

Collaboration for Community Resilience - COVID 19

Summary Paper : Meeting 6 May 27, 2020.

Over the past 4 weeks C4CR network participants have been developing a shared understanding of each of the COVID 19 impacts they have identified using Causal Loop Diagrams (CLD). These CLD maps were created by the group for the following impacts: Social isolation, Digital access, Service access and Physical and mental health. These individual maps can be found <http://sggpcp.com/collaboration-for-community-resilience/>. This overall summary map was created to highlight the relationship between the impacts. A 20 minute recording of the stories behind the connections and tips on how to read the map can be viewed at <https://youtu.be/BJaY60NaxHU>

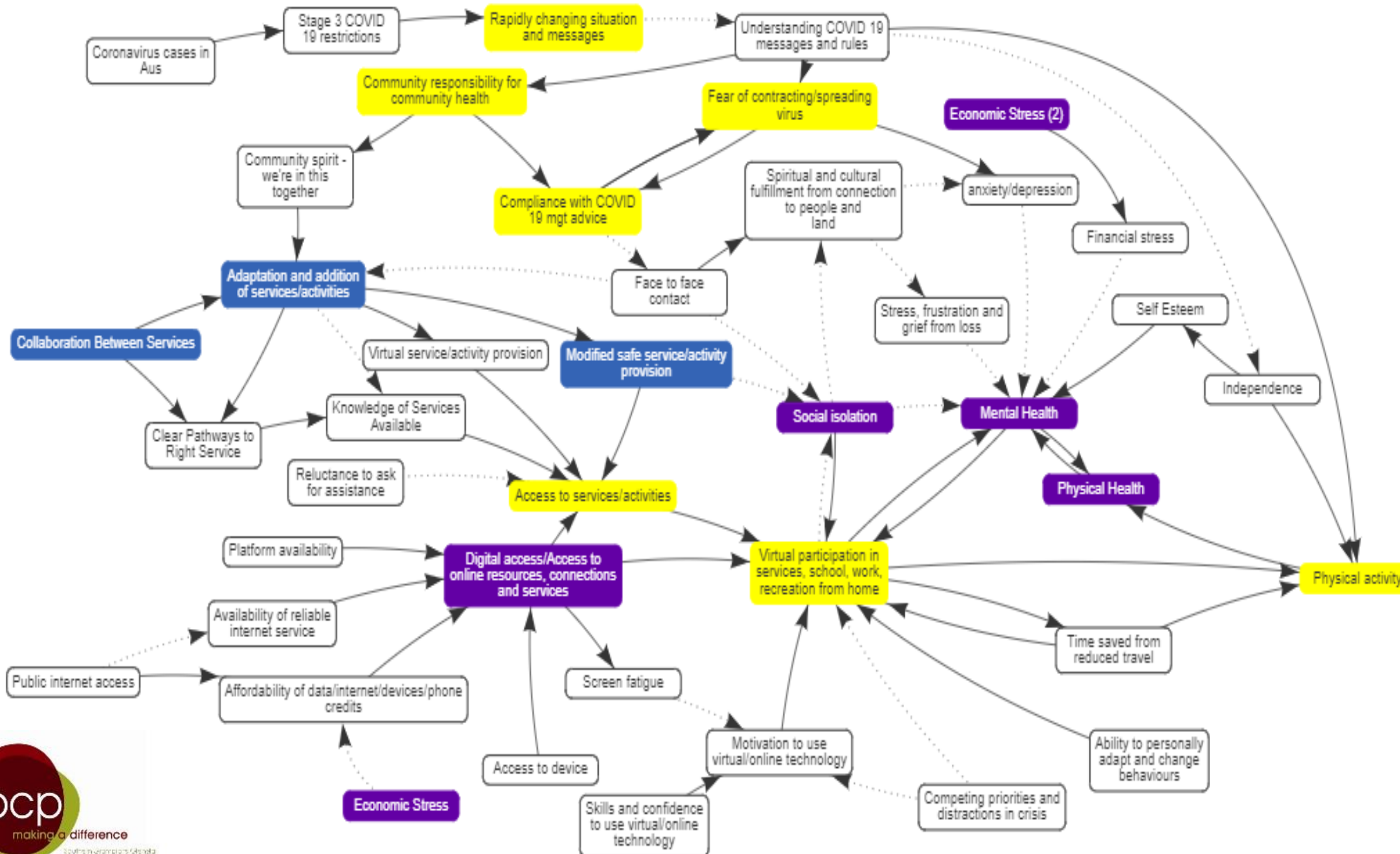
At meeting six, participants broke off into two groups with group one looking at **understanding how the system is changing** now with easing of restrictions, identifying adaptations, impacts and unmet needs.

The variables on this map highlighted in yellow were places where participants began to identify changes to the system. **Rapidly changing situation/messages**: The messages from Federal/State government were noted as shifting from public health emphasis to stimulating the economy. However, locally that change in community conversation wasn't as evident with **Community Responsibility for community health** remaining a strong commentary within local communities, with variation across local communities.

Living in a rural community with no active cases has created a perception of safety from the virus and reduced the **fear of contracting the virus**. However, with easing of restrictions that promote 'outsiders' from the local area to visit has created angst and tension between locals and visitors particularly around Portland with the influx of visitors due to fishing and given the travel time from Melbourne, concerns about **compliance with COVID 19 advice** with no overnight stays adding to this tension. **Compliance with COVID 19 advice** particularly limiting social contacts, was not always being complied with locally, due to the reduced **fear of contracting the virus** due to no local known active cases.

Physical Activity was identified as potentially undergoing significant change impacting local community sport clubs, particularly football/netball clubs. Sporting clubs are needing to balance the viability of the club with shortened or no competitive season, participant financial hardship or value for money (registrations and uniform needs for short seasons, travel costs), whether participants would return yet, as well as understanding of and capacity to comply with restrictions. There is concern about the continuity of school based learning (stemming from **virtual participation**) referring to 2 schools in Sydney that have closed again after cases. **Access to services** remains a high concern with observations that the community are putting off preventative health appointments and emergency depts in **fear of contracting the virus**.

Overview of the impacts of COVID 19 on our community





The second group focused on **looking forward** and determining what the group want the future to look like, and how we can act together to make it happen. The group reflected on what they would **restore** – what did we stop that we need to do again; **retain** – what have we started the we need to do more of; **refrain** – what did we stop the needs to stay stopped, **reimagine** - what could the future look like to be even better.

Major themes that emerged from this discussion included:
Retain digital adaptations: all group participants identified the advantages they have experienced extending and adapting their current work practice to use more digital approaches. This included a rapid expansion and take up of telehealth appointments which have presented a range of past challenges but with the pandemic restrictions have highlighted the efficiency particularly on reduced travel in a rural area and increased access to specialist services. Digital connection has created increased online training opportunities and confidence to adapt to the online platforms. Examples of increased community engagement had been observed using digital approaches such as increased engagement in meetings and webinars by the community. Reduced travel time has added to the efficiency.

Retain connection and collaboration: new challenges like COVID 19 have facilitated more collaboration both within organisations, across organisations and with the community with group members identifying that the complexity of the situation, the somewhat shared experience and possibly more time to connect virtually (due to social distancing) have influenced this. Highlighting the additional vulnerability in the community has facilitated the implementation of actions (by services and community) that could be retained to enhance community resilience in the future.

Restore, retain and reimagine community empowerment: During the pandemic there has been a reliance on leadership decision making which presented concerns around community disengagement and empowerment. This could even be played out at a community level with recreation club leadership making rapid decisions on behalf of the club possibly reducing engagement, sustainability of volunteers in these positions etc.. could be impacted. However the opposite was also observed with consultation and engagement more broadly with a need for leadership to understand impacts and implement actions. Community were also initiating actions displaying passion and emerging leadership.

Retain the demonstration of our values also emerged as a dominant theme. Participants commented on the level of kindness, courage, highlighting the human elements and innovation present in the community and services sector. They reinforced “we are all in this together” broke down some barriers.

The collaboration for Community Resilience (COVID 19) network has been attended by representatives from more than 40 organisations across our region with participants using these conversations to develop a shared understanding of the impacts of COVID 19 on our community, implement actions to enhance community resilience. Group members also share these conversations to inform a number of other networks (local, regional and state), communities and groups, as well as feed into planning, relief and recovery mechanisms.



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