



ARRCH

Alliance of Rural & Regional
Community Health

MEDIA RELEASE

Community health pushes for radical shift in disaster response programs

Victoria's disaster response could be radically overhauled with a push for a new permanent Community Recovery and Resilience program in disaster-prone regions.

The Alliance of Rural and Regional Community Health (ARRCH) has developed a model to establish a permanent trauma-informed workforce in Community Health across rural and regional Victoria to support disaster recovery response at the local level.

ARRCH will submit a prospectus to the Victorian Government and says the model will overcome the negative consequences of the current reactive approach to disaster recovery.

ARRCH is made up of 11 of Victoria's independent community health services based in rural and regional Victoria. Between them, ARRCH member agencies provide a wide range of health and wellbeing services across 85 per cent of rural and regional Victoria with a focus on reducing health inequity in rural Victoria.

During the past 10 years these services have supported community recovery from more than 130 disaster events, including last week's catastrophic fires in The Grampians and storms in Gippsland. Eight of the 11 ARRCH member agencies have individually provided recovery response to 10 or more events over the past decade.

ARRCH executive member and CEO of Grampians Community Health, Greg Little, said that unfortunately, under the current reactive approach to disaster recovery, the community recovery starts from scratch every time.

Mr Little said this meant the expertise of the experienced disaster recovery workforce is lost as funding for these positions is typically short-term, and recovery care and support can be fragmented, delayed, or non-existent whilst agencies scramble to find staff and determine a plan of action.

"The delay between activation of a local response, and the clarification of roles, expectations and funding, can lead to duplication of effort, additional confusion, and frustration, and people and programs with no local knowledge or local connections are parachuted into an area for a short time, and then disappear."

"While this impacts on support services, unfortunately, the people most harmed by the current reactive model are the people who have been impacted by the disaster."

Community Recovery and Resilience would establish a permanent trauma-informed workforce across rural and regional Victoria to support disaster recovery at the local level, strengthen community resilience and preparedness between disasters, and address the compounding trauma that accumulates with each disaster.

The ARRCH model would provide case management services to disaster-impacted people, conduct resilience building training and support to communities, provide disaster preparedness/readiness information to residents and key personnel, and trauma-informed practice training to organisations and businesses engaging with disaster impacted individuals and families.

Mr Little said GCH would always be there for the community, but diverting people to vital emergency responses like last week's Grampians fires impacts on other functions of the organisation.

"We will always be there to do that for a short time, as we are with our Pomonal and Dadswell's Bridge communities, but it's not sustainable: Community Recovery and Resilience would make it sustainable."

Gippsland Lakes Complete Health has 15 staff in an emergency recovery support program funded in response to the 2019-20 bushfires and local flood and drought events.

However, the funding is due to end June 30 and CEO Anne-Maree Kaser said the focus was on recovery, not resilience development.

"We see the value of doing this work in between disasters and know this is a resource that should be in all ARRCH members across rural and regional Victoria," Ms Kaser said.

"We spring into action during and after disasters, but we need resources to do the critical work between these incidents to help people to plan and to build community resilience so we're better prepared.

"You can't be doing planning work when you're in the middle of a responding to a disaster."

The proposed Community Recovery and Resilience program would provide and maintain localised recovery responses when disasters occur, support impacted communities for as long as needed, immediately respond to both large and small local disasters as they occur, and support Emergency Recovery Victoria and local government to ensure a coordinated response that draws on local community knowledge and effectively mobilises local capability.

Between disasters it would build recovery and resilience capability, support local cross-sector preparedness and resilience networks, upskill staff in community health and other local organisations to enable surge workforce capacity, and build trust in local communities so people know who to turn to during recovery.

"It would ensure that vital local disaster recovery capability and knowledge is not lost, but is embedded into the service sector," Ms Kaser said.

"For some people, the recovery is more traumatic than the actual disaster."

ADDITIONAL INFORMATION

ARRCH members are Ballarat Community Health, Bellarine Community Health, Bendigo Community Health, Gateway Health, Gippsland Lakes Complete Health, Grampians Community Health, Nexus Primary Health, Northern District Community Health, Primary Care Connect, Sunbury Cobaw Community Health, Sunraysia Community Health Services.