COVID-19 EMERGENCY RELIEF RESPONSE (CERR) – MILDURA LOCAL GOVERNMENT AREA
EVALUATION AND LEARNING REPORT

14 April 2021

Clear H rizon

Contact Details

Clear Horizon Contact	Client Contact
Dr Ellise Barkley	Fiona Merlin
Principal Consultant	Unlocking Sunraysia's Potential Project Officer
Clear Horizon Consulting	Mildura Rural City Council/Hands Up Mallee
132B Gwynne St, Cremorne VIC 3121	PO Box 105, Mildura Victoria 3502
Telephone: (03) 9425 7717	P: 03 5018 8687
E: ellise@clearhorizon.com.au	E: fiona.merlin@mildura.vic.gov.au

Lead author/evaluator	Dr Ellise Barkley
Project Director	Dr Ellise Barkley
Internal Contributors	Elliott Tester, Yuanita Moore, Leigh Stewart
External Contributors	Fiona Merlin (MRCC/HUM), Jane McCracken (HUM)

Disclaimer

This document has been produced with information supplied to Clear Horizon by Hands Up Mallee on behalf of implementing partners, including monitoring data, reporting to date, interviews with key stakeholders and surveys. While we make every effort to ensure the accuracy of the information contained in this report, any judgements as to suitability of the information for the client's purposes are the client's responsibility. Clear Horizon extends no warranties and assumes no responsibility as to the suitability of this information or for the consequences of its use.

Contents

List of figures

List of tables

Acronyms

ES	Evaluation Survey COVID Relief Centre 2020
HUM	Hands Up Mallee
KEQ	Key evaluation question
KII	Key informant interview
MRCC	Mildura Rural City Council
MSC	Most Significant Change
RS	Relief Service Centre Feedback

Clear Horizon

Acknowledgements

We acknowledge the First Peoples of the Millewa-Mallee, The Latji Latji, Ngintait, Nyeri Nyeri and Wergaia as the Traditional Owners and Custodians of the Country on which we are. We pay our respects to the Elders past and present of First Peoples of Millewa-Mallee and the ancient connection they hold with their Country.

We acknowledge there are also other Aboriginal and Torres Strait Islander people who live, work in and contribute to the cultural heritage of the Mildura region.

Many people have contributed to this report. We extend our appreciation to all of the evaluation participants who shared their stories and feedback, and the dedicated efforts of the Hands Up Mallee Backbone Team for their partnership and support during the research.

Particular thanks is extended to:

- Mildura Rural City Council (MRCC)
- Sunraysia Mallee Ethnic Community Council (SMECC)
- Haven Home Safe
- SunAssist Transport
- Australian Red Cross
- St Vincent de Paul
- Salvation Army
- Food Bank SA – Riverland
- Sunraysia Community Health Services (SCHS)
- Home Base
- Mallee District Aboriginal Service (MDAS)
- Hands Up Mallee (HUM)
- Little People Big Futures
- Local schools & kindergartens
- Red Cliffs Resource Centre
- Ouyen Neighbourhood House
- Mallee Track Health and Community Service
- Aunty Jemmes Handy, Community Liaison Officer Victoria Police, Patsy Doolan, Local Aboriginal Justice Action Committee Project Officer, and Mark Morgan, Victorian Aboriginal Education Association Incorporated, who went above and beyond their roles to support the Aboriginal community.
- An incredible number of passionate and caring Referring Services that built a safety network between them for those in greatest need of support
- State Government COVID 19 response, and communication efforts, particularly during the extensive Lock Down periods
- Federal COVID 19 response and communication efforts,
- Families who received support and wished to provide feedback
- Images used in the report are courtesy of Mildura Rural City Council, Sunraysia Mallee Ethnic Community Council, and Chaffey Secondary College

Thanks is extended to Hands Up Mallee Backbone Team for their role in co-designing the CERR evaluation framework in conjunction with Clear Horizon, funding the evaluation, and contributing to data collection and the development of key summative pieces within the report.

Executive Summary

The evaluation and learning report reviews the COVID-19 Emergency Relief Response (CERR) and collaboration during March – December 2020 in the Mildura Local Government Area (LGA).

It reports on the outcomes and lessons from CERR, based on an evaluation with core CERR collaborators.

The findings contain rich reflections on what worked, what could have been improved, and shines a light on some of the challenges and significant achievements of the CERR.

Delivery partner learnings and recommendations for what to take forward to inform future scenario and emergency planning are provided.

About CERR

CERR was the social arm of the immediate emergency response involving coordination and distribution of food parcels (food relief), activity packs, social and financial support, and medicine deliveries across the region.

CERR was collectively delivered and began with 10 partnering organisations (now expanded to 19). Its original intent was to work together to provide emergency support during the COVID-19 restrictions for community members needing support and experiencing vulnerability. The CERR collaboration was initially driven by Mildura Rural City Council (MRCC) and Hands up Mallee (HUM) Backbone Team. Sunraysia Mallee Ethnic Communities Council Inc (SMECC) and Haven were also key partners in the initiative. Numerous other agencies and organisations played a vital role in supporting community members during this time.

CERR received funding from MRCC who provided coordination support, staffing for the dedicated call centre and assistance at the Food Hub. Initially, MRCC contributed food relief funding, with subsequent funding led by Haven Home Safe. SMECC also provided staff to help run the Food Hub. Other resourcing was pooled across service organisations and included significant in-kind contributions mobilised from organisations and individuals wanting to donate activity packs for children and youth and other resources mobilised from organisations and individuals.

About this report

The evaluation and learning report was commissioned and coordinated by Hands Up Mallee in partnership with the Mildura Rural City Council. It was conducted by independent evaluation company, Clear Horizon.

The purpose of this report is for learning, to inform future planning and collaboration. A light evaluation of CERR effectiveness, outcomes, and the contribution role of the collective approach was conducted.

The key audiences for the report are Mildura Rural City Council staff, local service delivery partners, the HUM Backbone Team, and relevant partners from government and philanthropy.

The review covers the CERR during 2 periods of COVID-19 restrictions in Mildura, the first occurring from March until May 2020, and the second from June until November 2020.

The evaluation is based on a qualitative methodology designed to capture the lessons and insights from a small group of representatives from MRCC and service agencies involved in CERR. Data collection included delivery partner reflections, interviews, surveys, and a desktop review.

This report is one of several pieces of documentation about the COVID-19 period and local response efforts. To understand the performance of CERR more broadly, this report should be read in conjunction with the MRCC's Community Survey 2020 Snapshot.

The report does not cover broader municipal responses by MRCC, such as economic relief.

Clear Horizon

Key findings

About the CERR

The CERR set up and delivery had several distinctive elements shaped by its collective way of working and builds on a history of collaboration between some of the participating delivery partners:

- It used place-based design and testing that leveraged existing knowledge, relationships, and networks to create cross sectoral understanding of community driven needs.

- Involved fast mobilisation to start delivering food relief very quickly, and this was made possible because of existing trust and relationships between several cross-sector leaders.

- Was iterated across the 'response' implementation to address emerging community needs.

- Engagement was centralised via MRCC's dedicated support team and public awareness raising campaigns; and delivery coordination and distribution of support was shared across agencies.

- Services performed a diverse mix of functions and roles (engaging in advocacy, outreach, and delivery of support with community) and stepped out of their usual roles and rules for partnering.

Achievements and outcomes

19+ PARTNERSHIPS	3,354 PEOPLE SERVICED	899 FOOD PARCELS	171 ACTIVITY PACKS	194 REFERRALS BETWEEN SERVICES

By the end of the lockdown period, 3,354 people had been serviced via CERR, inclusive of 899 immediate food parcels, 171 activity packs and 194 referrals between organisations were made. At the end of 2020, there were 19 partner organisations, with new partners continuing to sign up.

Overall, the coordination and community engagement aspects of CERR delivery was evaluated to be effective. One of the challenges raised was how to best reach all community members within the LGA during restrictions, to ensure support was accessible for culturally diverse cohorts and those already considered as being 'hard to reach' (even in non-pandemic times). Several partners voiced that CERR could have been made more accessible, particularly early in the response, for diverse sub-communities.

The findings confirm CERR achieved significant outcomes and benefits. Two key outcomes are that the food packs delivered provided acute relief for individuals and families trying to meet basic food needs during the pandemic crisis and that CERR served to facilitate connection with community during social isolation. At the 'systems level' and for delivery partners some of the short term outcomes experienced during CERR included:

- Networks, relationships, and capacity between services increased, including establishment of new partnerships and referrals between services because of new ways of working.

- Adaptive mindsets, practice and leadership was extensively demonstrated by CERR partners who were acting rapidly, working differently with new 'rules' and conditions, and collaborating.

- Innovations were developed such as the formation of a regional Food Hub, prototyping, iterative systems developed for support delivery, backing other organisations to support innovation.

- Pooling of resources (knowledge, staffing, assets etc) between services changed what was possible to deliver and resources were secured for an ongoing Food Hub (via a $650,000 grant).

- New pathways were created for cross organisational sharing of data, learning and knowledge sharing to create understanding of and tracking of emergent community needs.

Clear Horizon

Snapshot of key insights

WHAT WORKED WELL	WHAT COULD HAVE BEEN IMPROVED OR WAS CHALLENGING	ENABLERS
• Having a licence to operate quickly and authorisation to work differently. • The collective way of working together. • Dedicated staff on the phone line and following up with support recipients (where possible) worked well.	• Getting the word out sooner about CERR support and ensuring promotions reached culturally diverse cohorts. • Links to, or expanded support for, financial relief could have been developed earlier on. • Data collection for incoming requests and referrals could have been improved. • Coordinating responsive approaches in complex settings is challenging.	• Existing relationships and trust led to fast mobilisation, collaboration, and relational community engagement and support. • Leveraging collaboration and adaptive leadership capacity and networks of MRCC and HUM. • Emergent effectiveness principles guided the way of working.

BARRIERS

Social stigma within community of seeking support.

Resumption of pre-COVID norms after shifting to recovery.

The 6 big themes: 'What did we learn?'

When asked about the most significant learning from the CERR experience, there were six big themes:

1. Community is resilient. Some assumptions about what sectors of community would be hardest hit by COVID-19 measures did not hold true (i.e. that the elderly may need significantly more support).

2. Organisations and individuals have ability to adapt in a crisis.

3. Social support needs are inter-related, complex and resource intensive to respond to.

4. The relational aspect of partnership-driven collaboration and community engagement are critical for designing effective response and delivery approaches.

5. Transitioning between 'response' phase to 'recovery' means shifting again to new rules for engagement and ways of working, as 'norms' snap back, and this can create tensions to balance.

6. The foundations for successful responses, such as trust, relationships, collaboration capability, and data sharing arrangements etc. need to be established in non-crisis times.

What's important to take forward from the CERR experience

Based on the findings, the key insights to take forward into future scenario and emergency planning are:

1. Plan to maintain crisis response architecture and provide long-term support for emergency planning.

2. Invest in maintaining social infrastructure during non-emergency times, including relationships, networks, and collaboration capacity.

3. Continue to create long-term social supports for populations within the LGA experiencing vulnerability.

4. Assess what 'enablers' and 'barriers' from CERR are transferable to future emergency planning.

5. Ensure future responses include mechanisms to support staff and volunteers engaging in crisis situations.

6. During transitions into recovery and building resilience, intentionally embed any desirable changes in practices, resource flows, and/or structures.

Introduction

Purpose and scope of the evaluation

This evaluation and learning report presents the findings of a review of the COVID-19 Emergency Relief Response (CERR) and community relief processes in Mildura Local Government Area (LGA).

The purpose of the evaluation is for learning, improvement, and accountability. It brings together insights from core CERR delivery partners to inform future planning and practice. It includes a light evaluation of CERR effectiveness, outcomes, and the contribution role of the collective approach.

The report covers the 'what happened' from CERR inception and delivery of the social support response between March – December 2020. The social relief service response and relief processes includes the coordination and delivery of immediate food relief parcels, activity packs, shopping assistance, shopping vouchers and medication delivery. The report does not cover the economic recovery/ relief processes.

The report was commissioned by Hands Up Mallee (HUM) with the support of Mildura Rural City Council (MRCC). Key elements of the evaluation, such as the design and some data collection, were co-delivered with the HUM backbone, with input from MRCC, Sunraysia Mallee Ethnic Communities Council Inc (SMECC), HUM, Haven Home Safe, families receiving support, several schools, the Mildura English Language Centre and the Mildura Region School Breakfast Partnership Program.

COVID-19 Emergency Relief Response (CERR)

CERR was the social arm of the immediate emergency response in Mildura LGA to the COVID-19 pandemic, initiated in March 2020, involving coordination and distribution of food parcels (food relief), activity packs, social and financial support, and medicine deliveries across the region.

CERR was collectively delivered and began with 10 partnering organisations (now expanded to 19). Its original intent was to work together to provide emergency support during the COVID-19 restrictions for community members needing support and experiencing vulnerability.

CERR received funding from MRCC who provided coordination support, staffing for the dedicated call centre and assistance at the Food Hub. MRCC initially contributed funding for food relief and then Haven Home Safe provided funding for this. SMECC also provided staff to help run the Food Hub. Other resourcing was pooled across service organisations and included significant inkind contributions mobilised from organisations and individuals wanting to donate activity packs for children and youth and other in kind resources mobilised from organisations and individuals.

In the period covered by the evaluation for this report, there were 2 lockdowns in Mildura, the first occurring from March until May 2020, and the second from June until November 2020.

Key audiences

The report has been written for MRCC and staff, the HUM Backbone Team, local service providers and interested community groups/ partners, and state and federal government and philanthropy partners. Secondary audiences include the broader community and organisations, potential collaborators and partners, and other communities interested in COVID-19 emergency response enablers, barriers and lessons.

Background

An understanding of several context factors influencing how the CERR was initiated and delivered is important for interpreting the findings presented in the report.

Mildura LGA

Mildura LGA is a regional city located in north-west Victoria, home to 55,777[1] people. Mildura acts as a regional food and manufacturing hub, benefiting from an ideal climate, innovative irrigation network and strong transport links[2]. Mildura's key industries include farming, horticulture, tourism, manufacturing and logistics[3]. The Mildura LGA has significant cultural diversity, with a large Aboriginal and Torres Strait Islander community (4.6% compared to 0.8% for the rest of Victoria), and migrant population groups[4]. While a resourceful and resilient community, Mildura LGA faces several complex social and economic challenges which means there are many people in the community experiencing vulnerability and disadvantage compared to state averages.

The region has an established collective impact initiative – Hands Up Mallee (HUM)

The Mildura LGA has a history of collaboration and a regional Collective Impact initiative (Hands Up Mallee) which has been operating since 2015. HUM is a place-based initiative involving diverse stakeholders including service providers, a dedicated Backbone Team, community members and leaders, three tiers of government, and philanthropy working together across sectors to improve community health and wellbeing outcomes. HUM is working collectively towards: a safe, secure and supported community; promoting youth health and well-being; enhancing education attendance and outcomes; and building community connections.

Having an established collective impact initiative in the region is an important contextual factor for interpreting the findings of the CERR evaluation and learning report.[5] Through HUM, a network of deep partnerships and trusted relationships have been established over the years prior to COVID-19. Also, the 'collective impact' way of working has built local capacity for adaptive leadership and systems thinking suited to emergent and complex settings.

The broader municipal response to COVID-19 in Mildura

In addition to the social support arm in scope for this report, there were also economic and health response measures delivered by MRCC and various agency partners at a municipal level. This included business support, referral to health advice, financial and payment relief options for residents, event recovery grants, communications campaigns (such as 'Be Kind') and community activation funding. While these are not covered in this evaluation, they are important supports offered in complement to those activities in focus for the review. More broadly, the backdrop was a rapidly evolving policy environment at the state and Federal levels stimulating planning for a COVID-19 Relief Service.

---

[1] Regional Development Victoria (2019).
[2] REMPLAN 2021
[3] Ibid.
[4] HUM 2021
[5] The model of Collective Impact aims to create social change by working together on a shared agenda and rolling out mutually reinforcing activities to achieve social change. Through collaboration partners build the enabling conditions for long term change. It is underpinned by systems thinking and requires adaptive capacity by the many partners and cross-sector leaders involved to address systemic issues holding issues in place. Collective impact is not a static approach.

Transition phases during the pandemic

The last bit of background is the framing used in the report for the CERR journey phases. Liz Weaver, of the Tamarack Institute, describes the phases of response, recovery and resilience building as being a common pathway through emergency scenarios such as a pandemic. These phases are described below.[6] Based on the Mildura experience, these are not distinct sequential phases however overlap and can happen concurrently. The framing is helpful for understanding what is happening more broadly as part of the 'response' phase.

RESPOND:
MARCH - NOVEMBER 2020

- Work done immediately to address the crisis
- Responsibles happen at multiple levels: we seek physical safety for ourselves and family; we are concerned for people in the wider community; and usually a small set of decision-makers and leaders step into forefront with a path forwards and data about what is happening. Organisations also respond.
- There is a ripple effect as we adjust and translates 'new rules' and ways of doing things

RECOVER:
JULY - DECEMBER 2020 (AND BEYOND)

- Recovery begins with a conversation about envisioning possible futures (post-pandemic) and then making sense of these possibilities from different perspectives
- Forward thinking is a critical part of the recovery phase and enables us to pause, reflect and lean forward
- Building capacity of people, engaging in new ideas, and supporting communities
- Scanerio planning is an example of a tool often used to explore possible futures

BUILDING AND DEEPENING RESILIENCE:
OCTOBER - DECEMBER 2020 (AND BEYOND)

- Resilience is the capacity to recover from difficulty or disruption

Key evaluation questions (KEQs)

Below are the key evaluation and learning questions for the report (see Annex 1 for full list with sub questions). The findings are organised around these high-level questions:

1. **How well did we deliver and manage the COVID-19 Emergency Relief Response (CERR)?**

2. **What changes, innovations and practices happened during the CERR as a result of the place-based collective approach?**

3. **What are key lessons from the CERR and working together?**

4. **What do we need to do next?**

---

[6] Liz Weaver (202?), Collective Impact Post-Pandemic: A framework for response, recovery and resilience

Clear Horizon

Methodology

Between October 2020 and March 2021 Clear Horizon worked with the HUM Backbone Team to design and implement the evaluation. The evaluation was underpinned by post action reflection and draws qualitative research that collected the personal accounts, experiences and insights of key stakeholders involved in CERR delivery. The evidence produced has informed the CERR journey map, theory of change, and key findings in the report.

Data Collection and analysis

Data collection was conducted by the HUM Backbone Team and Clear Horizon. Clear Horizon conducted the documentation scan (See Annex 2 for Document Register) and conducted 7 key informant interviews. HUM Backbone Team collated data via activity metric dashboards[7], conducted one semi-structured interview, collected 5 written reflections from partners, and led the delivery of the online survey to which 10 people responded (Clear Horizon supported the survey design). The key informant interviews utilised Most Significant Change[8] and Most Significant Learning[9] techniques.

Informants included representatives from MRCC, partner community services, and community members. While the findings bring together a mix of voices from CERR delivery partners, it is important to note the evaluation is based primarily on the reflections of a small and select group of providers, with community feedback utilised where available as provided by delivery organisations. There was no community engagement conducted for the evaluation due to the scope and scale of the review and resourcing.

Data Analysis

Qualitative data was analysed thematically and cross-referenced against quantitative data from the surveys, dashboards and documents provided, and analysed using descriptive statistics. Using an evidence table, the results from different datasets were synthesised and aligned against the key evaluation questions. Data from the different datasets were triangulation to make the findings from the small sample more robust. A light contribution analysis was embedded in this process.

Limitations

While effort was made to ensure rigour of the evaluation process and findings, there are limitations. First, the extent of community feedback included in the study was limited and relied on feedback collected from service partners. Second, the service partner surveys had low response rates (10 responses for the Relief Service Centre Feedback survey, and 5 responses to the Evaluation Survey COVID Relief Centre 2020 survey). Feedback from some volunteers and providers suggested the low engagement was due lack of capacity as well as a sense of general response fatigue. Third, some of the data from the Evaluation Survey COVID Relief Centre 2020 survey was difficult to clean and compare. Last, non-probability convenience sampling was used due to the scope and scale of the review, with the evaluation interview and survey participants selected by HUM, based on direct involvement in CERR. This limited the potential divergence of perspectives from the broader response.

---

[7] Dashboards included the 'COVID Relief Update' to Nov 6 2020, which tracked demand and relief services provided, and covered service request trends for accommodation and youth support.
[8] MSC is a story-based method eliciting the most significant change experienced by stakeholders as a result of the project.
[9] MSL is a method that tests original assumptions of change held by stakeholders against subsequent experience.

Clear Horizon

Key Findings

The evaluation findings and supporting evidence across the four focus areas of the review is provided in this section. Aligned with the evaluation and learning questions, the findings are presented in four parts:

1. **CERR coordination, reach and response** presents findings on the effectiveness of coordination and delivery, and community and service provider experience of the response.

2. **Outcomes, adaptions and innovation** summarises the changes and benefits for community, for delivery partners, and the systemic and longer term outcomes from working together.

3. **Key insights** presents the lessons and findings on what worked, what didn't, and identifies the enablers and barriers reported by delivery partners for CERR.

4. **What to take forward** delivers the key insights from participating delivery partners, identifying what is important to harness from this experience and to inform future emergency and scenario planning.

1. CERR coordination, reach and people's experiences

19+ PARTNERSHIPS	3,354 PEOPLE SERVICED	899 FOOD PARCELS	171 ACTIVITY PACKS	194 REFERRALS BETWEEN SERVICES

1.1   What happened? The CERR journey

This section starts with a detailed summary of the CERR journey (Figure 1). It then presents the findings on the coordination, reach, and community and service provider experiences of CERR.

Initial set-up

With the onset of the COVID-19 pandemic, the Mildura LGA communities began experiencing the closure of businesses, services, jobs, and a heightening of social and financial pressures. For local service providers and Mildura Rural City Council, there was an awareness that the health measures and 'lock-downs' experienced in the Mildura LGA would affect food security, access to support and medical supplies, and social isolation for many families.

In March 2020, as the first lockdown took place, MRCC and the HUM Backbone Team had a formative conversation about initiating CERR. They identified the need to look at emergency food relief for the region and that an opportunity existed to leverage the existing collaborative partnerships and ways of working within the area. Given the HUM Backbone Team's network, relationships and experience in leading collaboration, MRCC asked HUM to scope out and coordinate options for immediate food relief response.

Led by HUM, a core group of partners begun mapping local food security systems and identifying potentially relevant service partners and organisations to be involved in CERR. HUM and the MRCC took the leadership on convening and leading 10 organisations in the initial collaborative response, with a focus on immediate food relief. HUM and the MRCC worked to develop the early response planning and development of the necessary systems and assets for the food relief response.

Collaborative approach

The existing relationships and experience of working together helped partners to mobilise quickly and start delivering support within two weeks of the first lockdown. Partner organisations worked together closely, some with an existing working relationship, and others collaborating for the first time. Partners previously collaborating included MRCC, HUM, SMECC, schools, Homebase, early years services, Haven, and Community Health; and newer partnerships were created during food relief included St Vincent de Paul Society, Salvation Army, churches, Mallee Track Health, Community Services, and neighbourhood centres.

Coordinating and delivering food and support services

It became clear early in the pandemic that the Victorian State funded food relief parcels were not going to meet all of the needs identified in the local community. The criteria for the state funded food parcels was restrictive and changed over the course of the pandemic. It also became clear that local assistance from agencies, beyond Red Cross volunteers who were tasked with the storage and distribution of state funded food parcels across Victoria, would be required in our region. This was due to the geographical size of the Mildura LGA, the small local Red Cross volunteer base, and the fact that Red Cross did not have access to a low cost storage facility for the state funded food parcels.

A small group of core individuals led the immediate response in the first few weeks of the first lockdown, volunteering time and making food delivery across the weekends (including delivering the state funded food parcels) until more structured processes were established. Many organisations were involved, including, but not limited to: SMECC, HUM, MRCC, schools, Neighbourhood Houses, and the police community engagement unit.

MRCC led the communications with community, keeping people informed about services on offer. CERR communications and community engagement included: advertisements in local newspapers and radio; messaging via social media, newsletters and the MRCC and partner websites; flyers and posters; surveys; and outreach by trusted community members and networks for sub-community cohorts[10]. A key part of the coordinated response was the dedicated phone service (a local number) established, run by 2-3 MRCC staff, and this was the central referral point for community support requests from the public.

Communications and distribution also aimed to ensure outreach was established with local Aboriginal and Torres Strait Islander communities, and cohorts experiencing high vulnerability and/or isolation (such as undocumented migrants and international students). Support requests from community were also received directly by local service providers, and referral processes to other agencies were adapted so requests could be fielded out across partners for 'best fit'.

To create a physical base for distribution the Sunraysia Mallee Ethnic Community Council (SMECC) was approached by HUM. This promoted the formation of a central Food Hub, and schools and a few core organisations pooled existing surplus food supplies and financial resources to purchase additional supplies.

Food was initially distributed by any means, and then pivoted to structure distribution so it could be done by trusted members within the community and/or by organisations that had relationships with people needing support. This relational approach developed over time. One example was schools distributing food packs to maintain connection with families during school closures, particularly with those experiencing vulnerability and isolation. For each food parcel, HUM produced a "Hello Neighbour" card which included referral and local support information. This complemented the wider communication campaigns about available support services.

---

[10] Minutes – Foundations Sub Group 4 November; Minutes – Foundations Sub Group 4 November

Clear Horizon

Figure 1 CERR Journey Map March – December 2020

CERR JOURNEY MAP
MARCH – DECEMBER 2020

Pre-COVID-19 trusted relationships and history of collaboration.

Council decides to act, requests HUM to scope and support collaborative response effort.

HUM contacts council about efforts in food relief space.

Acknowledged need for regional food centre

HUM maps food security system and potential partners. Council and HUM convene response planning. Reach out to SMECC to play a role in distribution.

Supplementing & distributing State food parcels

Adoption of online/digital food vouchers

10 organisations come together

Schools partner with welfare providers in dropping off food

Early response 'systems' set up by Council and HUM. Referral decision making book ("the bible") developed by HUM, then iterated by MRCC.

SMECC Central food hub established

RESPOND

March

April

School well-being officers begin contactless deliveries and follow-up to check in on welfare.

School breakfast program pool resources to supplement food hub offers

Different strategies used to reach those hardest to reach

May

Food distribution led by community-trusted orgs/persons. i.e. Neighbourhood Houses

HUM and service providers share community data, so services can support one another & community

July

MRCC works with SMECC to ensure support for international students & undocumented migrants

June

Further partnering developed to help outreach

Advocacy role up to State government around stranded interstate travellers

August

September

RECOVER

3,354 people serviced
899 immediate food parcels
171 activity packs
194 referrals between orgs

Funding secured for SMECC to start regional food hub.

19 partner organisations

November

New partners are still signing up to join the initiative

MRCC supports SMECC to gain regional food hub grant

Collaboration becomes aware of food hub grant opportunity

October

BUILDING & DEEPENING RESILIENCE

December

Legend:

RESPOND

RECOVER

BUILDING & DEEPENING RESILIENCE

EMBED/CONTINUATION

ACTION/BEHAVIOUR

DECISION

PIVOT

CHANGES/OUTCOME

Clear Horizon

Reach of services, support and referrals

By the end of the lockdown period, 3,354 people had been serviced, inclusive of 899 immediate food parcels, 171 activity packs and 194 referrals between organisations. By November, there were 19 partner organisations, with new partners continuing to sign up to the initiative into 2021.[11]

Data collection and sharing to support CERR

During the CERR data collection and storage, systems were set up by MRCC staff to record support requests from community, follow ups, and referrals between services. HUM also set up a series of dashboards to track service response and delivery providing a snapshot of key activity metrics.

Transition into recovery and strengthening resilience

As action transitioned from response to recovery, MRCC and HUM scaled down the response based on the scaling down of community need. The partnership base involved in recovery efforts continues to expand. Within the recovery phase, HUM have undertaken targeted community engagement, such as working with youth to understand the effects of COVID-19 and identify their needs.

As well as creating many benefits and changes during recovery, CERR efforts have led to longer term changes and 'wins' for local food security (see next section for summary of outcomes). One highlight being that in October and November, several delivery partners worked together to support a SMECC application for a Department of Health and Human Services (DHHS) Victoria Foodshare grant round for an ongoing Food Hub which has secured $650K to contribute to future local food security and relief.

More broadly during recovery, MRCC developed the COVID-19 Community Relief and Recovery Plan (to support the MRCC Municipal Emergency Management Plan) in September 2020 with the input of many organisations. In November, MRCC ran the Mildura COVID-19 community survey with the support of HUM and received 857 responses which highlighted the challenges community experienced during lock down and some future needs such as mental health support, healthy eating advice, exercise opportunities, community events and business supports.

1.2   Findings on CERR coordination and delivery

The feedback indicated that the collective response was well-coordinated between partners and that the CERR delivered appropriate and relevant supports for community by actively collaborating and listening to community needs. Communication between partners was perceived as effective and was cited as being an enabler for prompting good coordination in response to community needs. One successful strategy for distribution was having supplies delivered to community by a service/ representative with an existing relationship with the person seeking support.

During the set up and delivery phase of CERR, existing partnerships were leveraged and relevant organisations that had not worked together before were also invited to collaborate. Several evaluation participants noted that the contributing organisations extended beyond services that traditionally operate in the food security space, and this added value. One example is the police community engagement unit that engaged in delivering food packages[12].

---

[11] Data sourced from activity tracking and records collated by HUM on behalf of delivery partners.
[12] Minutes – Foundations Sub Group 7 Sept

Coordination was also considered effective in cases where partners could complement each others' services through working together and referring support requests between services (of which there were 194 of such referrals). Some evaluation participants indicated that CERR coordination was able to minimise duplication, play on local strengths, and connect different sub-communities, schools and Neighbourhood Houses to assist extending the reach of support. While coordination was considered effective, there was shared acknowledgement that coordinating a large range of partners and working in uncertain and complex conditions is challenging. Other feedback for improvement included that food delivery would be good if it was same day, rather than next day, and that the Food Hub could have had longer opening hours (including weekends). The following quotes give examples of what went well.

> *"I went down to meet the people at the Food Shed and quickly built a relationship with them. I collected 10 food parcels each Friday to distribute. They quickly got used to my routine and had the parcels ready for me, which was fantastic, and they always included fresh food too."[13]*

> *"The provisions of food, number of parcels, no way that would have happened without the partnership. [Organisations] wouldn't have had the capacity, people wouldn't have known where to go. This [coordination] centralised it and made it clear."[14]*

> *"One collab was with the schools partnership. We were able to work with HUM to build relationships with schools. People generally go to those they trust. They may not trust Council. So, we leveraged existing relationships. Home group students could identify those who might need support. Many food parcels went out via schools. I think that worked really well.[15]*

1.3 Findings on CERR engagement and reach (including diversity of cohorts reached)

Delivery partners considered the community requests for support were well addressed and that the support on offer was relatively easy to access for a large proportion of community members. While strategies were used to reach culturally diverse cohorts and people with most need/ vulnerability, partners were uncertain to what extent CERR was accessible for all sub-communities. While positive feedback was received from Aboriginal community members (see Annex 3 for example), accessibility for Aboriginal, culturally diverse, and/or marginalised cohorts was raised as a key challenge. It was suggested that efforts to increased accessibility of communications and materials earlier in the CERR public awareness campaign (i.e. translation into multiple languages) could improve uptake.

During March – November 2020, 3354 people were responded to through the CERR. This included a wide range of food relief and social support requests. Incoming requests were catered for via triage to specialist support workers, such as disability inclusive officers, aged care workers and Aboriginal representatives and via the Food Hub and SMECC who played a role identifying and supporting Culturally and Linguistically Diverse (CALD) communities. Several of the service providers reflected that the food parcels and support was delivered in a timely and targeted way to meet demand and were

---

[13] MSC Story 1 *(See Annex 3 for full Most Significant Change story)*
[14] Key informant interview (KII) 6
[15] KII 5

about to cater for support needs from culturally diverse groups and people from mixed socio-economic contexts. The following quote provides one general examples of positive feedback about CERR:

> *The response (CERR) was wonderful… The response happened quickly and took into account all members of our Mildura community. It was fantastic to see the many differing organisations in Mildura working together to provide for and support the MRCC Emergency Relief Response."[16]*

> *"Overall the approach and help meant that the Aboriginal community did a really great job keeping COVID safe, as did all of our community. I think this united us- we saw us as all in this together. I think this might have changed how we view each other."[17]*

The majority of evaluation participants perceived the community awareness raising as effective[18], while some support recipients indicated a desire to have known about services earlier. The tactic to use existing relationships as much as possible for engagement and delivery received positive feedback. This was important for continuity of trust, and for reaching out to people who may be in need, but not reach out for support. The importance of relational engagement is supported by the following quotes:

> *"Collaborating with people who had connections really helped.... Where there is hesitation for families to trust Council or community providers, schools were a good vehicle to connect/provide to families."[19]*

> *"We were able to recognise families within our community who were in need of support without the need to ask. When we did ask our community, some families who were not used to needing to ask for help were reluctant to put their hand up."[20]*

One recurring issue raised by participants was the challenge of how to engage those hardest to reach, and it was acknowledged that there were gaps in service knowledge and delivery across the LGA. Responses indicated that there is uncertainty about the extent to which engagement with particular cohorts (including Aboriginal and Torres Strait Islander community members, CALD cohorts, and migrants and travellers) was effective. The following quote is one example:

> *"I think it [the response] met the needs of those we know about. I worry about those we didn't know about and who didn't access the service…(that are) not on our radar?" "[21]*

As included in the Most Significant Change story in Annex 3, there was positive feedback of how CERR support reached some Aboriginal communities, however this was identified as a challenge that requires ongoing improvement, both in emergency scenarios and non-pandemic context service engagement.

Numerous stakeholders acknowledged more could have been done to cater for diverse community needs and enhance accessibility such as through earlier translations of engagement material, and distribution and outreach through trusted networks into sub-communities who may have been isolated or not able to engage with mainstream engagement campaigns (including people with uncertain visa

---

[16] Evaluation Survey COVID Relief Centre 2020 (ES) 5
[17] MSC Story 1
[18] KII n= 4, ES n=3
[19] ES 1
[20] ES 3
[21] KII 4

status). Another suggested improvement was that CERR could have better assisted people affected by state-imposed border restrictions. The following example is provided:

> *"People who needed to get into South Australia, all we could recommend was filling out an online form. Community was having to tell their story continuously until someone resolved [their challenges] was difficult. Maybe we should have had contact to the right people [and] a more effective and efficient way of responding and resolving these issues."[22]*

It is noted that state border restrictions and support solutions extend beyond a municipal-level response.

1.4   People's experiences of CERR

Overwhelmingly, evaluation participants cited examples and observations of positive experiences of CERR support by community members. [23] One strong theme from the feedback reviewed from community, was that when accessing support, community felt listened to "and genuinely cared for" and that it "took the pressure off". [24] One participant cites the relief support only made a "small difference considering my huge problems. The following quote (from the MSC in Annex 3) and resident testimony (see box) are provided as two nuanced examples.

> *"The feedback from the community was that this was an important service as people were struggling. Food prices and rent rates were going up. There were a lot of funerals during this time and families needed help….The box size was good. The parcels were always appreciated, though sometimes the children were hoping for a small treat as well, and maybe some more thought about what babies would need could have been made." [25]*

A note of appreciation – from local resident to MRCC

"After hearing about the Council having assistance for people in need in our community from my maternal health nurse I decided to ring and enquire as we had hit a difficult time as both our wages had been cut in half. I rang and was connected with [the Community Relief Service] and right from the start I felt comfortable and welcomed.

Although they were unable to assist with rent as this wasn't part of their relief help, [the Community Relief Service] was able to help me and point me in the right direction and with all the information I needed to be able to seek help through another source which I have since done and have been able to apply for assistance which will be such a huge help.

I also was able to receive a care package of groceries that was so generous and brought me to tears as they also went above and beyond and bought our five-year-old a gift as well which made her day. She was so happy to get a gift out of the blue and she played with it for days after saying "I can't believe that nice lady gave me this present".

(Continued over page.)

Source: Community Relief Service a helping hand during COVID-19 pandemic', MRCC website, published 15 May 2020

---

[22] KII 3

[23] From the very small sample provided to Clear Horizon on community experiences, there were no negative or adverse issues raised by participants. As a result, this section only includes positive feedback examples, and they are not confirmed as being representative of the broader community sentiment.

[24] Relief Service Centre Feedback (RS) 6

[25] MSC Story 1 (see Annex 3 for full MSC)

A note of appreciation – continued

"…So to say we feel truly cared for by our community in a time where we are all in a position out of our control would be an understatement. I have also had follow up calls to see how we are going and also had the warmth of an ear to listen with how I am feeling during this time. It's been really nice to have such caring phone conversation with the team member and have that contact with the outside world in a time of isolation.

We could not be more grateful for the assistance we have received from the Community Relief Service, from the food care package to the helping hand to point us in the right direction for extra assistance. So thank you Mildura Rural City Council for having these [services] available to all in need and especially for us who are not used to asking for help and being in this vulnerable position and having great staff that make us feel welcome."

Source: Community Relief Service a helping hand during COVID-19 pandemic', MRCC website, published 15 May 2020

Other areas that were cited as areas that people needed support with included home maintenance, border crossing, childcare and carer respite, housing, online/ technology support, and financial and speciality item food support related to the Christmas timing.

1.5   Feedback from CERR delivery partners

A strong theme from the evidence was that many delivery partners had a positive experience of the CERR and felt they had contributed to an impactful, significant and rewarding initiative. Several partners cited that they enjoyed being part of the collective effort and working together in new ways. It was noted by some that the authorisation and momentum to act fast to respond to community needs (without the usual 'red tape' and extended planning/approval processes) was refreshing as it led to immediate benefits for community. Service providers also appreciated receiving real-time thanks and feedback from community members receiving CERR support and could see the difference CERR was making.

Clear Horizon

2. Outcomes, adaptions, and innovations

2.1   A model of how change happened during CERR

Figure 2 provides a visual summary of CERR outcomes for community and service providers during inception and delivery. It is a conceptual model showing of how we understand the impact pathways between CERR actions, the way of working, and the emergent innovations and outcomes to have happened, based on the evaluation findings. It uses a theory of change approach.

The model can be read from bottom to top. At the lowest level of the model the historical context and foundations existing at the time of the pandemic crisis are summarised (see 'Background' in Introduction for description). Moving up the model, the next levels show the key response strategies implemented and the enabling conditions that were identified by delivery partners as being critical for the timely, sustained, and impactful approach that was achieved. Next, the short and medium term changes that CERR has contributed to are summarised, and this includes outcomes for community and for partners.
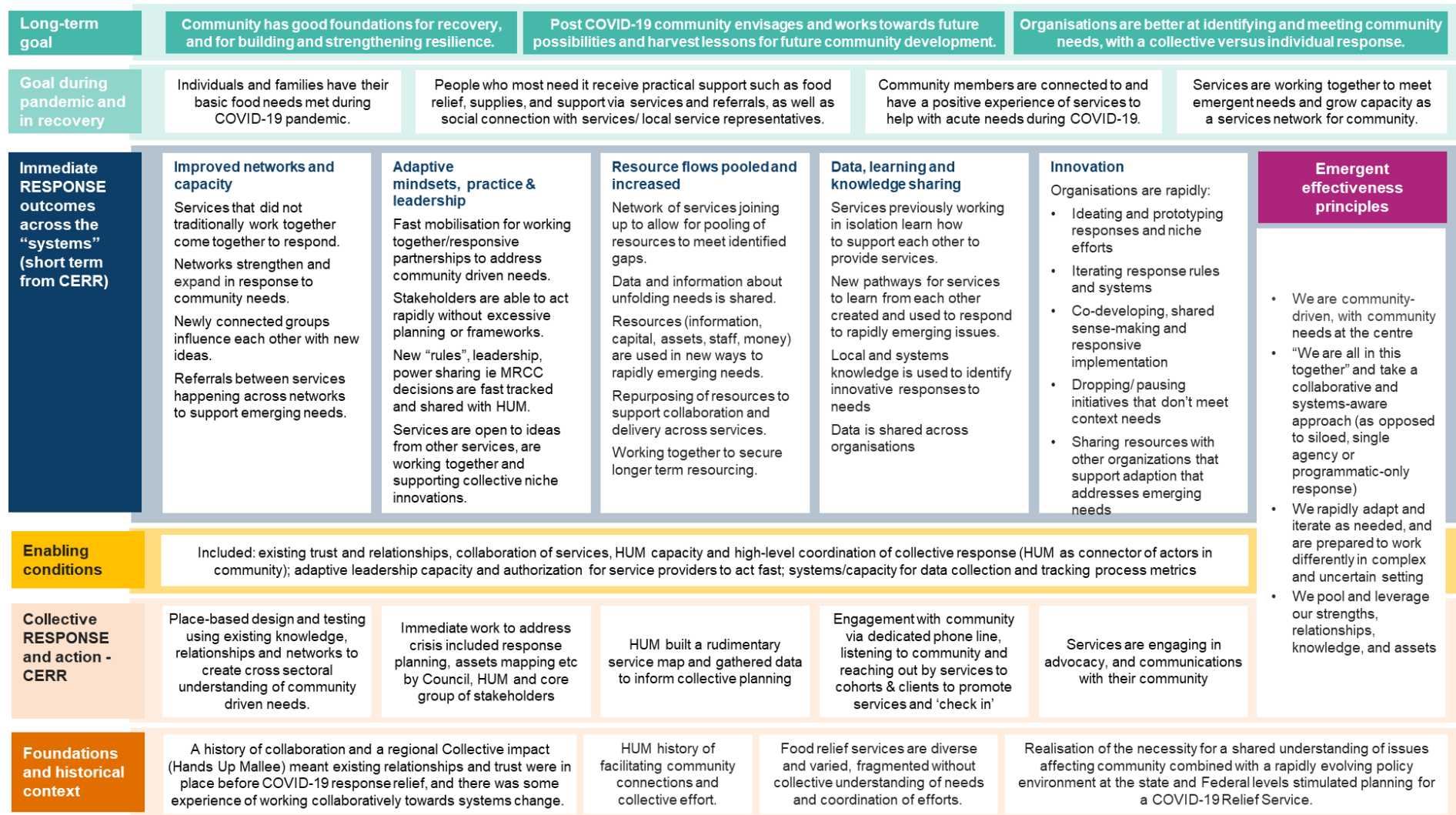
2.2   Outcomes for community

The COVID-19 pandemic and restrictions had serious economic and social impacts on the region.[26] The CERR support was timely and relevant for people already experiencing vulnerability and hardship, as well as for residents that found themselves needing social support services for the first time.[27] The findings indicate CERR contributed to several significant social outcomes for community, in terms of relevance, scale, and a longer-term contribution to local food security. CERR outcomes for community during March – December 2020 included:

- **Creation of a regional food hub and acute food relief** via the distribution of food supplies to individuals and households (899 packages). For recipients unable to meet their basic food needs and/or who were under considerable stress, the benefit of acute relief was reported as significant. The food hub has now secured extended resourcing to contribute towards longer term food security in the region. (See box below for a vignette on the Food Hub.)

- **Improved wrap around support and a streamlined experience for community members during the response** (i.e. not having to tell their stories multiple times, addressing previous gaps in service referral and support delivery) as the CERR approach created new ways for integrating service delivery and cross agency referrals.

- **Social connection** between community members and services/ local service representatives. This was strongly cited by core delivery partners and community members as being a significant benefit during a period of social isolation and lockdown.

- **Increased understanding by some community members of the services available** to them (during COVID-19 and beyond) and for many people **new pathways and relationships for accessing social support** were created.

- **Instances of new and/or strengthened levels of trust from community members with services and MRCC** (due to positive experiences of support and relief during COVID-19). MRCC and services were perceived as "caring", demonstrating leadership, and living the principle "we are all in this together" which was reassuring during a time of crisis.

---

[26] Cited across interviews, supported by desktop analysis (including MRCC research and messaging).
[27] 'Community Relief Service a helping hand during COVID-19 pandemic' (2020) Mildura Rural City Council website

Figure 2: CERR model of how change happened in the Mildura LGA COVID-19 context

Long-term goal	Community has good foundations for recovery, and for building and strengthening resilience.	Post COVID-19 community envisages and works towards future possibilities and harvest lessons for future community development.		Organisations are better at identifying and meeting community needs, with a collective versus individual response.
Goal during pandemic and in recovery	Individuals and families have their basic food needs met during COVID-19 pandemic.	People who most need it receive practical support such as food relief, supplies, and support via services and referrals, as well as social connection with services/ local service representatives.	Community members are connected to and have a positive experience of services to help with acute needs during COVID-19.	Services are working together to meet emergent needs and grow capacity as a services network for community.

Immediate RESPONSE outcomes across the "systems" (short term from CERR)	**Improved networks and capacity**	**Adaptive mindsets, practice & leadership**	**Resource flows pooled and increased**	**Data, learning and knowledge sharing**	**Innovation**	**Emergent effectiveness principles**
	Services that did not traditionally work together come together to respond. Networks strengthen and expand in response to community needs. Newly connected groups influence each other with new ideas. Referrals between services happening across networks to support emerging needs.	Fast mobilisation for working together/responsive partnerships to address community driven needs. Stakeholders are able to act rapidly without excessive planning or frameworks. New "rules", leadership, power sharing ie MRCC decisions are fast tracked and shared with HUM. Services are open to ideas from other services, are working together and supporting collective niche innovations.	Network of services joining up to allow for pooling of resources to meet identified gaps. Data and information about unfolding needs is shared. Resources (information, capital, assets, staff, money) are used in new ways to rapidly emerging needs. Repurposing of resources to support collaboration and delivery across services. Working together to secure longer term resourcing.	Services previously working in isolation learn how to support each other to provide services. New pathways for services to learn from each other created and used to respond to rapidly emerging issues. Local and systems knowledge is used to identify innovative responses to needs Data is shared across organisations	Organisations are rapidly: • Ideating and prototyping responses and niche efforts • Iterating response rules and systems • Co-developing, shared sense-making and responsive implementation • Dropping/ pausing initiatives that don't meet context needs • Sharing resources with other organizations that support adaption that addresses emerging needs	• We are community-driven, with community needs at the centre • "We are all in this together" and take a collaborative and systems-aware approach (as opposed to siloed, single agency or programmatic-only response) • We rapidly adapt and iterate as needed, and are prepared to work differently in complex and uncertain setting • We pool and leverage our strengths, relationships, knowledge, and assets
Enabling conditions	Included: existing trust and relationships, collaboration of services, HUM capacity and high-level coordination of collective response (HUM as connector of actors in community); adaptive leadership capacity and authorization for service providers to act fast; systems/capacity for data collection and tracking process metrics					
Collective RESPONSE and action - CERR	Place-based design and testing using existing knowledge, relationships and networks to create cross sectoral understanding of community driven needs.	Immediate work to address crisis included response planning, assets mapping etc by Council, HUM and core group of stakeholders	HUM built a rudimentary service map and gathered data to inform collective planning	Engagement with community via dedicated phone line, listening to community and reaching out by services to cohorts & clients to promote services and 'check in'	Services are engaging in advocacy, and communications with their community	
Foundations and historical context	A history of collaboration and a regional Collective impact (Hands Up Mallee) meant existing relationships and trust were in place before COVID-19 response relief, and there was some experience of working collaboratively towards systems change.	HUM history of facilitating community connections and collective effort.	Food relief services are diverse and varied, fragmented without collective understanding of needs and coordination of efforts.	Realisation of the necessity for a shared understanding of issues affecting community combined with a rapidly evolving policy environment at the state and Federal levels stimulated planning for a COVID-19 Relief Service.		

Clear Horizon

The following quotes provide some further nuance into two areas of the outcomes:

> *"In first 3 months, 70% of clients were new clientele. A lot of them had never been in a situation where they were on jobkeeper or jobseeker. They were scared to get in touch because they were embarrassed. The feedback was outstanding. They were relieved for the support."*[28]

> *"One change that has been provided anecdotally, is that community felt closer to Council and cared for by Council, often viewed as 'us against them' previously (ie we don't empty bins often enough etc) for large number of people that stigma dissipated and they didn't have that feeling about Council"*[29].

See Section 1.4 for other instances of changes and impact cited by community members about CERR.

Food Hub and working towards longer term food security in the region

While MRCC and service providers focused on emerging immediate needs during their response, they also invested energy in advocacy and securing resources for contributing towards longer term food security. The success of the Food Hub during response, and for laying the groundwork for future outcomes for community is a key example of one area of longer term change arising from CERR.

In late 2020, an opportunity for longer term funding for the Food Hub presented via a Victorian Government grant, and partners worked together to determine the agency with best fit for a submission and supported the proposal writing process. This collaborative process to support a submission for one agency was credited by several evaluation participants as being a direct result of the CERR experience and SMECC's involvement in the CERR collaboration.

Longer term funding was secured, and SMECC received $650,000 to establish a regional community Food Hub. The collaboration between organisations on SMECC's proposal[1] – indicated an embedded new way of working together. The Food Hub is expected to have significant ongoing impact on the Mildura region and has broadened the scope of support SMECC will offer to the community and towards food security. Several evaluation participants cited that the opportunity and extended funding would not have happened if not for the partnerships and food distribution systems formed during CERR.

2.3   Outcomes for partners and across the system

Outcomes were also happening for the delivery partners and across the 'systems' CERR was operating. This included changes in relationships, practice and mindsets, power sharing, temporary structural changes, innovation, and resource flows. Given that the changes evidenced during the response were necessitated by the emergency conditions and CERR implementation, it is reasonable to expect most will shift back to the 'business as usual' norms as efforts move into recovery. This is unless new ways of working are intentionally and structurally embedded and/or carried forward through ongoing collaboration. Changes across the system included:

- **Adaptive mindsets, practice and leadership** was demonstrated by delivery partners acting rapidly, adapting to new 'rules' and conditions, working collaboratively, and "working differently". To take immediate action, the core group of leaders were ready to go off plan and refine, pivot

---

[28] KII 7
[29] KII 2

and respond as they went (see box below for one example). Several evaluation participants observed shifts in mindsets, some being embedded beyond the 'response' phase, for example:

> *"I was in a meeting … and food security was brought up, and having strong partnership was raised as being important – and not having it sit with just one agency. This wouldn't have happened if people hadn't seen the strength of partnership and how it improved [the COVID-19 support] work."* [30]

- **Relationships were strengthened between partnering organisations and there were shifts in authorisation and power sharing to keep responsive and rapid.** One aspect of this included flatter accountability structures within and across organisations, and an observed increased responsiveness to "frontline" advice by managers in order to support rapid action.

- **Innovation** was demonstrated and enabled by partners backing each other to adapt and co-design approaches for the collective response. Niche innovations such as setting up the Food Hub, the call centre, and the cross-agency referral system involved prototyping and iterative development. (See example in box below for innovations during food supply.)

- **Resources were pooled and additional resourcing secured**. This included sharing of knowledge, resourcing (monetary and staffing), infrastructure, data, and assets between services. It also meant people were working in different capacities and roles, e.g. MRCC working differently to support other agencies and fill other gaps. Core delivery partners observed that resourcing was no longer viewed with a programmatic or single agency lens and was viewed collectively to meet emerging community needs. (See Food Hub example on previous page.)

- **Data collection, sharing, and learning was happening across organisations** to create understanding of and tracking of emergent community needs, supported by systems to record and track community requests and support being delivered.

Cycles of iteration and innovation during the evolving CERR food support

A key theme in the findings was the delivery partners' adaptability and innovation. One example is the process of innovation behind the evolving model of food support. Early in the delivery process it was found that traditional, physical food vouchers were inadequate in addressing community need – typically due to remoteness of community members. This prompted a pivot to digital/online food vouchers which could be emailed or text messaged to suit community needs.

> *"Haven was originally texting food vouchers to Woolies and Coles for those requiring immediate food relief. It quickly became apparent that when you lived 50kms away from the nearest Coles/Woolworths, this wouldn't work. Haven implemented an immediate response to that feedback and purchased gift vouchers for local butchers and supermarkets. When that became too difficult, Haven engaged Neighbourhood Houses to manage the distribution".*

Delivery partners then pivoted to providing food vouchers for local food stores and shifted to delivering food packages as for some people, petrol and transport was an issue. This learning came through action. At first packages were put together without asking people what they needed, and over time the system evolved based on an improved understanding of what community needed. As partners did the food delivery, they started to utilise existing relationships with community as a principle for who was best placed to deliver packages. (Continued over page.)

---

[30] KII 6

This was a new approach and there were no formal systems to support this new way of working however existing trust and good will between individuals and organisations created the conditions for this innovative approach to be successful. The approach evolved and was planned from the outset and was one of the key things that is different to "normal" emergency food relief.

In the case of the schools partnership, it also fulfilled the desire of schools to stay connected and keep a "safe eye" across their community of families to identify risk and vulnerability and to facilitate support.

> *"Where there was no system for food relief parcels to go out in a systematic way, calling upon partners to contact schools and develop a rostered ordering and delivery system to reach out to families whom they already have the relationship with and then make onward referrals. This was something our community had never done before. As a result, we issued 1471 parcels through schools and strengthened relationships between schools and families and schools and SCHS, SMECC, MRCC and the school breakfast programs."*

Based on the wide-ranging support being requested, CERR support also then shifted beyond food relief to creating a way to provide small amounts of monetary support without strict forms (e.g. in the case of Neighbourhood Houses).

3. Key insights from the CERR and working together

This section presents the key learnings. It covers a summary of what worked well, the areas that could have been improved, and identifies the enabling conditions and barriers for CERR. Last, we include the 6 key insights from delivery partners. A snapshot of key insights is below, and then detailed in the text.

Snapshot of key insights

WHAT WORKED WELL	WHAT COULD HAVE BEEN IMPROVED OR WAS CHALLENGING	ENABLERS
• Having a licence to operate quickly and authorisation to work differently. • The collective way of working together. • Dedicated staff on the phone line and following up with support recipients (where possible) worked well.	• Getting the word out sooner about CERR support and ensuring promotions reached culturally diverse cohorts. • Links to, or expanded support for, financial relief could have been developed earlier on. • Data collection for incoming requests and referrals could have been improved. • Coordinating responsive approaches in complex settings is challenging.	• Existing relationships and trust led to fast mobilisation, collaboration, and relational community engagement and support. • Leveraging collaboration and adaptive leadership capacity and networks of MRCC and HUM. • Emergent effectiveness principles guided the way of working.
		BARRIERS
		Social stigma within community of seeking support. Resumption of pre-COVID norms after shifting to recovery.

> **The 6 big themes: 'What did we learn?'**
>
> When asked about the most significant learning from the CERR experience, there were six big themes:
>
> 1. Community is resilient. Some assumptions about what sectors of community would be hardest hit by COVID-19 measures did not hold true (i.e. that the elderly may need significantly more support).
>
> 2. Organisations and individuals have ability to adapt in a crisis.
>
> 3. Social support needs are inter-related, complex and resource intensive to respond to.
>
> 4. The relational aspect of partnership-driven collaboration and community engagement are critical for designing effective response and delivery approaches.
>
> 5. Transitioning between 'response' phase to 'recovery' means shifting again to new rules for engagement and ways of working, as 'norms' snap back, and this can create tensions to balance.
>
> 6. The foundations for successful responses, such as trust, relationships, collaboration capability, and data sharing arrangements etc. need to be established in non-crisis times.

3.1   What worked well?

Three key aspects of what worked well are summarised below:

1. **Having a licence to operate quickly and authorisation to work differently.** MRCC staff and service providers coordinating CERR suspended 'business as usual' protocols and were endorsed to work rapidly, unencumbered by the usual "red tape", bureaucracy, and planning approval processes. Many evaluation participants cited how liberating and productive it was to work together in these conditions.

   "What worked well – there was almost an authority to just act. We weren't waiting on CEO approvals. There was not the same hoops to jump through. We could just get on with the doing."[31]

   "We had a licence to do things fast, in some ways that was incredibly freeing, we just got on and did the work. In that early phase when I worked with Council employees no one was worried what organisation they were from, everyone got in and did the work. That is different even in strong collaborations of how we usually operate, it was a lovely way to work and have the opportunity to work that way."[32]

2. **The way of working together.** Both providers and community indicated that fulfillment of community needs was supported by the collaborative spirit of service providers and the *way* partners worked together. As well as collaborating, the response required partners to take up different roles and accountabilities (as organisations and individuals) to keep flexible. Many participants cited that providers could draw on one another to complement and enhance their own service offerings. For example, Council acted to fill gaps such as OHS and administrative assistance to ensure community services could be provided. [33] The quotes highlight this theme:

---

[31] KII 4
[32] KII 6
[33] Minutes – Foundations Sub Group 4 November

> *"(What worked well was)…engagement of all partners; willingness to work together; sharing of resources and information; the education… (I am a) big believer in partnerships and relationships – so long as you have commitment from those involved."*[34]

> *"The key success was the Council and local organisations working together to support their community through a global health crisis. You can't get better than that. Working together for the greater good to support those less fortunate, those losing employment and income, those without English or new to the country, those people the pandemic hit the hardest. The fact that it was coordinated and organised in a short time and worked well is testament to how well it was managed. What factors helped this? Individuals within organisations and good communication."*[35]

It is noted that while there was resounding general agreement on the importance of partnerships, individuals and organisation value and define this differently. As response shifted into recovery, it was noted by some individuals that navigating these differences of what it means to 'partner' was challenging, and continues to be, a tension to balance.

3. **Dedicated staff on the phone line and following up with support recipients (where possible).** It was strongly acknowledged by participants that the centralised approach and dedicated staff attending to the incoming requests worked well and meant a deep understanding of community and needs was developed. The support team also did the following up with community and were keeping an eye on the large underlying issues and trends, adding more value than only triaging individual/ discrete incoming requests.

3.2 What didn't work, was challenging, and/or could have been improved?

The three key themes about the challenges and areas for improvement for CERR were[36]:

1. **Getting the word out sooner about the CERR support available and ensuring promotions catered for culturally diverse cohorts is an area for ongoing improvement.** Some community members communicated a desire to have known about services earlier. Communications to reach non-internet users, culturally diverse cohorts, and those "hard to reach" community members (such as homeless and/or geographically isolated households) is an ongoing challenge (outside of the COVID-19 context), however was exacerbated during the crisis and lockdown restrictions. There was acknowledgement that while some good efforts were made towards reaching culturally diverse cohorts, including Aboriginal families, that this is an area for ongoing improvement so that all cohorts in Mildura LGA have social service accessibility.

2. **Links to, or expanded support for, financial relief could have been developed earlier on.** Frontline delivery partners faced the challenge of how to provide or link people up with the much-needed support that was beyond standard food parcels. For example, some people would have benefited early from some small financial support packages and it was frustrating for some delivery partners not to have the resourcing to offer financial relief early on as part of CERR.

> *"There were a few gaps I felt. For example, money to do things other than buy food. We had the food, we could provide support for people to access vouchers…if you have a flat tyre and no way to travel, we did not have autonomy to provide funds so people could*

---

[34] KII 7
[35] ES 5
[36] See Section 1.4 and 1.5 for further feedback/suggestions for how CERR operations could be improved.

afford a new tyre and then be able to provide for themselves. Food didn't require full on assessments. However, anything else did require assessments. Giving people a little money might solve many of the problems facing community."[37]

3. **Data collection for incoming requests and referrals could have been improved**. The early intake and referral forms and activity record keeping were intentionally kept simple, however in retrospect the forms have led to some inconsistencies in data collected and limitations for analysis. There is a balance to strike between not creating burdensome data collection systems, and what was possible to create within a short time period, while ensuring demographic data collected to support forecasting of community needs to inform future planning.

"What didn't work well – if we had our time again – the intake and referral form. We developed with a focus on gathering the minimum amount of information required from individuals so they didn't need to tell their story again. The main aim was collecting immediate needs, not what they may need later on. However, as time progressed, we developed a need to understand demographics [and emerging needs]"[38]

4. **Coordinating responsive approaches in complex settings is challenging.** Participants cited the challenges of working in uncertainty, under pressure with limited resourcing, and the challenge of coordinating multiple organisations and managing individual personalities as part of the collective response.

3.3 Enablers and barriers

Looking behind what helped and hindered CERR are several enabling factors and barriers. These factors and conditions were critical to the achievements, uptake, and limitations of CERR; and are potentially relevant and transferable for future scenario planning and emergency responses.

Enablers

From the evaluation, the following enablers were identified by participants as critical to CERR success:

1. **Relationships and trust.** This cut across all aspects of the response, from the initial fast mobilisation to kick off CERR, to working collaboratively with 'new rules' and roles. Trust and relationships made innovating and learning possible and was key to relational community engagement and delivery of food packages. Most participants stated that it was the existing trust and relationships (established before the emergency response) that was the main enabling factor for CERR effectiveness and success. Other related factors were the individuals within the organisations that were participating and the quality of communication.

"Part of what worked well was those existing relationships… It shouldn't come down to individual relationships, but having those in a regional and rural town serve us well. There was a lot of collective goodwill. People stepping out of normal practice to get solutions happening."[39]

"Relationships are what underpins working with community. Services need more time to sit and chat with the people they are there to help and get to understand them more…."The single most important thing about all of this was the approach of using

---

[37] KII 3
[38] KII 4
[39] KII 4

everyday people talking with everyday people. We need to stop all the official paperwork and be real when we are helping these people. Sometimes just a phone call is what is needed. We make service access too complex with all the paperwork." [40]

2. **Leveraging collaboration and adaptive leadership capacity and networks.** MRCC and HUM were repeatedly cited as key enablers for their catalyst and convening roles, and the leadership capacity and experience they brought to CERR. MRCC were credited by delivery partners for their proactive effort and for flexibly stepping into new roles that supported collaboration. HUM played the coordination role for the collective response and was pivotal in bringing together the 19 partner organisations. HUM's skills (gained through their collective impact work) were leveraged for systems mapping, identifying resources, identifying assets and gaps and how best to combine these to cater to community needs. HUM and MRCC valued community input and utilised their place-based skills to connect, convene, engage, and collect and share data.

"I think it (CERR) was exceptional. The drive and commitment from the (Mildura Rural City) Council was nothing short of fantastic." [41]

"The support from Hands Up Mallee in directing and assisting with our responses was invaluable." [42]

Beyond MRCC and HUM, it is acknowledged that without the tireless efforts of all partners and volunteers, the CERR model would not have been successful. All collaborating partners enabled the results. The partnership approach with diverse organisations (not traditionally associated with emergency relief) and flatter structure was also cited as enabling:

"It is also an interesting example of Council not necessarily leading the partnership but being an equal partner. Often, we just leave emergency response to Council, but I think it (the success) really involved the [right] people you don't immediately think of (that made it work) i.e. Aboriginal liaison, the schools - you don't think of them immediately when you think of emergency relief." [43]

3. **The way of working**. An analysis of *how* CERR was undertaken identified that there were several emergent effectiveness principles and these were credited by evaluation participants as influencing outcomes (see box below for principles demonstrated through the CERR way of working). Key to the way of working was strong communication and effective collaboration.

> **CERR effectiveness principles identified from the findings:**
> - We are community- driven, with community needs at the centre
> - "We are all in this together" and take a collaborative and systems-aware approach (as opposed to siloed, single agency or programmatic-only response)
> - We rapidly adapt and iterate as needed, and are prepared to work differently in complex and uncertain setting
> - We pool and leverage our strengths, relationships, knowledge, and assets

---

[40] MSC Story 1
[41] KII 7
[42] ES 3
[43] KII 6

Barriers

The key barrier identified for CERR was **the social stigma of seeking support within community and with accessing social supports** (which can happen for many reasons such as cultural context, individual values etc.). Connection to and uptake of referrals with other services was a challenge where community were resistant or uneasy about the prospect of being supported. An interesting dimension for CERR was that many of the clients coming through were new, never having accessed social support previously. One example was that some young families, typically who had become unemployed due to the COVID-19 lockdown, were reported to be experiencing shame for needing support. Social stigma can lead to reduced uptake and was sometimes frustrating for delivery partners. In trying to address this, service providers pivoted their approach to be more relational where possible. Some participants observed that this helped manage some of the feelings of unease associated with needing supports.

> *"Aboriginal people normally don't come forward for help because of the barriers. These barriers include form filling, limited literacy skills, leaving home to visit a service when everyone was so scared of the virus. They create a great sense of shame and frustration, so people give up looking for the help they need."*

> *"There is a stigma around accepting [social supports], particularly among outlaying communities, and around youth things that were delivered i.e. balls, colouring books, that gave kids and families a real lift"[44]*

A second barrier identified for ongoing work was the resumption of pre-COVID-19 roles and norms as the work transitioned into the recovery phase. This was perceived as a potential barrier for ongoing effectiveness to build community resilience.

3.4 Most significant learnings

The first key lesson was the reminder that **community is resilient.** Several participants acknowledged how well many community members and cohorts responded at a personal level in light of the challenges.

There were also several early assumptions about impact on community that did not hold true about cohorts that might be affected by COVID-19 restrictions. One original assumption was that older generations would be potentially very vulnerable and would have higher support needs, however this did not play out as predicted. Younger cohorts were seen to be more affected as they faced dealing with job losses, home schooling of children, and reduced social connection. As lockdown continued, there were other cohorts being impacted including undocumented migrants and international students who lacked the level of social supports often available to Australian citizens, such as strong family and friendship supports and access to Australian Government social supports (i.e. Centrelink).

The second lesson was that **organisations have the ability to adapt in a crisis**. Adaptability was enabled by the licence to act fast and innovate. The flexibility and willingness of staff to try different ways of working was encouraging for many participants. Service providers reflected on their rapid adaptation, acknowledging that while they were not prepared for a health crisis, they were quick to respond.

Third, a key learning was that **social needs are complex and interrelated, and resource intensive** to respond to. The varied and sometimes specialised nature of incoming requests raised many challenges. The equity of community engagement and delivery of social support was also exacerbated during the crisis. For those front-line staff triaging and delivering support CERR was at times overwhelming due to

---

[44] KII 6

the types of community needs being identified, which was beyond the scope of food relief. This created pressure for staff and in some cases meant working beyond their own discipline area, expertise, and/or experience which can be stressful. Evaluation participants cited that the professional supervision that started sometime into CERR delivery was beneficial and is important for staff engaging in crisis situations.

The fourth lesson was the **importance of the relational aspect of collaboration and community engagement**. There was overwhelming agreement that relationships and trust were critical for CERR, and this extended to the importance of utilising relational engagement to promote access and for delivery diverse segments of the community and the value in engaging community to identify needs.

The fifth lesson was that when efforts transition from response to recovery phase, there may be a 'snap back' to conventional ways of working and it **can be challenges for partners to adjust** to theses shifts.

Last, **the enablers that helped CERR success (trust, relationship, collaboration capability, and data sharing arrangements etc) are foundations that were established and maintained in non-crisis times**. Investment across the enabling conditions for emergency response need to be a key consideration for forward planning and are likely to be relevant to recovery and resilience building. While there was existing relational strength and social infrastructure ahead of the pandemic, it was also acknowledged that there is an ongoing fragility for collaboration as turn over of key individuals can have significant impact on relationships and networks.

4. What to take forward into future planning

Based on the CERR experience, the key insights recommended to take forward into future scenario and emergency planning are as follows:

1. **Plan to maintain crisis response architecture and provide long-term support for future scenario and emergency planning (in times of non-crisis).** In doing so, this requires:
   - selecting the right people for the job (personable, subject matter experts, links to diverse segments of the community, and with mindsets suited to emergency response conditions)
   - that services are based firmly on community needs
   - keeping a systems lens across organisations to avoid and minimise duplication.
   - potentially creating a centralised support hub for requests and referrals which helps community have a central place to seek support
   - diverse partnerships and collaboration to be involved in the planning, coordination and delivery of support, including organisations not traditionally thought of as being involved in emergency response
   - enabling fast response and reducing red tape to facilitate innovation and adaptation
   - ensuring relevant CERR insights, assets, infrastructure, and any codification about the response is accessible for future planning e.g. intake/ referral forms, the CERR guide etc.
   - keeping local knowledge of social services, what supports they can offer and key contacts up to date. Updated systems mapping for emergency responses is also relevant.

   "I think we need to learn from this, to ensure we have things in place so we can quickly deploy if needed. I wouldn't want to be doing all that work again – we want to capture the memory and file the rosters and processes we used. I think the resources are there to do it all again."[45]

---

[45] KII 5

"With the right people in the room, you can do just about anything. Having a team that is all focused on the one goal, without the politics, particularly working with council, is very effective… If they have the right people with the right mindsets – not necessarily skills here – the right mindset, it'll work out because they will make it work. They will adapt. I think the mindset is probably not considered sometimes when considering an emergency response. Often just considering roles / leaders in the room. Sometimes the people behind the position make it work."[46]

2. **Invest in maintaining relationships, networks, and collaboration capacity (during non crisis times)**, given the success of the partnership approach and reliance on relationships. Build social infrastructure and get "trust runs on the board" to draw on partners when they are needed.

3. **Create long-term supports for vulnerable populations.** The CERR project identified a significant gap in providing support for cohorts experiencing vulnerability (such as CALD cohorts, people experiencing homelessness or social isolation, non-English speaking cohorts etc). Providers identified the need to provide these segments of society with ongoing support, which is not currently funded. Linked to this is continuing to learn and improve on what works for reaching and engaging with diverse cohorts within the LGA (e.g. developing a detailed engagement plan with strategies for future scenarios) and maintaining networks into sub-communities to ensure pathways exist for community engagement to identify needs as well as delivery of support.

"I think we all learnt a lot in difficult circumstances and a short time frame. I think communication is key and communication with our most vulnerable is essential. The housebound, homeless, disconnected and non-English speaking people are the hardest to connect with. I think the MRCC and working partners learnt a lot about how to facilitate communication with these groups with a more hands-on approach, for example, calling and visiting. The Mildura community is small enough that we can be much more hands on here and this is the key for supporting our most vulnerable."[47]

4. **Assess what 'enablers' and 'barriers' for success are transferable to future scenarios and emergency planning.** For example, what might be done to address the social stigma of seeking social support in non-crisis times to support more update next time around?

5. **Ensure planning includes mechanisms to support the staff and volunteers engaging in crisis situations**, including professional supervision, mentoring and/or access to counselling.

6. **During recovery and building resilience phases, intentionally embed any desirable changes in practices, resource flows, and/or structures to support.** Are there new ways of working arising from CERR that will help enhance recovery and building resilience? Build the foundations for responsiveness and collaboration between emergencies.

.

---

[46] KII 3
[47] ES 5

Conclusion

There is a commonly used phrase that emergent collaborative responses are akin to building a plane while flying it, and this undoubtedly applies in the rapid and iterative CERR project. COVID-19 presented a complex, extended, and pervasive challenge that affected all members of the community in new ways, and at the same time revealed social inequity under a new light. The CERR project presented an opportunity for many local social service providers and MRCC to come together, and as a community, to respond and address the emerging community needs arising from COVID-19 impacts and context.

The evaluation findings indicate CERR was effective in delivery of social outcomes that contributed to address acute food security and access, as well as enhanced social connection between services and community members during a time of social isolation. The findings also reveal some important insights about the CERR experience that are relevant for future scenario and emergency planning.

As important as the 'what happened' part of the CERR journey and the crisis architecture that was developed, are the findings on *how* CERR happened and the ways of working that shaped the response.

The importance of relationships, and of utilising them in crisis, was a key take home from the CERR experience. In Mildura, these along with other types of social infrastructure and collaboration capacity had been established prior to the crisis and created significant enabling foundations for CERR. The findings point to the value of ongoing investment in maintaining local partnerships, relationships, community engagement with diverse cohorts, and addressing barriers for emergency responses (such as the social stigma within community of accepting support).

While the rapid escalation of the COVID-19 response required 'different' way of working, the emergent practice principles applied during CERR were informed by a collective impact approach (a way of working that is gaining traction in the region). The emergent CERR effectiveness principles also have the potential to have wider relevance beyond CERR.

More broadly, the insight that collaborative and community-led collective approaches are well positioned to respond to acute crises and emergencies is also evident beyond the CERR Mildura case example. Moving forward, as communities move into recovery and building resilience, community-driven collective approaches are also able to offer leadership capability and complexity aware tools (such as systems, network, and asset mapping) that are relevant beyond the crisis response. In closing, the following quote is provided from a recent report published on place-based resilience that highlights the importance of building social infrastructure and working towards community self-determination as a pre-emptive and essential strategy for future planning and preparedness.

"Building the social infrastructure that allows community, government, business and industry to collaborate and create better futures locally - Social infrastructure is not just about services or facilities. It includes human 'assets'. This means the networks, relationships, trust, local knowledge and community processes that contribute to the development of social capital and the creation of thriving, inclusive communities. The maintenance and growth of this social infrastructure requires investment and support just as much as any physical asset. The task here is to invest in the spaces and forums for these capacities and connections to emerge and the resources to foster innovation when and where it arises."[48]

---

[48] McKenzie (2020), 'Place based resilience: Community driven response and recovery in a time of COVID-19', p.12.

Annex 1: Key evaluation and learning questions

Table 1. Inquiry framework

KEY EVALUATION QUESTIONS	SUB-QUESTION
7. How well did we deliver and manage the COVID-19 Emergency Relief Response (CERR)?	a. How well did we coordinate the efforts of partners to provide CERR? b. How well/to what extent/for what reasons did we serve the diversity of our community in the design and delivery of our CERR? c. How well did we raise community and services awareness of CERR? d. How well did we engage likely and new partners with resources for CERR? e. How well did we respond to community requests for CERR? (Receiving calls/delivering services/connecting people to other support services etc) f. What were peoples experience of the CERR?
8. What changes, innovations and practices happened during the CERR as a result of the place-based collective approach?	a. What changes and outcomes happened for community as a result of working together on the CERR (positive and negative)? b. What changes, innovations, new practices and structures did we create as delivery partners to provide CERR in the place-based context? (positive and negative) c. Did our efforts influence changes in the system, and to what extent have these been embedded? d. To what extent did our existing relationships and our collaborative approaches enhance what was achieved?
9. What are key lessons from the CERR and working together?	a. What worked? Why? What didn't? Why? b. What were the enablers and barriers for a place-based collaborative approach to CERR? c. What did we learn? -about providing equity within financial constraints? -about our organisational thinking and embedded practices through CERR? -about systems change through CERR? -about our community through CERR that may be important for Recovery Planning?
10. What do we need to do next?	a. What practices and mindsets are important to take forward as we transition to the recovery phase? b. What do we want to keep doing? Stop doing? Change/modify or create for CERR?

Annex 2: Document register and references

Documents provided by HUM and partners for the evaluation:

- 2020 COVID-10 Community Survey: Research Report. (2020). Mildura: Mildura Rural City Council.
- Community Relief and Recovery Plan: COVID 19. (2020). Mildura: Mildura Rural City Council.
- Community Relief Service a helping hand during COVID-19 pandemic',(2020) Mildura Rural City Council website.
- Hands Up Mallee. COVID Relief Update to Nov 6 2020 dashboard. (2020). Mildura
- Hands Up Mallee. Evaluation COVID 19 Relief Service dashboard. (2020). Mildura
- Haven. COVID Relief – Haven: Report March 16 to Oct 31 2020 dashboard (2020). Mildura
- How COVID-19 impacted our community: Community Survey Snapshot. (2020). Mildura: Mildura Rural City Council.
- Mallee Accommodation and Support Program ltd (MASP). MASP Youth Support Trends dashboard. (2020). Mildura
- Minutes – Foundations Recovery Sub Group. (7 September 2020). Mildura.
- Minutes – Foundations Recovery Sub Group. (4 November 2020). Mildura.

References consulted:

- Hands Up Mallee. What is Hands Up Mallee? (2021). Accessed via https://www.handsupmallee.com/what-is-hands-up-mallee
- McKenzie, F. Place Based Resilience: Community Driven Response and Recovery in a time of COVID-10. (June 2020). Dusseldorp Forum.
- REMPLAN. Mildura Regional Development: Economy, Jobs and Business Insights. (2021). Accessed via https://app.remplan.com.au/milduraregion/economy/summary?state=KAqgiWayI6zG9GtyvZIP3tRSrSB5d
- Weaver, L. Collective Impact Post-Pandemic: A Framework for Response, Recovery and Resilience. (2020). Tamarack Institute.

Clear Horizon

Annex 3: Most Significant Change (MSC) Story 1

Reaching the Aboriginal Community During COVID Lockdowns

"I first became aware of the COVID Relief Service at an Aboriginal COVID Response Group meeting.

Jane from Hands Up Mallee rang me as follow up. We had a five minute conversation about whether I, in my role as Aboriginal Community Liaison Officer with Victoria Police, could help distribute food parcels and masks to the Aboriginal community.

Mildura Rural City Council had 5000 masks to distribute, and the Food Shed had been set up behind Sunraysia Mallee Ethnic Community Council to make up food parcels.

I went down to meet the people at the Food Shed and quickly built a relationship with them. I collected 10 food parcels each Friday to distribute. They quickly got used to my routine and had the parcels ready for me, which was fantastic, and they always included fresh food too. The box size was good.

The parcels were always appreciated, though sometimes the children were hoping for a small treat as well, and maybe some more thought about what babies would need could have been made.

The feedback from the community was that this was an important service as people were struggling. Food prices and rent rates were going up. There were a lot of funerals during this time and families needed help to get back to something more normal, and help to organise funerals with all the new restrictions. There were some very heavy and emotional stories from families who had lost some one dear to them at that time, and they needed to be able to talk about this.

Aboriginal people normally don't come forward for help because of the barriers. These barriers include form filling, limited literacy skills, leaving home to visit a service when everyone was so scared of the virus. They create a great sense of shame and frustration, so people give up looking for the help they need.

I had two Aboriginal helpers, one from Justice and another from Vic Police. The other police officers were very tied up with looking after the broader community and later the borders. We were able to use the police vehicle for deliveries. The kids got to know the number plate so they knew it was me coming and started think I was a police officer. This helped to break down barriers with Vic Police. I had a young person help one time to help lift that person's spirits, and it did.

Having a community member call in to check how they were going meant that they could let me know if they are 'a little bit short this week'. I was able to bring home to them the very important messages about COVID safety – "keep your distance, stay home, keep safe, wear masks, wash hands- because if one of our mob gets sick we could all be decimated." It was very important that these messages were delivered face to face by an Aboriginal Elder, and I used youth leaders too, to help bring the message home, and to model what was needed so the young ones did not brush the messages off. Later on, we got people help to understand the border restrictions and help where they needed a border pass.

We had our own system of reaching the community with food parcels. The only form filling we did was to take down their name so that we knew who we had to reach out to again, and so we did not double up or miss some families.

We took a car load of 20 parcels to Robinvale as the Aboriginal community has lots of relatives there, and visited the elders. They really appreciated the face to face approach and the help. This was stopped by Council because Robinvale is in a different Council. Occasionally we also helped some family relatives over the border. Our families are more to us than boundaries and borders.

While I did this relief work as part of my role, I also continued it as a community member when I had to take some leave. You know it can be the best part of your day reaching out to community."

Clear Horizon