

# Let's build a safety net



# ARRCH

Alliance of Rural & Regional  
Community Health

# A Community Recovery and Resilience Program for disaster-prone Victorian regions

## The problem

Disaster recovery response is swiftly becoming core business at Victoria's independent rural and regional community health services.

In the past ten years, the 11 member agencies of the Alliance of Rural and Regional Community Health (ARRCH) have responded to more than 130 significant and debilitating natural disasters, which statistics show are increasing year-by-year. (Figure 1.)

A decade of reactive recovery services has shown disaster response is needed on the ground, as the emergency occurs. It's highly complex and nuanced according to each individual and each community's needs, and it's required long after the ash has cooled or the waters subsided.

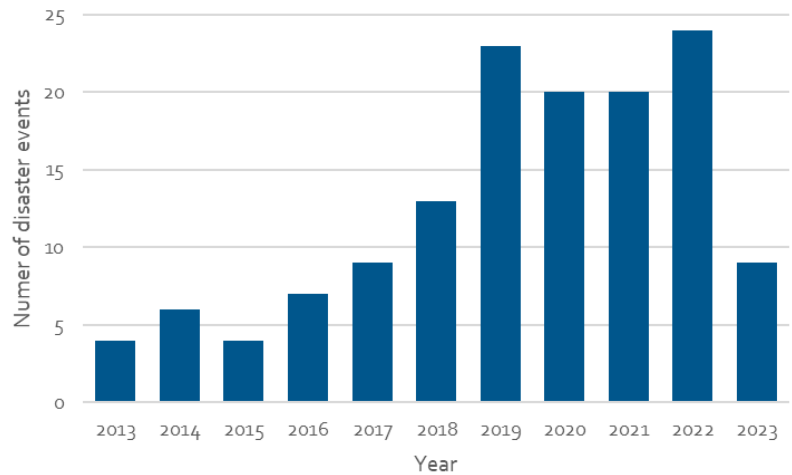
## The solution

ARRCH is calling for a permanent Community Recovery and Resilience service embedded within community health services which would:

- Support timely disaster response and recovery at the local level, particularly for small, hard to reach communities
- Address the compounding trauma of continuous disasters.
- Build preparedness and strengthen community resilience between disasters.
- Build a localised trauma-informed workforce.
- Support communities to adapt to climate change.

**The 2024 floods have created lush undergrowth and higher fuel loads, which pose significant fire risk this summer.**

Figure 1. Victorian rural and regional disaster events.



## Communities need a permanent model

The current reactive disaster recovery approach starts from scratch, every time. Establishing a team of trauma-informed workers can take up to six weeks, when an immediate response is needed. This results in:

- Lost expertise of an experienced recovery workforce.
- Fragmented, delayed or non-existent support as agencies scramble to respond.
- No continuity of care for communities due to outside help being 'parachuted' in.
- Duplication of ad-hoc services and funding, leaving communities confused and frustrated.
- Increased trauma due to inexperienced staff and an uncoordinated response.

"As a result of the Jan '24 Goulburn Valley floods, staff fielded a significant number of calls from clients from the 2022 floods who experienced re-traumatisation ... reliving the potential for flood, and the anxiety and trauma experienced in the build up to flooding."

Primary Care Connect CEO Tricia Quibell

"We've learnt about the importance of ongoing support and having a program that's able to evolve and have a lasting impact on the community."

Bendigo Community Health Services  
Flood Recovery Officer Oscar

# Let's build a safety net



## Why ARRCH?

ARRCH exists to reduce health inequity in rural and regional Victoria. The member agencies cover 85 per cent of Victoria and 78 sites, with expert local knowledge of the communities within their reach. ARRCH members have already:

- Deployed disaster recovery teams in response to fire, flood, drought, insect plagues, landslips and heatwaves. (Figure 2)
- Provided mental health services to address disaster trauma.
- Translated disaster preparedness information for, and directly educated, culturally and linguistically diverse groups.

ARRCH members have capacity to implement a permanent Community Recovery and Resilience service. See Figure 3 for evidence of two services' disaster responses.

Figure 3. Gateway Health (GH) and Gippsland Lakes Complete Health (GLCH) disaster case numbers 2020 - 2024.

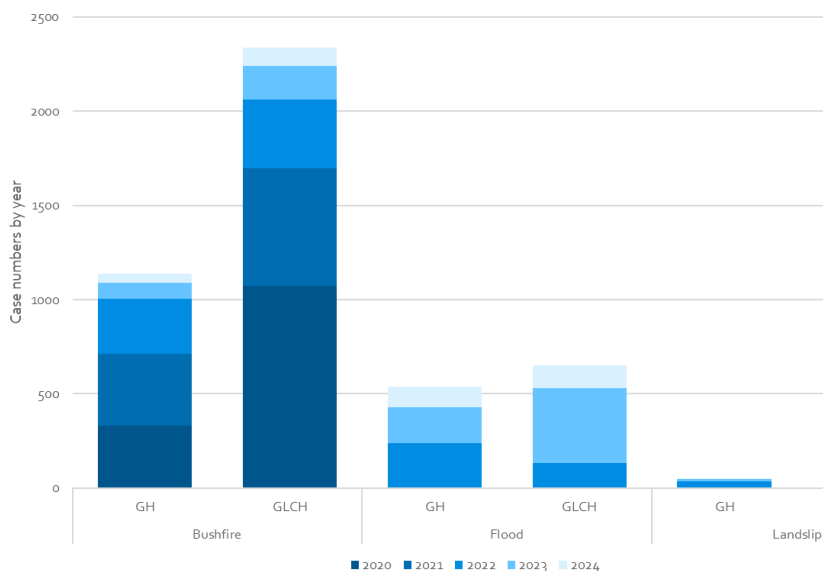


Figure 2. Community Health responses to disaster and locations from 2019 - Jan 2024.



## The investment

The Year 1 financial commitment of \$10.6 million\* assumes a four-year cycle with a 3% indexation per year. This includes:

- Funding 11 Community Health Services with a program manager, two recovery support case managers and an administration officer.
- Brokerage funds of \$1.18 million to enable flexible responses.
- Staff training and clinical supervision.

\*Full budget breakdown available on request.

## The community voice

ARRCH speaks on behalf of the people its member agencies service, who say:

"It's hard asking for help... but when you came out to us and could see what had happened and what we were dealing with, we didn't have to. You asked us for permission to help."

"Recovery was more traumatic than the actual bushfire ... every time you called someone, they bounced you to somebody else. But you came out to us, and you guided us through every step. Suddenly I felt like I could breathe again. I wasn't alone."

"The way a lot of them do it, it's aggravating. Is it really that hard to get in a car and come visit us? We have to give up a day in travel for a one-hour appointment at their office, or go find somewhere with reception and wait by a phone, because that's what's convenient for them. When you need help, you're made to feel like a beggar."

[View the ARRCH Recovery and Resilience video](#)