



UNIVERSITY CENTRE FOR
RURAL HEALTH
NORTHERN RIVERS

Mapping the interface of community groups with the health system in the aftermath of the 2022 Northern Rivers flood

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1. INTRODUCTION:

Climate disasters, including floods, have significant impacts on the mental health of rural communities in Australia. The Northern Rivers region of NSW is on the frontline of these impacts, having been exposed to compounding climate disasters in recent years, including catastrophic flooding in 2022. Such events impact mental health services and place enormous strain on the health system, with workforces undermined by reduced housing stock, staff personally impacted and extensive damage to health facilities (Baillie, 2023). Previous research by the University Centre for Rural Health demonstrated that grass roots, place-based community groups, mainly led by women, play a significant role in providing supplementary support to the health and wellbeing of communities in large scale disaster events (McNaught et al 2025).

Since 2022 the Northern Rivers region has been home to several innovations which aim to connect community groups, disaster organisations and health services to support mental health and wellbeing including the establishment of the Lismore Wellbeing Collective, the Reconstruction Authority's Health and Wellbeing sub-committee, Council-led Community Resilience Networks and the creation of the Northern Rivers Community Resilience Alliance. There is much to learn from these coordination platforms (henceforth referred to as 'governance arrangements') and the contributions of community groups within them as case studies for other regions in NSW, Australia and beyond. The catastrophic scale of the 2022 disaster has presented unique opportunities for community action and learning which could be invaluable to other communities across Australia.

There is, therefore, an ideal opportunity to understand more specifically how community groups contribute to mental health and wellbeing in post-disaster contexts, how and where the formal health system intersects with these community efforts and how health services can best leverage and support the capacities of these emergent groups. This report summarises the first of three parts of a research project involving the University Centre for Rural Health, the Northern NSW Local Health District, the Northern Rivers Community Foundation and Plan C, exploring the role of communities in providing mental health and wellbeing support in the aftermath of disasters.

1.1 Report aims

This report aims to map the key governance arrangements for climate disaster-related mental health and wellbeing in the Northern Rivers region and map the community group/health system interface within these arrangements.

In doing so, we aim to share examples of Northern Rivers governance arrangements with other regions of Australia. The Northern NSW Local Health District (NLHD) and other health organisations in the Northern Rivers (such as the Primary Health Network) can also draw upon this report for further evolution of disaster response and recovery governance and approaches. Other organisations may find the report useful for understanding the breadth of organisations involved in the disaster/health/community nexus in the Northern Rivers region.

1.2 Research Question

How did community groups and the health service interact during and after the 2022 floods and what types of groups were involved in providing place-based mental health and wellbeing supports?

2 METHOD

We first identified governance arrangements that were a point of intersection between place-based community groups and the health system across the Northern Rivers in the aftermath of the 2022 floods at different scales. We then identified organisations and groups that provided some form of mental health and wellbeing support to flood affected communities. We undertook this as a desktop exercise using an Excel Spreadsheet, with each sheet containing details of which organisations were

members of each governance arrangement. This exercise drew upon publicly available material in conjunction with project working group partners: the Northern NSW LHD, the University Centre for Rural Health, Plan C and Northern Rivers Community Foundation who have a deep understanding of these organisations/groups and governance arrangements.

Members of each governance arrangement were classified into an organisation type: a place-based community group; a local/regional/state/national NGO/not-for-profit/charity; a local/state/federal government agency/department; an Indigenous-led organisation; a local business; a university; a religious organisation; state-based umbrella organisation or a health system organisation. We then created a heat map outlining each governance arrangement and the numbers of different types of organisations present in it (see page 6). This heat map demonstrated which governance arrangements included place-based community groups and the health system and enabled an understanding of opportunities for enhanced interactions in the future.

In addition to this quantitative analysis the mapping incorporated a descriptive illustration of each governance arrangement using a collaborative governance framework (McNaught, 2024). The collaborative governance framework assisted in recording key high level characteristics of the arrangements, including design, processes, outcomes and broader system interactions (Annex 1).

3. RESULTS

3.1 Key governance arrangements

Table 1 below highlights the key governance innovations that enabled intersections between the health system and community groups in the aftermath of the 2022 floods. Many of these are disaster governance arrangements rather than health focused ones. A more detailed descriptive summary outlining each of these key governance structures and innovations is found in Annex 1.

Scale of governance arrangement	Name of governance arrangement	Convenor and predominant types of organisations involved
Regional	Regional Health and Wellbeing subcommittee	Predominantly government, convened by the NSW Reconstruction Authority as part of formal NSW State disaster recovery governance arrangements
	Northern Rivers Community Resilience Alliance	Predominantly place based community groups, convened by a Steering Committee and dedicated coordinator
	Northern Rivers Local Emergency Management Committee Resilience and Recovery Sub-committee	Convened by Local Emergency Management Officers and Council Community Recovery Officers (covers Lismore, Richmond Valley and Kyogle LGAs)
Local Government area	Community Resilience Networks (x6)	Majority convened by Councils, large range of organisation types present
	Clarence Wellbeing Collective	Convened by Grafton New School of Arts (in lieu of Council led CRN)
	Lismore Wellbeing Collective	In existence following the 2022 floods for a couple of years. Established and chaired (for the first few months) by a local clinician (psychologist) working for Headspace and others, then chaired by Jo Longman at the University Centre for Rural Health, then secretariat provided by Resilient Lismore, predominantly made up of larger charities
Organisation specific	PHN (Healthy North Coast) Community Advisory group	Convened by Healthy North Coast, predominantly made up of individual members of community groups
	PHN (Healthy North Coast) Community Grants	Convened by Healthy North Coast, predominantly made up of community groups

The heatmap on page 6 provides a summary of the different types of organisations/groups connected to each governance arrangement and their frequency of occurrence in each arrangement. Highlighted in yellow are health related organisations – including health-focused NGOs/charities and not for profits, government departments/Primary Health Network, Indigenous-led organisations and universities. In Annex 2 we have provided a definition of each type of organisation/group category.

4. TYPES OF PLACE-BASED COMMUNITY GROUPS PROVIDING MENTAL HEALTH AND WELLBEING SUPPORT

For the purposes of the next stage of this research project, we further segmented the types of place-based community organisations/groups listed in Annex 2 as:


1. Place-based disaster focused (with staff)
2. Place-based disaster focused (volunteer led)
3. Place-based non disaster focused (including rural/agriculture focused groups)
4. Indigenous-led place-based community group

Each of these organisations/groups provided place based mental health and wellbeing supports to disaster affected communities in the Northern Rivers region post floods. These mental health and wellbeing supports are often integral to the work of these groups without explicitly being labelled as mental health or wellbeing supports. For example, community led volunteer hubs report having conversations with flood affected people when dropping off pieces of furniture or cleaning out houses. Some organisations/groups host community BBQs and events that aid recovery and wellbeing. However, these groups are often focused on implementing rather than documenting and evaluating these experiences. The next phase of this research project will produce four case studies (one representing each of these group types listed above). The case studies will provide an overview of the types of mental health and wellbeing support the organisations/groups provided, the impact of these contributions and the challenges these organisations/groups experienced in providing this support in the aftermath of 2022 floods.

5. DISCUSSION

The heat map on page 6 demonstrates that Community Resilience Networks (CRNs) (mostly convened by Councils) have a wide range of participation by community groups (ranging in number from 1-15), they are also the governance arrangement that attracts the largest diversity of groups and organisations, enabling cross fertilisation. The health system is well represented at CRNs, including government and non-government organisations.

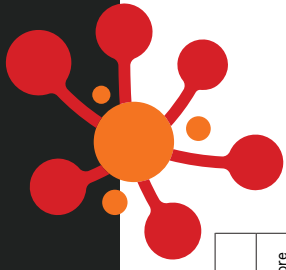
The Local Health District or Primary Health Network are represented at each of the governance arrangements except for the Northern Rivers Community Resilience Alliance which is predominantly made up of place-based community groups. Given the large distribution of place-based community groups that the Alliance attracts, this is a potential conduit for the health system to consider in the future for dissemination and capacity building opportunities. Although the Alliance doesn't include large scale organisations in its membership, the LHD could potentially disseminate key public health messages in disasters via the Alliance newsletter. There is a need to support the mental health of disaster workers yet small grass roots groups are less likely to have access to organisational mental health supports (Jorgensen, 2023). There may be the opportunity for the LHD to host a guest webinar on tips for supporting mental health and wellbeing to disaster affected communities and volunteers. Given most of these groups are volunteer led, any inputs and support would need to keep this limited bandwidth in mind.



A key observation of the heatmap on page 6 includes that place based community groups are the most commonly occurring type of group/organisation in the Northern Rivers, yet past research has found that these groups often struggle to obtain recognition in formal governance of disasters (Pittaway et al. 2025). In some cases, this lack of recognition has caused them to retract from participating in governance arrangements. Others, such as the Byron CRN, benefit from a Council that supports community development approaches. 15 groups are represented in a CRN sub-group (Community Hubs – CHUBS) enabling peer support and a joint voice to Council. The LHD has provided support to CRNs through mental health backstop at events, attending disaster simulation exercises and sharing updates on mental health recovery supports available in the region.

6. LIMITATIONS

Some governance arrangements are clearly available online via Council websites, others were less well defined and required the project working group partners to recall membership based on their experiences and contacts. It is important to note that in some cases there is a discrepancy between the organisations that are listed as members and those attending meetings. There is no way to account for this discrepancy without obtaining all meeting minutes from each arrangement, which was outside the scope of this project. We have included in Annex 2 a description of each organisation/group type. In our data spreadsheet we allocated each group according to these definitions. This allocation is open to interpretation, and some organisations may ultimately rest in multiple categories. The aim of the exercise is to give a broad understanding of where different organisations/groups congregate, knowing there may be some discrepancies.



Type of organisation	Governance arrangement												
	Byron CRN	Kyogle CRN	Ballina CRN	Lismore CRN	Clarence Wellbeing Collective	Tweed CRN	Richmond CRN	NR LEMC Recovery & Resilience SC	HNC Advisory Council	HNC Community Grants	NR Community Resilience Alliance	Regional Health & Wellbeing SC	Lismore Wellbeing Collective
Place based community group	15	8	2	5	3	1	4	9	1	18	53	1	6
Local charity/Not-for-profit/NGO	0	0	4	2	1	2	1	3	1	1	6	2	3
Local charity/Not-for-profit/NGO (HEALTH)	1	0	0	0	0	1	1	1	0	0	0	0	1
Regional charity/Not-for-profit/NGO	5	0	3	1	1	1	2	3	0	1	3	3	3
Regional charity/Not-for-profit/NGO (HEALTH)	0	0	0	0	0	1	0	0	0	0	0	0	0
State charity/Not-for-profit/NGO	1	0	3	0	2	4	3	3	1	0	1	1	5
State charity/Not-for-profit/NGO (HEALTH)	0	0	0	0	0	0	0	0	1	0	0	0	1
National charity/Not-for-profit/NGO	3	1	4	2	2	4	1	2	0	0	0	5	10
National charity/Not-for-profit/NGO (HEALTH)	1	1	2	2	2	2	2	4	0	0	0	2	2
Indigenous Organisation (Local charity/Not-for-profit/NGO)	1	1	0	0	0	0	2	2	0	0	1	0	0
Indigenous Organisation (Local charity/Not-for-profit/NGO) HEALTH	0	0	0	0	1	0	0	0	0	0	0	1	1
Indigenous Organisation (local business)	0	0	0	0	0	0	0	0	0	0	0	0	2
Indigenous Organisation (Regional)	0	0	0	0	0	0	0	0	0	0	1	0	0
Indigenous Organisation (National)	0	0	0	0	0	0	0	0	0	0	1	0	0
Local business	6	0	0	0	0	2	0	0	0	0	0	0	1
Local Government	2	1	1	1	1	2	1	3	0	0	0	8	1
State Government	4	0	3	3	5	2	4	7	1	1	0	6	3
Federal Government	0	0	0	0	1	0	2	2	0	0	0	1	1
State Government (HEALTH)	1	1	1	0	1	2	1	1	0	0	0	1	2
University (HEALTH)	0	0	0	0	0	0	0	0	0	0	1	1	1
University	0	0	1	0	1	0	0	0	0	0	1	0	2
Primary Health Network (HEALTH)	0	0	1	0	1	0	0	0	1	0	0	1	2
Religious organisation	1	1	0	0	0	2	0	0	0	0	0	0	0
State based umbrella organisation	0	0	0	0	0	0	0	0	0	0	0	1	0
Totals	39	14	25	16	22	26	24	40	6	21	68	34	47
Colour code	0	1-2	3-5	6-9	10+								

Acronyms - CRN: Community Resilience Network, NR: Northern Rivers, SC: Sub-Committee, HNC: Healthy North Coast (PHN), LEMC: Local Emergency Management Committee
 GREEN denotes place-based community group; YELLOW denotes health organisations

7. NEXT STEPS

This report will be shared within the Local Health District, Primary Health Network (Healthy North Coast), with the NSW Reconstruction Authority and disaster agencies. It will also be shared via the Northern Rivers Community Resilience Alliance and Northern Rivers Community Foundation newsletters. It will be made available to Plan C's Community Carer and Responder Network – a network of over 500 people trained in community resilience building across the Northern Rivers region. Through its cross-border sharing, the Northern NSW LHD will share this report with the Mid North Coast LHD.

This report has determined four types of place-based community groups that provide mental health and wellbeing supports as outlined in section 4. The next phase of this project involves recruiting a specific group from each of these types of groups to create a case study of their work providing mental health and wellbeing supports to communities in the aftermath of the 2022 floods. This report and the four case studies will then create the foundation for a learning event in the first half of 2026 which will enable sharing of community-based approaches to mental health and wellbeing, a discussion of key challenges and opportunities moving forward to evolve practice in advance of the next disaster.

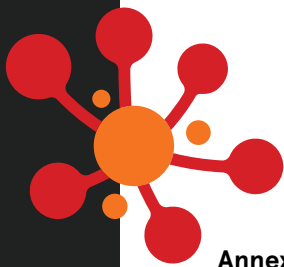
8. CONCLUSION

Through documenting Northern Rivers disaster governance innovations in the aftermath of the 2022 floods and the interfaces between the health system and place-based community groups, options for post-disaster governance and communication channels have been elaborated.

The report demonstrates that although innovations in disaster governance have enabled the interface of place-based community groups with the health system, not all community groups have the bandwidth to attend one or more regular meetings. The health system, such as the NNSWLHD and PHN could potentially connect into community groups to a greater extent through the Northern Rivers Community Resilience Alliance. Examples could include sharing mental health supports for disaster victims and those supporting them, public health messaging (such as flood contamination safety and disease outbreak prevention). The 'last mile' of these groups could provide a critical link between public messaging and adoption of messaging at scale.

References:

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Annex 1. Description of each governance arrangement

Name of governance arrangement	Description of arrangement, strengths and weaknesses for enabling interaction between community groups and the health system
Regional Health and Wellbeing subcommittee	<p>Predominantly government, convened by the NSW Reconstruction Authority. Given the regional nature of the committee, there isn't a large community group presence. Resilient Lismore and Grafton New School of Arts are the only place-based groups in the subcommittee. The group is guided by the Northern Rivers Social Recovery Action Plan. The Regional subcommittee is complemented by Local Health and Wellbeing subcommittees in some locations.</p> <p>Strengths:</p> <ul style="list-style-type: none"> - Trends in needs and challenges in the region are shared – for example if services are seeing an increase in presentations of mental health challenges they will raise it. - The committee raises funding/service related issues and evolving needs on the ground for Reconstruction Authority to consider in its programme of work. - The Chair can escalate requests and issues of concern to the Regional Recovery Committee - There is a palpable level of respect across the actors who have mostly been in the region working on recovery since the floods. There is a sense that 'working at the coal face' builds a sense of trust and mutual respect. <p>Weaknesses:</p> <ul style="list-style-type: none"> - This governance arrangement doesn't enable the agency of community groups, other than those who are far more established and have paid staff. The meetings support the needs/voice of 'bigger players' in advocating for systems change and funding from Reconstruction Authority. This is likely a matter of scale – there are few community groups who work at the types of scales that are linked to the decision making of the subcommittee. - Knowledge tends to be information sharing rather than transformational in nature. There have been calls by Healthy North Coast (2024) to further maximise investments in the region through the Health and Wellbeing Subcommittee enabling greater collaboration (beyond information sharing).
Northern Rivers Community Resilience Alliance	<p>Predominantly place based community groups, convened by a Steering Committee and dedicated coordinator. A Steering Committee of 13 groups meets regularly and communicates by email and phone often. The model for the Steering Committee was discussed and agreed and attempts to cover different geographies and types of groups were made. Shared motivations were to bring together place-based community-led groups, organisations, and stakeholders to enhance resilience, share knowledge, and support disaster preparedness efforts. The Alliance's shared vision is to have connected, collaborative Northern Rivers communities empowered to care for themselves and each other before, during, and after disasters</p> <p>Strengths:</p> <ul style="list-style-type: none"> - There is an attempt to share power – a Steering Committee of 13 groups meets regularly. Attempts are made to share leadership of events, those with particular expertise are showcased - Trust is evident in pulling large grant applications together collectively - Project implementation and evaluation is robust and overseen by the Steering Committee. - Groups now working together to apply for funding rather than always in competition with one another <p>Weaknesses:</p> <ul style="list-style-type: none"> - Groups with paid positions are in a better position to engage fully - Grant seeking is inevitably quite reactionary and rushed given the timeframes at play. - None of the groups are formally part of the health system, so at present the Alliance does not play a role in enabling the interface between community groups and health systems - Barriers to participation include bandwidth of groups who are juggling competing demands



Name of governance arrangement	Description of arrangement, strengths and weaknesses for enabling interaction between community groups and the health system
<p>Northern Rivers Local Emergency Management Committee (LEMC*) Resilience and Recovery Sub-committee</p> <p>* working across Lismore, Kyogle, Richmond Valley and Ballina LGAs (usually a LEMC is for one LGA).</p>	<p>Convened by the LEMC, this sub-committee grew out of a recognition by the LEMC and community following the 2022 floods and landslips disaster, that a better means to embrace community within the existing emergency management structures was critical. The committee was established in accordance with and by the authority of the State Emergency and Rescue Management Act 1989, Part 2, Division 3 – Emergency Management at Local Level. It is attended by key emergency management staff, the chair of each CRN and representatives of community-based groups and organisations, and provides community led guidance and advice to the LEMC on emergency and recovery planning. It meets quarterly outside of a disaster, and will meet more frequently during disaster.</p> <p>Strengths:</p> <ul style="list-style-type: none"> - The Committee was formed WITH community not by emergency management agencies. It is a novel and highly innovative addition to the emergency management structure (accountable and responsible to the LEMC) for this area. <p>Weaknesses:</p> <ul style="list-style-type: none"> - Too early in its existence to identify weaknesses of operation.
<p>Community Resilience Networks</p>	<p>The majority of CRNs are convened by Councils and have the largest range of organisation types present. Community Resilience Networks are included in the NSW State Recovery Plan and their function is to ‘include community leaders who can provide a representative voice for their communities and will often play a key role in recovery activities’. The CRNs are linked to both the Local Recovery Committee and Local Emergency Management Committee (lights and sirens agencies who hold an Emergency Operations Centre in large scale disasters). Council acts as a secretariat, creating the agenda, booking the venue etc. The meetings are held once every 3 months in peace time, every month in post-disaster and every day in the midst of an event.</p> <p>Meetings usually have some specific updates/consultation by the Reconstruction Authority or emergency services, and an ‘around the ground’ from members. There may be events with a specific focus, such as the Cyclone Alfred debrief or a bushfire simulation exercise.</p> <p>Strengths:</p> <ul style="list-style-type: none"> - CRNs tend to be the conduit for a larger amount of community groups to access the Reconstruction Authority and LHD. - In the Byron CRN community hubs in particular have had an increasing presence since the 2022 floods (from 3-4 in the early days to up to 15). - The Byron Council shares power by convening a meeting of the community hubs before the main CRN so that the groups can discuss community specific matters, establish joint positions and advocate jointly with council. - CRNs have been a peer support network as much as a professional information exchange network. - It provides a one stop shop for connecting with organisations that are otherwise busy. It is an efficient way for Council and emergency services to ‘get everyone on the same page’. - The CRN has enabled an interface between the health system and community groups. An example includes the LHD being involved in a bushfire simulation in the Byron Shire. - The CRN is one of the main conduits available to community groups for advocacy and influence. <p>Weaknesses:</p> <ul style="list-style-type: none"> - The agenda is fairly tightly controlled, including items from the Reconstruction Authority and SES for example. - Information from communities to the recovery and emergency committees appears to often be unidirectional. - To be a member of the CRN you have to be an incorporated organisation and formally recognised by the LEMC (which means less established community groups aren’t official members – but Community Resilience Teams who are unincorporated do attend the Byron CRN). - There has been reflection that the main function of the CRN is to information share. While collaborations are made in the sidelines, the CRN members don’t currently have a collective vision/strategy/joint funding – this is a potential area to elaborate on in the future. - The tension between having many issues to discuss but people attending being very stretched for time and needing to keep the meeting to a few hours; - not all emergency services attend – for example RFS and Marine Rescue are highly dependent on volunteers - LHD attends some but not all given their disaster recovery team is stretched across many CRNs
<p>Clarence Wellbeing Collective</p>	<p>The collective has been established since 2019 following the bushfires. Following the floods in 2022 Clarence Valley Council elected to not employ Community Resilience Officers, so the group unanimously decided this forum needed to be renamed and reviewed – and now it is named the Clarence Valley Wellbeing Collective (CVWC) which is chaired by Mark McGrath and convened by Grafton New School of Arts (in lieu of Council led CRN).</p>



Name of governance arrangement	Description of arrangement, strengths and weaknesses for enabling interaction between community groups and the health system
Lismore Wellbeing Collective	<p>Established and chaired (for the first few months) by Leah Hibner a local clinician (psych) working for Headspace and others, then chaired by Jo Longman at UCRH, then chair and secretariat provided by Resilient Lismore, predominantly made up of larger charities. The LWC met weekly for the first 6 months or so, then fortnightly, then monthly. After approximately 2 years the LWC stopped meeting. Motivations were to bring local mental health and wellbeing practitioners together to share information, maximise efficiencies and provide peer support. There was a process in the structure of meetings, heavily focused on helping people to get grounded at the start, followed by an extensive and detailed 'Round the Grounds' session. The forum showcased colleagues asking for and offering information, help and advice.</p> <p>Strengths:</p> <ul style="list-style-type: none"> - Trust built by a huge number of meetings over the time the LWC was in operation – vast majority by Zoom but on two occasions face to face which was hugely helpful in connecting people. - Huge social learning evident, knowledges present about what was happening on the ground <p>Weaknesses:</p> <ul style="list-style-type: none"> - No grants or projects, just a held space for connection - Challenges with keeping it going
Healthy North Coast Community Advisory group	<p>Convened by Healthy North Coast, predominantly made up of community groups. Advisory Council is an integral part of HNC governance and is there to advise the Board. The Advisory Council has a range of voices including community (individuals, and 2 neighbourhood centres, plus Beyond Blue Carers Group and the Reconstruction Authority). Membership is by expression of interest.</p>
Healthy North Coast Community Grants	<p>Convened by Healthy North Coast, predominantly made up of community groups. The Community Grants Program is supporting the mental health and wellbeing of communities impacted by the 2019-20 bushfires. Program started in 2021-2023</p> <p>Strengths:</p> <ul style="list-style-type: none"> - Funding community groups/projects e.g. the focus of the Community Wellbeing and Resilience Program is on building resilience through strong social connections - HNC has provided capacity building support to grant recipients, including project management, governance and evaluation - the Community Wellbeing and Resilience Program enables agency of community groups by providing funding support <p>Weaknesses:</p> <ul style="list-style-type: none"> - The grants are competitive which pits community organisations against each other (however the Flood Recovery Grants had a participatory grant making approach)



Annex 2. Definitions of each organisation type

Organisation/group type and definition
Place based community group: mostly volunteer-led, defined by a narrow geographical scope, not in receipt of ongoing government funding
Local charity/Not-for-profit/NGO: Within a specific place-based location, with paid staff and obtains government funding
Local charity/Not-for-profit/NGO (HEALTH): Within a specific place-based location, with paid staff and obtains government funding, has health as its primary aim
Regional charity/Not-for-profit/NGO: geographically covers the Northern Rivers region, with paid staff and obtains government funding
Regional charity/Not-for-profit/NGO (HEALTH): geographically covers the Northern Rivers region, with paid staff and obtains government funding, has health as its primary aim
State charity/Not-for-profit/NGO: geographically covers an area beyond the Northern Rivers region up to state level, with paid staff and obtains government funding
State charity/Not-for-profit/NGO (HEALTH): geographically covers an area beyond the Northern Rivers region up to state level, with paid staff and obtains government funding, has health as its primary aim
National charity/Not-for-profit/NGO: geographically covers an area beyond the state level, with paid staff and obtains government funding
National charity/Not-for-profit/NGO (HEALTH): geographically covers an area beyond the state level, with paid staff and obtains government funding, has health as its primary aim
Indigenous Organisation (Local charity/Not-for-profit/NGO): Indigenous-led, within a specific place-based location
Indigenous Organisation (Local charity/Not-for-profit/NGO) HEALTH: Indigenous-led, within a specific place-based location, has health as a primary aim
Indigenous Organisation (local business): Indigenous-led business within a specific place-based location
Indigenous Organisation (Regional charity/Not-for-profit/NGO): Indigenous-led geographically covers the Northern Rivers region
Indigenous Organisation (National charity/Not-for-profit/NGO): Indigenous-led geographically undertakes work nationally
Local business: business within a specific place-based location
Local Government: Shire Council recognised by the NSW Government
State Government: State led department or agency
Federal Government: National government led department or agency
State Government (HEALTH): State led department has health as a primary aim
University (HEALTH): National University representative with health as a primary aim
University: National University representative
Primary Health Network: State and federally funded with health as a primary aim
Religious organisation: linked with a religious group
State based umbrella organisation

GREEN denotes place-based community group; YELLOW denotes health organisations



Our partners for this project were:

