

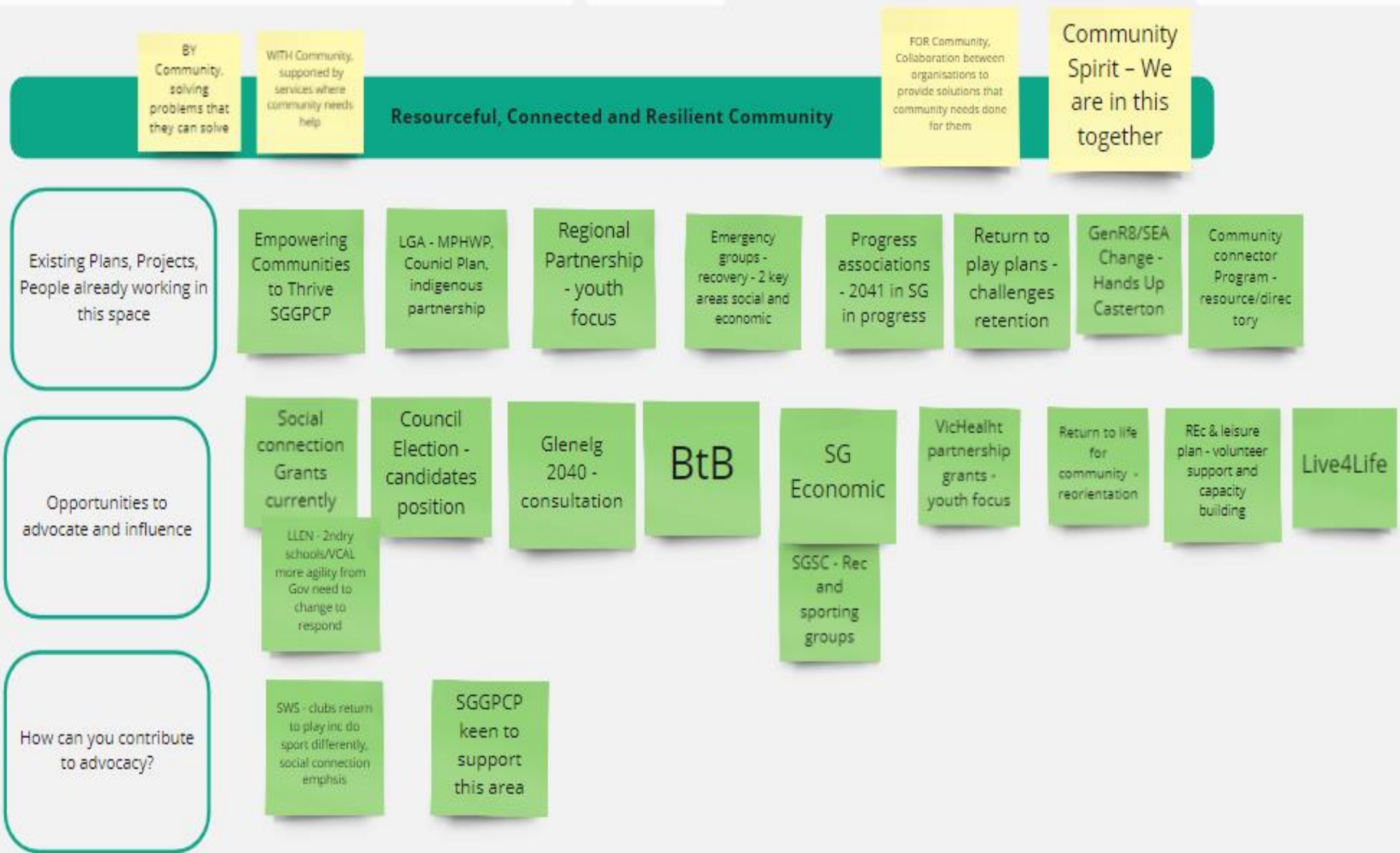
Collaboration for Community Resilience - COVID 19

Summary Paper : Meeting 15, Sept 9 2020.
Social Recovery Advice Pt 3

The Collaboration for Community Resilience (COVID 19) Network met to continue to work together to understand the linkages that advocate for working together on the Social Recovery Advice Document.

A draft Social Recovery Advice outline had been shared with C4CR participants outlining four themes for social recovery: Resourceful, connected and Resilient community, Accessible activities and services, Safe and well community and Reaching our fullest potential.

During this meeting, the group focussed on the first two themes to identify opportunities for advocacy by focussing on the following questions: Are there existing plans/projects/groups already working in this space? Who? What opportunities/ who need to influence/advocate too to make progress in this area? How can you contribute to this advocacy?



This diagram depicts the conversations around Resourceful, Connected and Resilient Community outlining potential linkages centered on local government planning such as Municipal Public Health and Wellbeing Plans, Gleneig 2040, Southern Grampians 2041, Recovery plans and Indigenous planning as well as linking with progress associations and the community connector programs. Regional Partnerships were also identified along with Emergency Management Recovery groups. The SGGPCP Strategic plan could play a major role and as well as return to play planning in recreation and sport. The group identified a range of opportunities for advocacy ranging from council processes, grant schemes, existing groups and partnerships and each participant considered how they could contribute to advocacy.

The group also looked at theme 2: Accessible activities and Services outlining a number of existing plans and projects including Regional strategies and programs (such as GSC digital strategy), local government projects as well as integrating and adding to existing work and projects. The group identified a number of opportunities for advocacy including working with organisations and groups to decrease the digital divide.



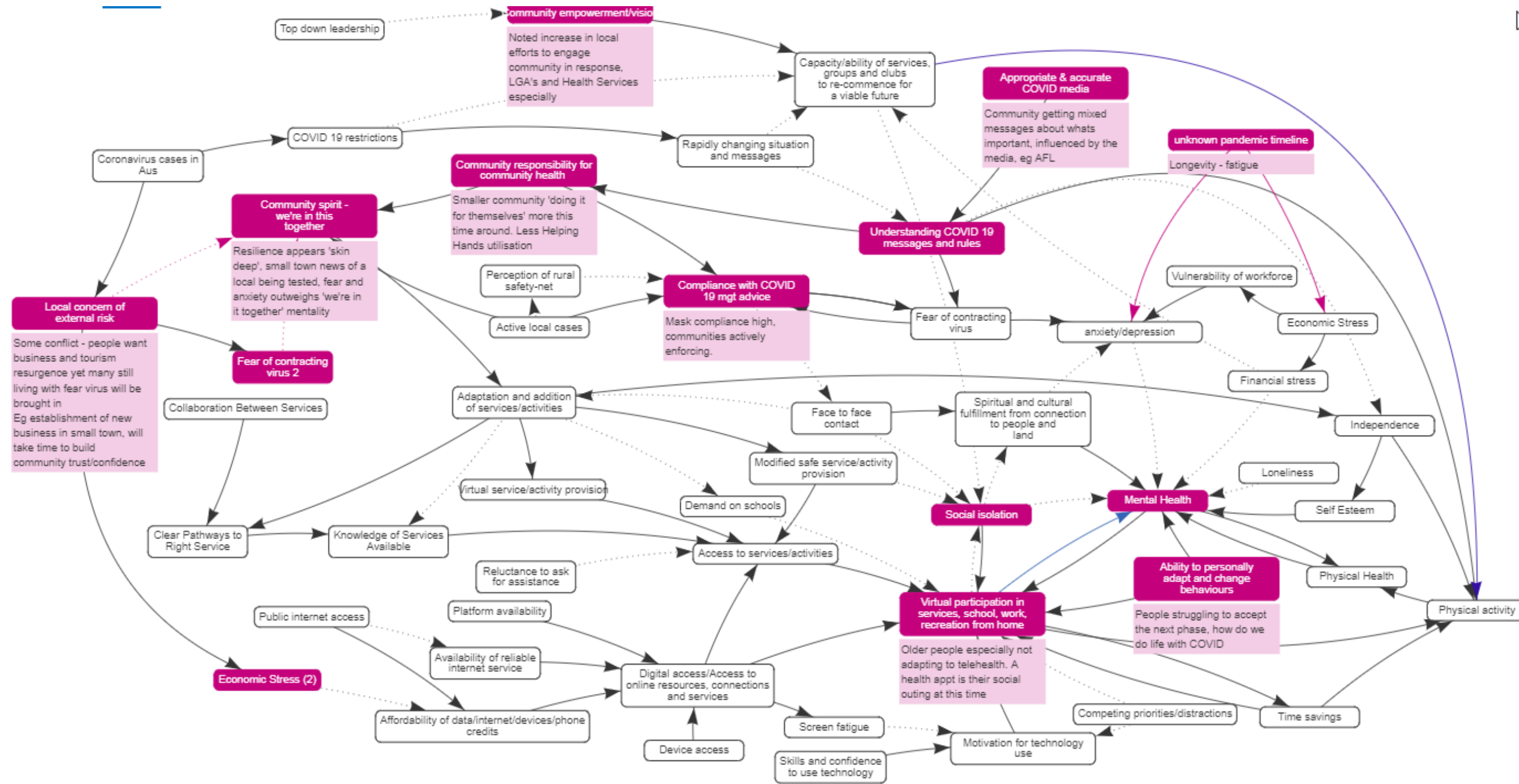
Changes to the system

Between meetings we captured the changes we have seen over the past 2 weeks via email contribution from group members.

These changes have been added to the systems map developed by the group. Stories are added as notes attached to the variable.

For example:

The increase in case numbers in Australia (Victoria particularly) is resulting in more stories around local concern of external risk with a conflict in communities between the resurgence of business and community risk - this was evident in small towns where previously new business would be welcomed but now there is hesitation. There was also reflection around resilience being "skin deep" with surface "coping" exhibited but underlying fear being played out sometimes outweighing "we are all in this together" with stigma around COVID cases extending to testing. There have also been fewer number accessing supports such as Helping Hands locally. We are noticing high compliance with masks and community enforcing this. While virtual participation through telehealth has been seen to have benefits, we are also seeing those at risk of social isolation preferring face to face appointments driven by a need for the social connection not always by barriers to digital access. The longevity of the Pandemic is continually impacting on mental health with challenges sustaining behaviors.



This network is being facilitated by Southern Grampians Glenelg Primary Care Partnership. For further information contact Jo Brown joanne.brown@wdhs.net