase our understanding of how to effectively communicate with rural communities
- Identify opportunities for skill development
- Consider opportunities for volunteer participation
- Assess the role of Farming Forums and rural networks and their value in reducing social isolation and providing an opportunity for farmers to have a say
- Assist scoping future support services and programs based on knowledge and feedback of current services
- Ascertain the value and need for a Rural Outreach Worker in Benalla Rural City.





*Participants at Farming Forum 2015*

## 5. SURVEY METHOD

A number of farmers, farming families and rural community residents who live in Benalla Rural City were targeted for this project.

The list of farmers contacted in Benalla Rural City was continually built upon during the project period. The Rural Outreach Worker, the Community Development team, the Rural Outreach Worker Reference Group, Benalla Rural City Council staff, and those surveyed were helpful in providing possible contacts. There was deliberate targeting of households due to safety considerations of a sole worker going out to undertake the survey.

In total 38 people were contacted to take part in the survey resulting in 33 participants from 27 households being interviewed or taking part in a small focus group. Those that declined to participate were either unable to be accommodated due to the project's time restrictions or they were people that had not been working on a farm for a few years so did not see that their insights would be of value.

The Health Promotion Project Officer contacted the participant and explained the project purpose and survey process and negotiated a suitable time to visit participants, usually at their property. The participants contacted were almost always receptive to being interviewed particularly when mentioning that part of the survey was to evaluate the Rural Outreach Workers role.

By travelling to them, participants did not have to travel into Benalla and the Health Promotion Project Officer was able to fit the appointment into the participant's busy workload and hear firsthand from locals.

The surveys were conducted either individually with a male or female farmer/rural resident or collectively with farming couples. Many conversations were of substantial duration (up to an hour) and involved participants from a variety of farming backgrounds eg: grain production, beef, sheep, fat lambs, wool production and dairying.

64% of respondents were in the 51-70 age bracket and a further 32% aged between 31- 50 years. Only one interviewee was over 70 (4%) and no respondents were aged under 30 years. 50% were living as a couple with no dependent children at home, 33% were living as a couple with one or more dependent children living at home, 17% were living alone and a good gender balance was achieved.

The survey was collaboratively developed by the Health Promotion Project Officer, Manager of Community Development, Benalla Rural City Council and Executive Officer, Central Hume Primary Care Partnership (see attachment 1).

The Manager of Community Development and Health Promotion Project Officer also facilitated a focus group of 10 women at a farm in Bungeet. The women lived in the Thoona, Chesney Vale and Bungeet areas.



## 6. SURVEY LIMITATIONS

In the survey questions, there were some inconsistencies such as not including 'Not Applicable' as an answer option. The survey questions that asked participants to rate their own confidence using a variety of technology platforms were structured for respondents to only gauge their confidence levels and did not consider if the platform was relevant to them. For example when asked to rate confidence in their ability to use a computer the survey needed to include a N/A option for participants who did not own a computer.

The survey was not designed for recording responses from couples so data was lost due to the need to complete individual surveys rather than recording couples. This is a reflection of the restriction of the Survey Monkey program questions which were not able to be modified after being established.

Feedback was not specifically collected in relation to the survey methodology e.g. whether this survey method of contacting and visiting farmers was an appropriate and successful approach and whether this method should be used for future research.

The opportunity to further explore sustainability of local groups was not capitalised on. Many survey participants spoke about their volunteer involvement with community groups, particularly groups based in the rural areas. The survey missed gaining feedback on the viability of local community groups operating in the local community.

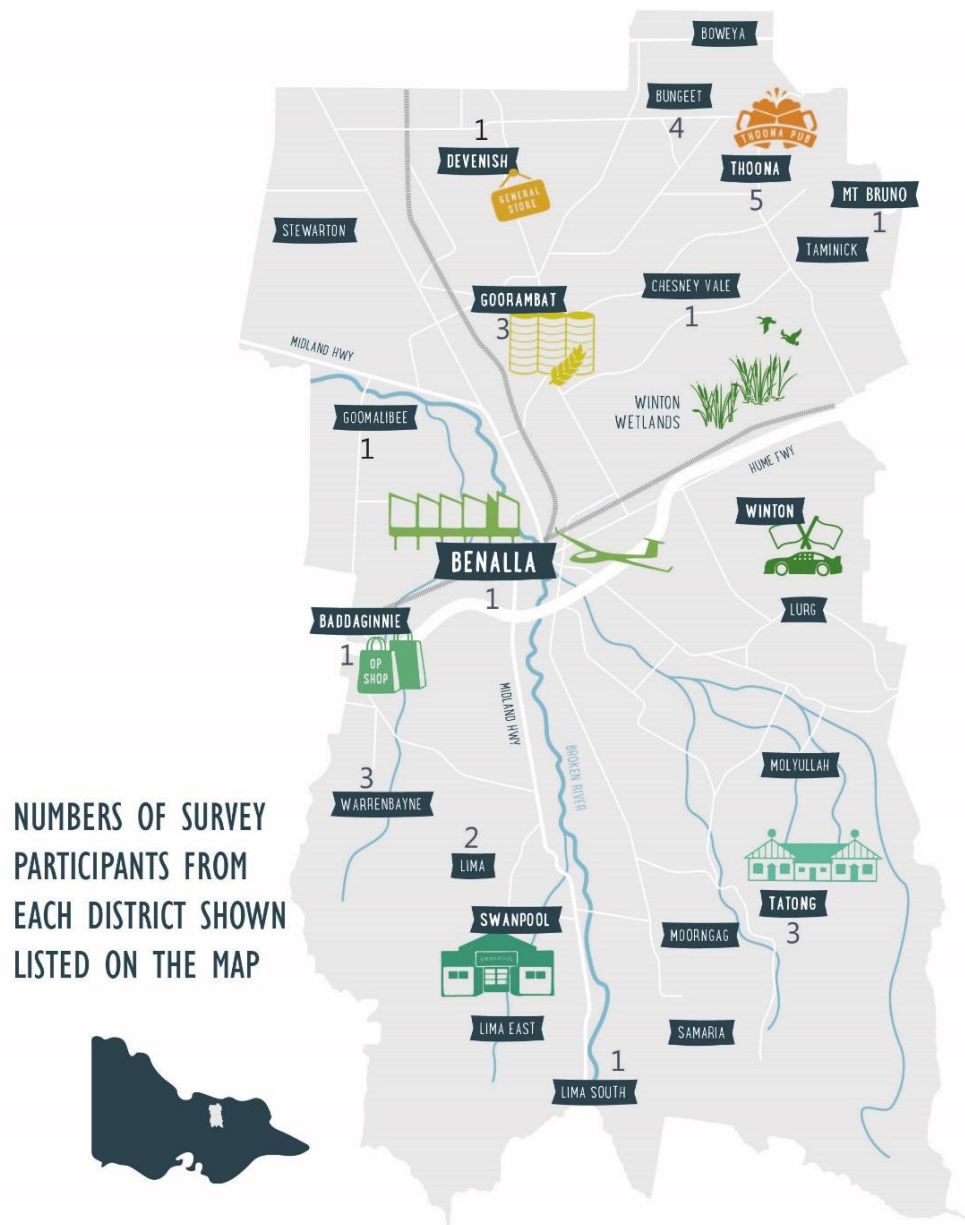
The Health Promotion Project Officer included questions relating to accessing and awareness of local community support services. It was assumed that participants would have a basic understanding of local community support services but many found the question too broad. Some participants assumed it was Council specific services however it was intended to address all support services within and outside Benalla Rural City.

Confidentiality of focus groups could have been compromised although feedback seemed to indicate participants were happy to write their own responses on individual surveys.

Time restrictions of the part-time Health Promotion Project Officer limited the total amount of surveys conducted and the opportunity to explore more focus groups.

## 7. MAP

### Benalla Rural City



n = 27 equals number of households who participated in the survey.  
n = 33 survey participants

## 8. SURVEY RESULTS

### STRENGTHS

#### COMMUNITY

What people most liked about living in their area was the supportive neighbours and community, the countryside and environment. A participant highlighted *“it’s a special community, neighbours know and support each other. Have been here 30 or more years. I have acceptance within the community. Lovely area and community is good”*. The important role of friends and neighbours in community was also identified. Social support networks and social inclusion are examples of protective factors that promote good health and wellbeing.

89% of survey participant’s volunteer, the majority of their involvement is with community groups based locally such as CFA, CWA, sport clubs and annual events. When a participant was asked about what volunteering they do he commented, *“Anything in the community. Need to make it work for the community. It’s not always what you give, it’s what you get back from volunteering [referring to friendships made, young and old].”* Participating in activities such as volunteering with family and community enables adults to continue to use their skills, enjoy and maintain or establish supportive and caring relationships. This in turn contributes to better health and wellbeing (Victorian Public Health & Wellbeing Plan 2016-2018).

Many thanked the Health Promotion Project Officer for taking the time to visit and were enthused to hear more about the research project, *“It is really nice to know you’re interested in our health and wellbeing”*. Survey participants were also appreciative of having a young researcher involved in the project.

#### COMMUNICATION

When participants were questioned about how they find out about what is going on in their local area 41% said they heard through community groups such as CFA and CWA. This suggests the CFA and CWA are key networks in disseminating information to the local community. Other effective means of communication included hearing from friends (74%), Neighbours (41%), Community Newsletters and the Benalla Ensign (both 26%). Interestingly, the use of social media was not mentioned.



## RURAL OUTREACH WORKER

The majority of people (93%) were aware of the Rural Outreach role. The Worker had previously visited or spoken to many of the farmers/rural residents who were surveyed.

The feedback from participants was very positive in relation to the role of the Rural Outreach Worker. Comments included:

- *“Fantastic, assisting a close friend. Does it on the quiet and has a chat, doesn’t make it obvious – it’s his approach, personality and ability to gauge what’s going on. When you’re uncertain on what to do or not to do Ivan has been able to give direction. Extraordinarily important in this area.”*
- *“I have had a great personal experience with Ivan visiting our farm just at the right time when we really needed an objective person to talk to”.*
- *“Wouldn’t get a better bloke, he just understands what’s going on. Always asks ‘how are your neighbours going?’ which is helpful. So easy to talk to, would be a shame if he was no longer in this role.”*

The Rural Outreach Worker role is also supported and valued by key Community and Health Support services. The Rural Outreach Worker role has shown itself to be a lifesaver for farmers or family members who are in crisis and at risk of self-harm, suicide or harm to others. In other, less extreme cases, the Rural Outreach Worker provides that necessary link to support services to enable farmers and families to both, cope with current circumstances they find themselves in and to be able to make appropriate decisions into the future. (Benalla and District Memorial Hospital – Rural Outreach Worker –Interim Report 2010, Neil Stott).

The Rural Outreach model provides effective and timely support to regional communities. Based on evidence acquitted during hearings for the *Parliamentary Inquiry into the Extent and Nature of Disadvantage and Inequity in Rural and Regional Victoria*, the Rural and Regional Committee believes that the ideal model for provision of health services to these communities is through an Outreach Worker approach. Many factors point to the fact that medical and health services delivered through traditional means do not reach those in rural and regional Victoria. (Rural and Regional Committee Inquiry into the Extent and Nature of Disadvantage and Inequity in Rural and Regional Victoria – Final Report October 2010).

It is strongly evident from farmers and rural residents that the Rural Outreach Worker role is a valued and appreciated one in the local community. The length of time the Worker has been in the role has supported recognition and effectiveness of the work. With the momentum, relationships and knowledge already gained, a key recommendation would be to continue funding this unique outreach model.



*Rural Outreach Worker - Farming Forum 2015*



*Cr Don Firth, Mayor, Benalla Rural City Council, Amanda Challis, President, Rotary and Ivan Lister  
Rural Outreach Worker – December 2016*

## FOCUS\_GROUP

The Manager of Community Development and Health Promotion Project Officer facilitated a focus group of 10 women. The focus group was organised by a local woman who offered to host the event at her farm at Bungeet. The women who participated lived in the Thoona, Chesney Vale and Bungeet area. A participant commented after attending the focus group, *“I personally enjoyed the get together, and felt the discussions were productive and worthwhile. The gathering also provided a chance for a get together for women of all ages. Not everyone knew each other, so it was a little bit of a shame that most of the younger women were not able to make it at 9.30, and we had to start without them. Nevertheless they did take the opportunity at morning tea time to catch up.”*

This focus group provided an informal opportunity for rural women to network and complete the survey. This was a valuable component of the Rural Outreach Worker Research project which provided an additional number of surveys capturing an underrepresented sample, as the majority of survey participants were men. The focus group provided stronger gender balance in survey respondents.

Women in rural communities are often the primary care givers for children as well as juggling home duties, off farm paid work, volunteering and community activities. The Rural Outreach Worker role enables rural and regional women to seek confidential support and connect with an independent, discreet, anonymous service in their local community.



## **CHALLENGES**

### **HEALTH SERVICES**

Numerous people did not fully understand the questions around accessing community support services, or were not entirely clear about what local support services are available. In some instances the Health Promotion Officer had to prompt the participants as they struggled to articulate or give an example of local community support services or assumed it was Council specific services.

The Health Promotion Officer used Home Help as an example of a community support service which prompted two survey participants to comment that their parents were currently using this service. Others highlighted the lack of information and promotion of local community support services. There were comments about farmers being too proud to accept support services e.g. "People don't think they need help, they think they can manage without it".

Two farmers raised a concern about applying for support services. One commented, "I look at applying for a lot of things, however there is red tape and we don't qualify for the criteria. Difficult to attain". Feedback showed that farmers would like to see simplified eligibility criteria and easier access to support services.

There needs to be planning and direction to improve the health services of people living on farms. One participant emphasised "touch base with those who are in need. Fragile environment, e.g. struggling socially. Get help to those that don't know how to access it." People need knowledge, skills, confidence and health literacy to manage their health and wellbeing (Victorian Public Health and Wellbeing Plan 2016-18).

There needs to be improved communication and promotion of:

- what community support services are available
- how to access community support services
- where to access community support services
- how services can benefit rural farmers and their families.

Comments were made on several occasions about the concerns of mental health in rural communities (depression, anxiety and suicide). One respondent stated, 'mental illness is not noticed amongst isolated farmers. Very big issues. R U OK Program is great and needs promotion.'

## **YOUNG PEOPLE**

The more detailed conversations usually revealed the concern that young people are not returning to work on farms. The youngest participant to be surveyed was 31 years of age. All survey participants raised this concern. Comments made from participants, *“lost schools, CFA diminishing, odd young people living here but work off farm. We need to get young farmers back on the farm”* and *“more incentives to bring young professionals back to the area”*.

## **USE OF TECHNOLOGY**

The majority (77%) of survey participants were confident or very confident with their ability to use a computer and navigate the internet, with 23% feeling they lacked confidence with their computer skills and also their ability to navigate the internet. 85% of respondents felt confident sending and receiving emails. More than half (64%) rated their home access to internet reliable or very reliable. Whereas, 56% of survey participants rated their mobile phone reception as not reliable or varying from area to area depending where they are in the house or on their property. 11% of respondents stated they did not have access to the internet.

Half of the respondents (50%) indicated they were not confident using social media. A further 44% of survey participants rated their confidence level low with their ability to use applications (Apps) on a smart phone. When questioned whether they would be interested in attending any sessions to improve their skills, app training gained positive interest with 61% of those who believed they lacked skills expressing an interest in doing some skill development if it was offered.

## **HEALTH AND WELLBEING**

When asked to consider their own life and personal circumstances 85% of respondents were satisfied with their life as a whole and 93% with their standard of living.

There were mixed responses when participants were asked to rate their own health. 63% of respondents felt satisfied with their own health. 81% of survey respondents stated that it is important to regularly visit a doctor and have health screening checks, with 96% having actually visited a doctor or had a health screen within the last 12 months. Over two thirds of respondents (70%) indicated they were involved in some sort of physical activity (organised sport or fitness activity).

81% of respondents stated that they felt part of the community, surprisingly 52% were satisfied with the amount of free leisure time they had. Just over half of the sample (54%) indicated that they felt satisfied with their plans for their farm.

It was evident in this research project that older participants highlighted that they were undergoing key transitions and changes such as changing demands of farming, young people leaving home and not returning to the farm, deterioration of mental and or physical health, issues associated with the isolation of farm work, taking on grandparent or carer role, death of partners or family members, separation of partner and changes in housing circumstances. Several highlighted the issue of young people leaving and not returning to the farm.

The Victorian Public Health & Wellbeing Plan 2016-2018 emphasises that 'with the right support and services, people experiencing poor physical or mental health can make gains in their physical, social and emotional wellbeing and can contribute to live autonomously and independently in the community.'





## 9. RECOMMENDATIONS

### It is recommended that:

- Advocacy for the ongoing role of the Rural Outreach Worker continue. The Rural Outreach Worker is a vital role that is strongly valued by farmers and rural residents. The length of time the Worker has been in this role has supported recognition and effectiveness of the work. With the momentum, relationships and knowledge already gained, it is recommended that funding for the continuation of the outreach model be sought.
- The Rural Outreach Reference Group members present key findings from this research project to Members of Parliament and key stakeholders.
- The Rural Outreach Reference Group consider holding future rural events such as Women's on Farm gatherings, Men's BBQ's and Farming Forums. The value of these forums was highlighted as they provide an opportunity to network and socialise. Further consultation would need to be undertaken to ensure relevant topics were identified for inclusion in the forums.
- There is improved communication and promotion of community support services including how to access them and how they can be of benefit to rural residents and their families.
- Communities continue to be creative with ideas and initiatives to attract younger people back to the rural and regional areas; such as creating more opportunities for jobs and coordinating community events and gatherings such as Fundamentals of Farm Management to help attract younger farmers.
- Opportunities be investigated to upskill rural community members and farmers in the use of technology e.g Smart phones to improve skills and confidence about relevant valuable software and applications.
- Data measures be broken down to separate rural and urban geographical areas to determine health and wellbeing trends in these areas. Having separate data measures between urban and rural areas will focus attention on the gaps and inequalities in health and wellbeing and identify various forms of disadvantage in Benalla Rural City.
- Support ongoing health and wellbeing research in rural communities particularly for farming communities. For example this could include encouraging farmers and rural residents to actively be involved in low intensity, gentle exercise and low cost social gatherings, activities and events.
- A transition period be considered to support a new Rural Outreach Worker should the current Outreach Worker choose not to continue in the role.

## 10. APPENDICES

### a. Survey Tool

Survey no.

## Benalla Rural City Council & Central Hume Primary Care Partnership

### Rural Outreach Research Project

**Date:**

*My name is Hannah Symes, I am currently doing a Rural Outreach Research Project. This will involve visiting as many farms as I can in Benalla Rural City. The purpose is to collect information on how farmers are faring so that we can better understand the issues impacting on the health and wellbeing of our farmers and rural communities.*

*We really appreciate you taking the time to talk with us and value your input. The information we gather will assist us in advocating for the needs of our rural communities into the future.*

*All information gathered will be treated in strict confidence.*

*It will be presented as collected views, with no individuals identified. The interview should take between 10 -15 minutes.*

**1. In a few words, what do you like most about living in your community/township/district area?**

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**2. What would be one or two suggestions you most want to see improved in the area, in relation to your health and wellbeing?**

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**3. How do you find out what is going on in your local area?**

Community Newsletter	<input type="checkbox"/>	Family	<input type="checkbox"/>	General Store	<input type="checkbox"/>
Benalla Ensign	<input type="checkbox"/>	Friends	<input type="checkbox"/>	Community Groups	<input type="checkbox"/>
Internet/Email	<input type="checkbox"/>	Neighbours	<input type="checkbox"/>	Other: _____	
Facebook	<input type="checkbox"/>	Mail	<input type="checkbox"/>		

4. Do you have a mobile phone? Yes ☐ No ☐

5. How reliable is the mobile phone reception where you live?

Very Reliable ☐ Reliable ☐ Not reliable ☐ Varies ☐

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6. Do you have access to the internet where you live? Yes ☐ No ☐

7. How reliable is your internet access?

Very Reliable ☐ Reliable ☐ Not reliable ☐ Varies ☐

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8. i. How confident are you in using a computer?

Very confident ☐ Confident ☐ Not confident ☐

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ii. How confident are you in using the internet?

Very confident ☐ Confident ☐ Not confident ☐

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iii. How confident are you with sending and receiving emails and attachments?

Very confident ☐ Confident ☐ Not confident ☐

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iv. How confident are you with using social media e.g. Facebook?

Very confident ☐ Confident ☐ Not confident ☐

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v. How confident are you with using 'apps' on a smart phone?

Very confident ☐ Confident ☐ Not confident ☐

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**9. Would you be interested in attending a session to help improve your skills in any of the above?** (this would be reliant on gaining enough interest)

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**10. Do you volunteer?**

Yes ☐

No ☐

If so, can you tell me a bit about your volunteering? Where do you volunteer? How often? How does it make you feel?

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If not, are you interested in volunteering in the future?

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**11. Thinking about your own life and personal circumstances, how satisfied are you with the following? Please rate from 1 – 5 your level of satisfaction. Refer to the rating scale chart. Please add any comments you may have.**

**i. Your life as a whole**

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

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**ii. Your standard of living**

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

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**iii. Your health**

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

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**iv. Feeling part of the community**

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

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**v. The amount of free leisure time you have**

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

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**vi. Your plans for the future of your farm or property**

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

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**12. Do you think it's important to regularly visit your doctor and/or have health screening tests e.g. blood pressure test etc?**

Yes ☐ No ☐ \_\_\_\_\_

If yes, please indicate when was the last time you visited the doctor or had a health screening test?

During the last 12 months ☐ Between 1 - 3 years ago ☐ Between 3 -10 years ☐  
More than 10+ years ☐ Never ☐

**13. Apart from farm work or other work (paid or voluntary) are you involved in any organised sport (e.g. tennis) or some sort of physical activity (e.g. fitness class)?**

Yes ☐ No ☐ If yes, what activity and/or sport? \_\_\_\_\_

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### **Ivan Lister – Rural Outreach Worker, Benalla Rural City Council**

Ivan Lister is employed by Benalla Rural City Council as the Rural Outreach Worker. Ivan visits farmers and/or farming families in the Shire helping people connect with services and resources to sustain their health as well as that of their business and family.

**14. i. Are you aware of Ivan Lister's role?**      Yes ☐      No ☐

**ii. Has Ivan visited you before?**      Yes ☐      No ☐

**iii. If so, how satisfied were you with Ivan's visit? We would be happy to hear any comments that you are willing to share.**

1 ☐      2 ☐      3 ☐      4 ☐      5 ☐

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**iv. Is there anything you feel could be improved with the Rural Outreach service Ivan provides?**

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**15. i. Are you aware of any local community support services?** (e.g. financial counselling, home help)      Yes ☐      No ☐

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**ii. Have you accessed any community support services to help with any issues you and your family have experienced over the last 12 months?** Yes ☐ No ☐

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**iii. We would be interested in hearing what worked well or not so well for you and your family? We don't want to know specific details we are really only interested in any suggestions you might have to improve local community support services?**

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**16. Would you and your family be interested in attending a function for local farmers and rural communities? If yes, do you have any suggestions for the type of function that you would be interested in attending? (Local community BBQ, Farming Forum?)**

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**Do you have any other comments that you would like to share with us about the health and wellbeing of rural communities?**

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**Are you?** Female ☐ Male ☐

**Which age bracket best describes you?** Under 30 ☐ 31-50 ☐ 51-70 ☐ Over 70 ☐

**Do you live in what town/district?**

Winton	<input type="checkbox"/>	Lurg	<input type="checkbox"/>	Molyullah	<input type="checkbox"/>	Tatong	<input type="checkbox"/>
Moorngag	<input type="checkbox"/>	Samaria	<input type="checkbox"/>	Lima	<input type="checkbox"/>	Swanpool	<input type="checkbox"/>
Warrenbayne	<input type="checkbox"/>	Baddaginnie	<input type="checkbox"/>	Goomalibee	<input type="checkbox"/>	Stewarton	<input type="checkbox"/>
Goorambat	<input type="checkbox"/>	Devenish	<input type="checkbox"/>	Chesney Vale	<input type="checkbox"/>	Tamnick	<input type="checkbox"/>
Thoona	<input type="checkbox"/>	Bungeet	<input type="checkbox"/>	Boweya	<input type="checkbox"/>	Benalla	<input type="checkbox"/>

Other: \_\_\_\_\_

**Which best describes your current living situation?**

- ☐ Living as a couple, with no dependent children at home
- ☐ Living as a couple, with 1 or more dependent children at home
- ☐ Single parent, with 1 or more dependent children aged living at home
- ☐ Living alone
- ☐ Other \_\_\_\_\_

**Do you have a disability, or care for someone who does?** \_\_\_\_\_

**How would you best describe your farm or rural life style?** (e.g. grain production, stock production, dairy farm, hobby farm, rural resident, retiree)

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