



# Emergency Relief: helping people in need

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- St Vincent de Paul
- Uniting Victoria and Tasmania.

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*The researchers for this report were Jennifer Borrell and Zoe Evans from CISVic.*

### **Community Information and Services Victoria (CISVic)**

CISVic is the peak body representing local community information and support services. CISVic's member services assist people experiencing personal and financial difficulties by providing Emergency Relief, information, referral and support services, within local communities. CISVic carries out research and advocacy to create positive change.

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# EXECUTIVE SUMMARY

Emergency Relief (ER) provides financial and material aid to people in immediate need or crisis. It is often delivered within a supportive service approach which includes tailored information and referrals to link people with specialist services. Many ER providers offer ongoing specialised support to people experiencing difficulties. Many also provide a space for community connection and a sense of belonging.

Despite the major role it plays, little is known about the breadth, diversity and responsiveness of the ER sector, especially during a global pandemic. This research aims to fill this gap.

The research included:

- a review of research literature
- desktop review of some major ER providers
- ER provider 'case studies'
- survey and interviews with major ER providers
- focus group and interviews with CISVic and some member agencies.

ER is provided by a diverse range of organisations, from large community sector organisations to small community based services, as well as social enterprises. It is supported through multiple funding and donation sources including: governments, businesses, charities, community services and groups, philanthropic organisations, and church and other faith groups. The Federal Government Department of Social Services (DSS) is a major funder of ER provision in Victoria.

The material assistance and food relief provided by the ER sector is enormous, providing millions of dollars worth of assistance to thousands of Victorians and Australians every year. In addition, many ER services act as a gateway to a range of specialist supports for people experiencing difficulties.

While people primarily need ER because they have insufficient income or resources to meet their basic needs, on the whole the causes of poverty and disadvantage are structural and systemic. These causes include:

- the rising cost of living, along with low income
- lack of jobs, in particular ones that are full time and secure
- stagnating wages
- high cost of housing
- high cost of utilities
- inadequate level of Centrelink payments
- disability
- extenuating circumstances such as illness or unforeseen expenses.

During the COVID-19 pandemic in 2020 certain groups have been identified as being especially vulnerable by ER providers. These include:

- temporary visa holders, international students, asylum seekers and refugees
- aged pensioners
- people who have always worked and are newly unemployed
- sole parents
- parents with school age children
- homeless people.

Strengths of the ER sector, particularly during the COVID-19 pandemic, are:

- provision of immediate access to aid and support to people in need
- capacity to be responsive, agile and flexible to changing circumstances
- efficient operating models, enabled by a large volunteer base
- holistic models of aid and support to address interrelated issues and offer dignity
- significant local knowledge and relationships built over time
- volunteer personnel who are locally invested and committed.

Challenges for the ER sector, particularly during the COVID-19 pandemic, are:

- low public and political awareness of the ER sector and what it provides
- dependence on a mainly volunteer workforce, and changes in the availability of volunteers
- inadequate resourcing and funding, especially to cover operational costs and volunteer support and development
- uneven quality and appropriateness of donations during COVID-19
- huge demands placed on reduced staff during COVID-19, including substantial service adjustments and multiple demands for information and data from funding bodies.

# Introduction

Emergency Relief (ER) plays a critical role for many people in meeting their basic needs, however little is known about the breadth, diversity and responsiveness of this sector, especially during a global pandemic.

ER provides crucial financial and material aid to people in immediate need or crisis. It is often delivered within a supportive service approach which includes tailored information and referrals to link people with specialist services.

Even before the COVID-19 pandemic, over three million people in Australia were living below the poverty line, with many turning to Emergency Relief just to survive. On the whole, the causes of this poverty are structural and systemic, and change is often beyond the control of individuals. We see structural inequality play out in the over-representation of certain groups, including Centrelink recipients, renters (public or private), people from non-English speaking countries, asylum seekers, people of Aboriginal and Torres Strait Islander background, homeless people, women, sole parents, and those living alone.

Many of the structural issues leading to poverty and disadvantage have been amplified by the pandemic and associated social isolation measures. Unemployment is skyrocketing and its effects will keep worsening following the rollback of the Federal Government's JobKeeper and JobSeeker payments from late September 2020.

The pandemic has already taken a significant toll on people's health, wellbeing and financial situations, and many Victorians have sought Emergency Relief for the very first time. Providers have supported people in isolation or quarantine who have no other way to get food and essentials.

The Emergency Relief sector is diverse, from large national to small locally based providers, with the workforce being predominantly volunteer. Emergency Relief is responsive to the individual and household needs of those seeking help, and it takes a wide variety of forms. ER often involves provision of food parcels, food or grocery vouchers, cash, and assistance with rent and utility bills, but ER can also mean connecting people to the supports they need, keeping policy-makers informed of broad issues around disadvantage and poverty, and proposing systemic solutions. In addition to ER, many providers also offer a range of support services such as financial counselling and No Interest Loans.

The Federal Government (Department of Social Services) is the biggest provider of funding for Emergency Relief in Victoria. This funding base has become especially important with philanthropic organisations moving away from funding ER over the last 10 years. However, while the bulk of Victoria's ER funding is derived from the Federal Government, ER is cross-subsidised from a range of other sources including local councils, and organisations' own operational resources. (This is crucial as the Federal Government ER funding does not cover running costs).

The nature of Emergency Relief and its scope and contribution is not always well understood. Despite the crucial role it plays in keeping people afloat, many people and organisations are entirely unaware of this sector and the services it provides on a day-to-day basis for thousands of Victorians.

The purpose of this report is to communicate and highlight the crucial role of the ER sector – why it exists, who it serves, and how it supports many Australians who are fighting an uphill battle. This report also tells how the sector has responded to the increased demand for ER throughout the coronavirus pandemic.

This report addresses the following questions:

- What is Emergency Relief?
- Who provides Emergency Relief and what does it contribute?
- Who accesses Emergency Relief and why?
- What are the strengths of the Emergency Relief sector?
- What are the challenges facing the Emergency Relief sector?

The research included:

- a review of research literature
- desktop review of some major Emergency Relief providers
- Emergency Relief provider ‘case studies’
- survey and interviews with major Emergency Relief providers
- focus group and interviews with CISVic and some member agencies.

We expect this pandemic to have a long tail, and social and economic impacts will continue to be felt across the community for the foreseeable future. Many people are living in crisis on an ongoing basis

Emergency Relief will need to continue providing a safety net, making sure that people facing hardship can get food, clothing, crisis payments or essential medication when, where and how they need it.

It is more important than ever that the challenges and strengths of the sector are well understood and its specific funding needs are provided for, to support the sector to keep supporting Victoria.

### **ER provider survey and interview questions**

1. Name of your organisation
2. Please describe what sort/s of Emergency Relief you provide.
3. Please quantify the Emergency Relief you provided in the last financial year.
4. What is the funding source/s for your Emergency Relief?
5. In general, what are the strengths of the ER sector, if any?
6. What have been the strengths of the ER sector in responding to COVID-19, if any?
7. In general, what are the difficulties or challenges for the ER sector, if any?
8. In general, what have been the difficulties or challenges for delivering Emergency Relief during COVID-19, if any?
9. What changes have you made to your Emergency Relief program due to COVID-19, if any?
10. Please describe any differences in the groups of people accessing ER at your service during COVID-19.
11. Is there anything you would like to add?

### **CISVic focus group and member interview questions**

1. Name of your organisation
2. In general, what are the strengths of the Emergency Relief sector, if any?
3. What have been the strengths of the Emergency Relief sector in responding to the COVID-19 pandemic, if any?
4. In general, what are the difficulties or challenges of the Emergency Relief sector, if any?
5. What have been the difficulties or challenges for the Emergency Relief sector in responding to the COVID-19 pandemic, if any?
6. In general, are there particular vulnerable groups that access Emergency Relief at your service?
7. Are there any differences in the groups of people accessing Emergency Relief during COVID-19?
8. Do you have a case study of a first-time user of your service due to COVID-19 that you could provide?
9. Is there anything you would like to add?

# The Emergency Relief Sector

## What is Emergency Relief?

Emergency Relief (ER) provides financial and material aid to people in immediate need or crisis. It is often delivered within a supportive service approach which includes tailored information and referrals to link people with specialist services as required.

ER is responsive to the needs of the person seeking help and is shaped by the resources and service approach of the particular agency. Thus it may take a wide range of forms including food parcels or items, grocery vouchers, cash, and assistance with rent and utility bills.<sup>1</sup> It may also include travel tickets, phone cards, help with school expenses, financial counselling, No Interest Loans, and advocacy relating to housing and social security.

‘Food relief’ refers to the provision of food to people in need and is a key part of Emergency Relief.<sup>2</sup>

ER agencies also play an important role in keeping policy makers informed about broader issues of disadvantage and poverty, and proposing solutions.<sup>3</sup>

### Main types of Emergency Relief

There are eight main types of ER. Organisations vary as to whether they offer one or more types of relief.

1. Food parcels or single items (or ‘food relief’)
2. Vouchers or gift cards: for example for a local supermarket, often with certain restrictions or exclusions such as cigarettes and alcohol.
3. Material aid: clothes, bedding, household items, whitegoods, furniture.
4. Bill payment (gas, electricity, phone): usually paid by a cheque made out to the billing company, or with vouchers.
5. Cash: either direct or in the form of a cheque to be cashed at a nearby bank. This is becoming a less common form of ER.
6. Transport assistance: public transport vouchers, petrol vouchers.
7. Pharmacy assistance: vouchers to help pay for prescription medications or toiletries, not including methadone, certain sedatives and other addictive drugs.
8. Information, advocacy and referral.<sup>4</sup>

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<sup>1</sup> Homel, J & Ryan, C 2012, ‘Welfare agencies and the provision of Emergency Relief in Australia’, Occasional Paper, no. 43, p.v.

<sup>2</sup> Western Australian Council of Social Service (WACOSS) 2019, *WA Food Relief Framework Report 2019*, WACOSS & Lottery West.

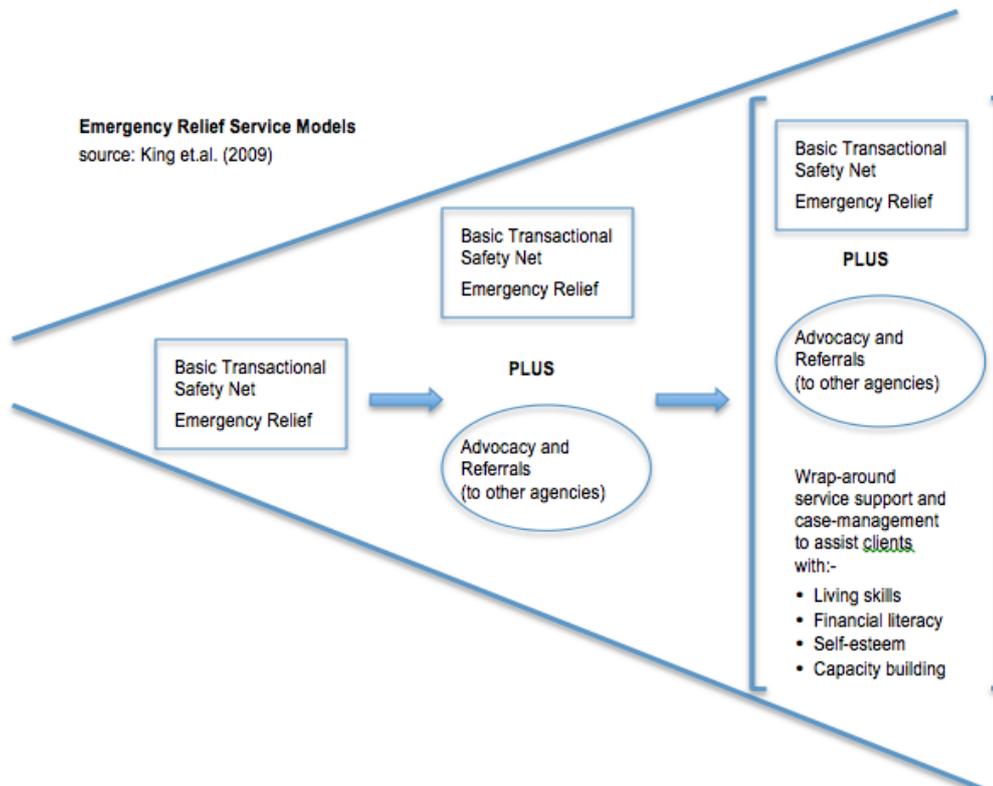
<sup>3</sup> Nguyen, MTT 2013, *Casework in the Emergency Relief Sector: A Scoping Study*, Anglicare Australia, Community Information & Support Victoria, Emergency Relief Victoria, RMIT University & The Salvation Army, Victoria, p.14.

<sup>4</sup> Australian Council of Social Service Inc. (ACOSS) 2011 *Emergency Relief Handbook*, 4<sup>th</sup> edition.

A model of Emergency Relief endorsed across the sector includes ‘transactional’ ER which meets immediate material needs, as well as advocacy and referral, following more holistic assessment.

- i. *Basic transactional Emergency Relief* – the provision of basic needs in times of financial hardship - a ‘safety net’. It takes the form of food, chemist and transport vouchers, assistance with rent/accommodation, part payment of utility accounts and material assistance such as food parcels. This is the model currently being funded by the federal government.
- ii. *Emergency Relief PLUS individual client advocacy and referral* where the provision of food and bill paying is supplemented by some individual client advocacy to other agencies and government departments such as Centrelink and referral processes. This is a ‘value-add’ provided by agencies and is reliant on capacity and skills of trained volunteers (or workers) for delivery.<sup>5</sup>

In addition, many ER agencies, including CISVic, employ case managers who provide intensive support to community members who have more entrenched and complex issues to deal with, that impinge on their ability to survive and flourish. These case managers also provide secondary consultation to volunteer Community Support Workers. This model is encapsulated in the diagram below.



**Figure 1: Emergency      Emergency Relief Service Models**

<sup>5</sup> King, S. Bellamy, J. Swann, N. Gavaratto, R. and Coller, P. 2009, *Social Exclusion: The Sydney Experience*, Anglicare, Sydney.

This is called the Sustainable Living Model as it moves the Emergency Relief service from *transactional* to *relational*.<sup>6</sup> In line with this model, in the financial year 2019-2020, the ER delivered by CISVic member agencies (funded by DSS, excluding other sources) was for (in order): food parcels/ vouchers, intake/assessment, information/advice/referral, advocacy/support, and intensive support.

Another layer that is often added to this Emergency Relief model in practice could be termed 'community development', which extends the dimension of the relational. A number of ER agencies facilitate community connection and a sense of belonging with their Emergency Relief and related programs, for example with service users involved in community gardening and volunteering, and with a space and vehicle for service users to socialise on an ongoing basis.

## Size, breadth and diversity of the Emergency Relief sector

Emergency Relief is provided by a diverse range of organisations, from large community sector organisations to small community based services, as well as social enterprises. These can include:

- faith-based organisations such as the Salvation Army, the St Vincent de Paul Society, Anglicare, Uniting Victoria and Tasmania, the Australian Red Cross and Catholic Social Services
- community-based organisations such as Community Information and Support services (formerly Citizens' Advice Bureaux), neighbourhood and community centres, family resource centres, youth services, emergency accommodation centres, and women's refuges
- Aboriginal and Torres Strait Islander organisations
- CALD organisations such as migrant and refugee services
- state, territory and local governments, such as departments of child protection or community services and local councils.<sup>7</sup>

Emergency Relief is supported through a range of funding sources and material donations, and by a range of stakeholders including:

- governments
- industry, retail and corporate
- charities
- community services
- philanthropic organisations
- churches and other faith groups
- food and material rescue organisations
- fundraising
- income generation through opportunity shops and other ventures.

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<sup>6</sup> Nguyen, MTT 2013, op. cit., p.19.

<sup>7</sup> ACOSS 2011. op. cit., p.5.

Examples demonstrating the variety of Emergency Relief and food support services are provided in the Attachment.

While ER services are usually resourced for the material aid they distribute, operational costs are rarely covered by funding bodies. Funders rely on organisations having the capacity to deliver, and ER services are overwhelmingly reliant on an unpaid volunteer workforce.

## How much Emergency Relief is provided?

There is no centralised data on the ER sector and what it provides on a national scale. This is due to a variety of reasons including:

- ER operating across and within a range of sectors such as the charitable, community, social enterprise, private and government sectors
- multiple funding streams with differing reporting metrics
- informal or semi-formal arrangements for material and food relief wherein transactions are not documented
- no peak body to collate and analyse ER data.

## Department of Social Services

The Federal Government Department of Social Services (DSS) is a major funder of ER services and community organisations to provide Emergency Relief throughout Australia, to *'help people address immediate basic needs in times of crisis'*.<sup>8</sup> Information about DSS funding for ER in Victoria and Australia is shown below.

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<sup>8</sup> Department of Social Services (Australian Government), Viewed 15 August 2020 at: <https://www.dss.gov.au/our-responsibilities/communities-and-vulnerable-people/programs-services/emergency-relief>

## Emergency Relief funding provided by DSS

Type of data	Australia	Victoria
No. organisations providing ER with DSS funding	197 providers	27 providers
Amount of DSS funding for ER for last financial year (not including extra COVID funding)	Under the Emergency Relief Grant Opportunity Guidelines, \$200 million is being invested for services to be delivered from 1 January 2019 to 30 June 2023, as base funding. This equates to \$44.5 million per year.	Under the Emergency Relief Grant Opportunity Guidelines, Victoria is receiving more than \$10.1 million per year from 1 January 2019 to 30 June 2023, as base funding.
Amount of extra DSS funding for ER provided as a response to the COVID pandemic, and the purpose for different lots of funding	<p>\$37,000,000 across 2019-20 and 2020-21 in response to COVID pandemic.</p> <p>A further \$7 million in 2019-20 to Australian Red Cross Society to support temp visa holders, with a further \$6 million recently allocated for 2020-21.</p> <p>(NB: This excludes 300k to St Vincent de Paul National Council of Australia Inc. for secretariat service to the sector-led National Coordination Group in 2019-20 and 2020-21).</p>	<p>\$8,500,000 to VIC SA4 regions across 2019-20 and 2020-21 in response to COVID pandemic.</p> <p>Of the initial \$7 million to Australian Red Cross Society around \$3.3 million has been notionally allocated to support Victorians in response to COVID pandemic.</p> <p>Victoria will also share in the most recent additional \$6 million allocated to the Australian Red Cross, with the notional allocation yet to be determined</p>

## Community Information & Support Victoria and member agencies

### The role of peak bodies

Peak bodies play a key role in the community services sector. They provide a one-stop shop for government and the sector to share information and experience. They conduct timely and cost effective research and development for the sector, advocate for change together with its membership, and educate the community about the sector.<sup>9</sup>

As a peak body, CISVic represents 55 local community information and support services, across 64 sites in Victoria. CISVic is also the lead agency in a consortium of 29 local centres delivering federally funded Emergency Relief under contracts with the Department of Social Services (DSS).

In the year 2019-2020 CISVic distributed almost \$3 million in Emergency Relief to community members from 34 sites.

<sup>9</sup> South Australian Council of Social Services 2011, *Unique peaks: The definition, role and contribution of peak organisations in the South Australian Health and Community Services Sector*, SACOSS Information Paper May 2011, SACOSS, South Australia.

Outside of this consortium, an additional three CISVic members deliver ER contracts in their own right, as part of the 'Casey consortia'. Total DSS funding for 2019-2020 for the Cranbourne site of the 'Casey consortia' was nearly \$396,000. Total DSS funding for 2019-2020 for the Frankston site of the 'Casey consortia' was over \$489,000.

Services provided by member agencies include: material aid, food, information, advocacy, referral, case management, budgeting assistance, financial counselling, legal services, No interest loans, tax help, youth services, personal counselling, and settlement support. Annually, CISVic agencies have contact with around half a million Victorians.

CISVic member organisations, and the three agencies it directly manages, deliver Emergency Relief from a wide variety of sources, in addition to the funds from DSS.

## Faith-based ER

A substantial amount of Emergency Relief is delivered through faith-based organisations as shown below.

### Levels of ER provided by major faith-based providers

Faith-based organisation	Amount of Emergency Relief for the 2019-20 Financial Year
Anglicare Victoria	<ul style="list-style-type: none"> <li>4,667 Victorians received assistance, across 14 ER centres.</li> </ul>
Catholic Care Victoria	<ul style="list-style-type: none"> <li>\$915,000 worth of ER.</li> <li>62% of that amount was vouchers and 32% was classified as other assistance such as bills, myki cards, and pharmacy and medical expenses.</li> </ul>
St. Vincent De Paul Victoria	<ul style="list-style-type: none"> <li>\$8.3 million worth of food vouchers and purchases made.</li> <li>\$4.5 million worth of household goods and material/welfare aid provided.</li> <li>\$2.2 million worth of accommodation and transport support was provided.</li> <li>\$1.2 million worth of education support was provided.</li> </ul>
The Salvation Army Australia	<ul style="list-style-type: none"> <li>328, 599 ER and case management sessions or assessments Australia-wide.</li> <li>1, 707, 598 meals provided, Australia-wide.</li> <li>247, 860 food vouchers provided, Australia-wide</li> </ul>
Uniting Victoria & Tasmania	<ul style="list-style-type: none"> <li>44,126 sessions providing ER, across 12 areas.</li> <li>16,018 people received ER.</li> </ul>

More information about these major faith-based Emergency Relief providers is given in the Attachment.

It should be noted that many of these figures will underestimate the full extent of ER provided, due to the perennial lack of record keeping in the ER sector.

## Food relief

Food relief is the provision of food to people in need and is a key part of Emergency Relief.<sup>10</sup> The Australian charitable food sector, in particular, includes food banks and more than 3,000 not-for-profit community food programs.<sup>11</sup> In 2015 this was said to deliver food to up to two million people annually.<sup>12</sup> The scope of the sector extends beyond emergency food relief and includes case management, advocacy and other types of support.

Foodbank is Australia's largest food relief organisation, providing food to front line agencies that, in turn, provide food to vulnerable Australians. In Victoria alone, Foodbank provides food to 352 organisations, across 490 sites. In 2019-20 Foodbank distributed over 500,000 kilograms in food and nearly one million meals to Australians in need.

### Comparison of average weekly distribution by Foodbank across quarters

	July-Aug 2019	Oct-Dec 2019	Jan-Mar 2019	Apr-Jun 2020	Month of July 2020
Key staples (kg)	96,401	99,369	85,363	86,876	88,776
Key staples (meals)	173,522	178,865	153,654	156,377	159,797
Total (kg)	143,455	142,041	117,340	128,955	127,804
Total (meals)	258,218	255,674	211,212	232,119	230,047

*In the month of July 2020 alone, Foodbank distributed over 230,000 meals and almost 128,000 kilograms in food, to support vulnerable Australians in need, which is roughly equivalent to what was normally delivered in a quarter in the previous financial year.*

FareShare is a charity that works with businesses to cook surplus food into free meals for hundreds of community food programs across Victoria. The organisation's charity kitchens are located in Melbourne and Brisbane, where 70,000 meals are cooked every week. The meals are designed to provide necessary nutrition for people who have fallen on hard times.

In the financial year 2019-20 FareShare cooked and distributed nearly three and a half million meals. Their kitchen in Abbotsford, Melbourne provided nearly two million meals (1,806,912) while their kitchen in Brisbane provided over one and a half million meals (1,608,811). In the same time period, FareShare also distributed an additional 765,000 kilograms of rescued food.

OzHarvest also operates a food rescue for its emergency food relief program. In addition, OzHarvest delivers food and sustainability education and engagement activities. In the financial year 2019-2020 it provided nearly one a half million (1,450,875) kilograms in food relief.

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<sup>10</sup> Western Australian Council of Social Service (WACOSS) 2019, *WA Food Relief Framework Report 2019*, WACOSS & Lottery West.

<sup>11</sup> Lindberg, R, Whelan, J, Lawrence, M, Gold, L & Friel, S 2015, 'Still serving hot soup? Two hundred years of a charitable food sector in Australia: a narrative review', *Australian and New Zealand Journal of Public Health*, 39 (4).

<sup>12</sup> Lindberg, R, Whelan, J, Lawrence, M, Gold, L & Friel, S 2015, *ibid*.

## Social enterprises

Food relief is increasingly provided by social enterprises. Social enterprises are mission-driven businesses driven by a social, environmental or cultural cause. Unlike traditional non-profits, these hybrid enterprises derive most of their income from their own business activities rather than from grants or donations. Unlike traditional businesses, the majority of the profits from social enterprises don't get distributed to individuals or shareholders, but get re-invested into delivering positive impacts for people and communities.

While there are varying models of social enterprise, they often aim to give people self determination and address systemic failures by allowing people to participate more fully in society – whether that be by providing employment to people, connecting communities, or giving communities access to subsidised good. Victorian State Government research undertaken by Swinburne University shows that there are at least 3,500 social enterprises in Victoria contributing \$5.2 billion to the state economy. Social enterprises that offer training and employment opportunities create 60,000 jobs across Victoria.

The important role of social enterprise during the coronavirus pandemic is highlighted in the box below.

### **Box 1: Community Grocer: a new model of food relief**

The Community Grocer (TGC) runs five fruit and vegetable markets in public housing estates and community centres across Melbourne. A social enterprise model that addresses the physical, economic, and social barriers to fresh food access by ensuring affordability, with prices typically 60 per cent cheaper than other fresh food outlets, and prior to the pandemic; creating weekly gathering spaces to celebrate diversity and encourage community connectedness.<sup>13</sup> The Community Grocer's customers represent 34 different nationalities. One in three customers are food insecure (see page 18) and 86 per cent are on low incomes. However, the markets are available to everyone.

The Community Grocer offers an alternative to the traditional emergency food relief model by providing a dignified shopping experience, with an offering of high quality, nutritious and culturally appropriate produce. The social enterprise allows people to side-step the stigma often associated with asking for help or attending food relief agencies.

The Community Grocer has experienced a significant increase in demand during the coronavirus pandemic and has expanded its team to be able to take extra safety precautions and service Victorian communities.

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<sup>13</sup> Lindberg, R, McCartan, J, Stone, A, Gale, A, Mika, A, Nguyen, M, Kleve, S 2019, 'The impact of social enterprise on food insecurity – An Australian case study', *Health Social Care Community*, vol. 27, no. 4, pp. 355-366.

## Why do people access Emergency Relief?

While people need ER because they have insufficient income or resources to meet their basic needs and may be experiencing multiple types of deprivation, on the whole the causes of poverty and disadvantage are structural and systemic. In other words: *'the factors that contribute to someone living in poverty and disadvantage are numerous and changing them is often not within the power of the individual.'*<sup>14</sup>

ER was originally designed as a stop-gap measure, to help solve short-term financial problems. However, the view now is that many clients experience long-term financial stress due to a number of factors including inadequate income support; an inability to connect with the workforce; mental health issues and disability; and social isolation. One of the challenges for the ER sector is to help people move from isolation and exclusion to a greater connection with and participation in all forms of community life'.<sup>15</sup>

Prior to the coronavirus pandemic, almost three and a quarter million Australians were living below the poverty line, which is above the OECD average.<sup>16</sup> Key causes of poverty leading to the need for Emergency Relief include the following factors.

- rising cost of living coupled with low income that does not cover basic expenses
- lack of employment opportunities; insufficient creation of secure long-term, full-time jobs; precarious employment and low or erratically fluctuating wages
- more people in the working-age population with limited education and work experience, or a disability
- discrimination in employment, for example against: Aboriginal and Torres Strait Islander Australians, migrants, refugees, asylum seekers and people with a disability
- stagnating wages; part-time work not providing a sufficient income, particularly for those supporting a family, (with onerous penalties from Centrelink for low-income families e.g. access to Health Care Card)
- historically high cost of rent and house purchase; lack of access to adequate and affordable housing; discrimination in the private rental market against people on low incomes; general failure of housing policy with stagnation in the supply of social housing
- inadequate levels of a range of Centrelink payments, including unemployment benefits; transferring sole parents to unemployment benefits
- inadequate level of Centrelink Rent Assistance to assist with housing affordability (particularly in high rent areas which are often areas of low unemployment as well).
- poor access to services, and living in disadvantaged communities and localities
- high cost of utilities, especially electricity, with people on low incomes having to spend a greater proportion of their incomes on essential services such as gas, electricity, telephone and water
- extenuating circumstances including illness; having to relocate (for example for work); personal crises, and large unforeseen expenses

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<sup>14</sup> ACOSS 2011, op cit., p.9.

<sup>15</sup> ACOSS 2011. op. cit.

<sup>16</sup> Davidson, P, Saunders, P, Bradbury, B & Wong, M 2020, *Poverty in Australia 2020: Part 1, Overview*, ACOSS/UNSW Poverty and Inequality Partnership Report No. 3, Sydney: ACOSS, p.9.

- surviving on a low income with inability to save money and have a financial buffer for emergencies or unexpected large expenses.<sup>1718192021</sup>

### Food insecurity

Many studies focus on ‘food insecurity’ in particular. This is the opposite of food *security* defined as ‘a situation when all people, at all times, have physical, social, and economic access to sufficient, safe and nutritious food that meet their dietary needs and food preferences for an active and healthy life’.<sup>22</sup> A substantial number of households in Australia - one million or four per cent, are said to be food insecure.<sup>23</sup> Food insecurity has been associated with the full range of structural and systemic issues, for example: changes to Centrelink that reduce payment levels and tighten eligibility, unemployment – especially for adults unable to work, low household income, homelessness, rising poverty, poor mental health, being of Aboriginal or Torres Strait Islander background, and being an asylum seeker.<sup>24252627282930</sup>

It is not just low income households that experience food insecurity, low to middle income households do as well<sup>31</sup>, a situation that is increasing with the COVID-19 pandemic.

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<sup>17</sup> ACOSS 2011, op. cit.

<sup>18</sup> Dosen, I, Aroozoo, M & Graham M 2018, *The Cost of Living: An Explainer*, Research & Inquiries Unit, Parliamentary Library & Information Service, Parliament of Victoria.

<sup>19</sup> Bowman, D & Banks, M 2018, *Hard Times Australian Households and Financial Insecurity*, Brotherhood of St. Laurence Research and Policy Centre, Fitzroy, Victoria.

<sup>20</sup> Davidson, P, Saunders, P, Bradbury, B & Wong, M 2020. op. cit.

<sup>21</sup> Engels, B, Nissim, N & Landvogt, K 2012, ‘Financial Hardship and Emergency Relief in Victoria’, *Australian Social Work*, vol. 65, no. 1.

<sup>22</sup> McKay, FH, Haines, BC & Dunn, M 2019, ‘Measuring and Understanding Food Insecurity in Australia: A Systematic Review’, *International Journal of Environmental Research and Public Health*, 16(3).

<sup>23</sup> Lindberg, R, McCartan, J, Stone, A, Gale, A, Mika, A, Nguyen, M, Kleve, S 2019, ‘The impact of social enterprise on food insecurity – An Australian case study’, *Health Social Care Community*, 27(4).

<sup>24</sup> McKay et al 2020, op. cit.

<sup>25</sup> Lindberg et al 2019, op. cit.

<sup>26</sup> Bazerghi, C, McKay, FH & Dunn, M 2016, ‘The role of food banks in addressing food insecurity: a systematic review’, *Journal of Community Health*, 41(4).

<sup>27</sup> Victorian Agency for Health Information (VAHA) 2017, *Challenges to healthy eating – food insecurity in Victoria: findings from the 2014 Victorian Population Health Survey*, Melbourne, Victoria.

<sup>28</sup> Haines, B, McKay, F, Dunn, M & Lippi, K 2018, ‘The role of social enterprise in food insecurity among asylum seekers’, *Health & Social Care in the Community*, 26(6).

<sup>29</sup> McKay, FH & McKenzie, H 2017, ‘Food Aid Provision in Metropolitan Melbourne: A Mixed Methods Study’, *Journal of Hunger & Environmental Nutrition*, 12(1).

<sup>30</sup> Weier, M, Dolan, K, Powell, A, Muir, K & Young, A 2019, *Money Stories: Financial Resilience among Aboriginal and Torres Strait Islander Australians*, Centre for Social Impact, First Nations Foundations National Australia Bank, Australia.

<sup>31</sup> Kleve, S, Booth, S, Davidson ZE & Palermo, C 2018, ‘Walking the Food Security Tightrope – Exploring the Experiences of Low-to-Middle Income Melbourne Households’, *International Journal of Environmental Research and Public Health*, vol. 15, no. 10

## Who accesses ER?

Prior to the COVID-19 pandemic, population groups accessing Emergency Relief included those:

- in receipt of Government (Centrelink) payments
- in receipt of the Disability Support Pension, Parenting Payment, unemployment benefits (now called Jobseeker)
- born in a non-English speaking country
- living on a low household income (in 2011 less than \$21,000 a year, especially less than \$16,000 a year)
- in households headed by single adults
- living alone
- living in public or private rental.

Other groups are over-represented such as: homeless people, people seeking asylum, people of Aboriginal and Torres Strait Islander background, and women.<sup>32</sup>

In the financial year 2019-20 (including the first few months of the pandemic), the majority of people accessing CISVic agencies for Emergency Relief, *utilising federal government DSS ER funds*, were in the following age groups (in order): 40-44, and 45-64, followed by 35-39. They were most often in the following household groups: (again in order of frequency): single person living alone, sole parent with dependent/s, and couple with dependents. Fifty seven per cent were female, and 12 per cent were homeless.

## Who is accessing ER during COVID -19?

Emergency Relief services have reported a difference in the groups of people seeking Emergency Relief during COVID-19, with many of the structural causes of poverty and disadvantage being amplified by the pandemic. Unemployment rates have increased and are predicted to worsen with the reduction and/or cessation of the Federal Government's Jobkeeper and Jobseeker payments from late September 2020.

ER services report that the following population groups have been especially vulnerable during this time:

- international visa holders, international students, asylum seekers and refugees
- aged pensioners
- people who have always worked and are now unemployed
- sole parents
- parents who need help with their children's school costs such as devices
- homeless people.

Many agencies have experienced an increase in the number of first-time users of Emergency Relief during the COVID-19 pandemic.

In particular, CISVic member agencies report an influx of requests for help from international students, asylum seekers, and migrants on limited visas that disallow government support (made more serious with the recent loss of employment). The phrase '*no income and no*

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<sup>32</sup> Lindberg et al 2015, op. cit.

*income support* has been used consistently when characterising these users. CISVic agencies are having to explain Emergency Relief to international students who have never used ER before, or do not have a welfare sector in their country of origin. Some agencies are also noticing an increase in women and children fleeing family violence, as well as people from the entertainment industry.

#### **CISVic case studies**

‘A family from Iran that consisted of two adults and two children first came to the agency in June. They were self-employed but had lost their income due to COVID-19. They were unable to pay for food, bills, car registration, rent and fuel. The Housing Establishment Fund was unable to help them because their rent was more than 30 per cent of their income. (They had no income at this point). They were on a bridging visa and were not eligible for income support. The agency assisted them by providing food, paying for their car registration, fuel and rent at the end of June and July. The agency also linked the family in with St Vincent De Paul.’

‘A client called the agency and began by saying, “I’ve never asked for help before.” (They) had suffered a workplace injury pre-pandemic that was still being investigated by Work Cover and was not eligible for Centrelink at the time because their partner’s income was just above the income limits. Due to COVID-19, their partner’s hours had been cut and the partner was not eligible for JobKeeper because they had not been employed at their current work long enough to qualify. The couple applied for Centrelink but were told it might not be approved until August. The client was “quite emotional” and said that their partner would be ‘mortified’ if they knew that they were asking for help...’

## **Strengths of the Emergency Relief sector**

- Provision of immediate access to aid and support
- Efficient operating models
- Holistic models of aid and support
- Responsive, agile and flexible
- Significant local knowledge and relationships
- Locally responsive and accountable
- Volunteer base
- Strong commitment to the welfare of local people in need

### **Research overview**

Emergency Relief provides a crucial buffer in times of crisis, with food relief being vital for the immediate alleviation of hunger. ER can address a range of urgent material needs in addition to food, and it can be a gateway to additional services that can assist.

Many ER services have case management and empowerment models that support people to not only survive in the short term, but get back on their feet and flourish. For example, while many CISVic member agencies employ a case manager to help people deal with more entrenched and complex issues, all member agencies operate on empowerment principles,

which are core to the training of volunteers provided by CISVic as a peak body. All agencies that do provide case management have the capacity to form ongoing relationships between service providers and service users.<sup>33</sup>

Quite a few ER and food relief providers create spaces for horizontal community relationships to form along community development principles. Certainly, ER food support services can facilitate social inclusion, health and wellbeing for marginalised communities, while in general helping people to respond to disasters and to extenuating life events.

In addition, ER support services are highly efficient, as they are largely staffed by volunteers who distribute goods that are donated.<sup>34</sup> This, of course, comes with an upside as well as a downside, for example the reductions of the volunteer workforce during the COVID-19 pandemic have put a strain on services and remaining personnel.

### Views from the ER sector

This section provides perspectives from those working within the Emergency Relief sector on a daily basis.

The ER sector has the ability to meet both immediate needs and offer longer-term holistic support, often through referrals to external services. Emergency Relief agencies are the *'first port of call'* and a *'gateway to other services.'* The sector has the ability to provide quick support to people in need, from food on the table to assistance with school costs for children, and the capability to respond to complex needs. While Emergency Relief services can be *'generalist'* they also offer a range of other supports such as No Interest Loans and social programs. These services aim to be non-judgemental and can play a role in fostering community connections.

Many ER agencies are local and place-based, which means that providers understand their community and are able to work with them to meet individual and collective needs. Agencies are able to participate in community development projects such as organising shower programs or lockers for people to store their belongings when they do not have permanent or stable housing. Some services have *'outreach'* service provision, which aims to circumvent a potentially unequal power relationship when people are required to go to the agency for help. Multiple access points for Emergency Relief also address structural barriers to seeking help.

Volunteer contribution is another notable strength of the sector. Volunteers are said to be *'warm and welcoming'* and the breadth of knowledge and experience of the volunteers is described as *'fantastic.'* Evidently, volunteers offer a relational value to Emergency Relief services, providing community volunteers with social interactions that they would not have otherwise. They also help raise awareness about the work of the Emergency Relief sector in the community. In addition, volunteer workforce models ensure that a large amount of the funding that agencies receive can go directly to assisting people.

According to ER personnel, independent agencies are *'not bound by a huge amount of red tape'* which contributes to their ability to be responsive, which is especially important in a pandemic. Unfortunately however, all Emergency Relief agencies act as a *'safety net'* in order to *'provide the support that the government is not providing.'* While it is *'a shame'* that the emergency

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<sup>33</sup> Nguyen, MTT 2013, op. cit.

<sup>34</sup> Lindberg et al 2015, ibid.

sector is still needed, an indication of the entrenched poverty, hardship and disadvantage in the community, *'it is thankful'* that the sector exists and has such ability to be flexible and responsive to needs.

The ER sector includes a diversity of service types and roles. While some focus on material aid alone, others provide more holistic support. Organisational models are often deliberately geared to walking alongside community members needing assistance, and *'providing a voice to the voiceless'* in advocacy efforts.

The sector meets short- and long-term needs, creates community connections, provides information, referral and advocacy (including advocating to local, state and federal governments) and supports those experiencing the effects of a socially unjust system.

### Strengths during COVID-19

This section provides views about ER sector strengths demonstrated during the pandemic.

The COVID-19 pandemic highlighted the monumental strength of the sector to *'adapt,'* and *'be flexible'* in order to respond to existing and changing community needs within COVID restrictions. This included the *'flexible, quick and seamless'* transformation of face to face service delivery to remote service delivery, the delivery of goods (delivering food parcels to homes, leaving food parcels outside agency doors for pick up, and using e-vouchers and electronic transfer of funds). In some agencies spaces were reconfigured to allow some onsite support in a safe way. Agencies were able to be *'proactive rather than reactive.'*

ER services have also been able to assist and adjust service provision to groups not usually accessing support services, including international students, asylum seekers and other people trying to survive without an income. In fact, the ER sector has provided a *'safety net'* for international students and asylum seekers who had no income during this time and were not eligible for income support. When no other support was available, the Emergency Relief sector was there to respond to need.

In many local government areas, CISVic agencies were part of pandemic committees. One agency was able to quickly transform their in-person fresh food program, where people could come and select their own produce, to a home delivery service. This included delivery of food and goods to around 140 households each week and, courtesy of donations, supply of 200 hot meals to families per week.

Other ER providers described their capacity to quickly respond to the demands of the pandemic situation i.e. having *'the infrastructure ready to go'; 'We had the staff ready to go (with) an easy mechanism for the government to channel (ER) dollars through.'*

The sector was able to cope with changes to staffing (with fewer volunteers available), utilisation of technology, new local collaborations, and had a strong motivation to help fellow community members.

By many accounts, there has been greater understanding and collaboration between services within the Emergency Relief sector since the COVID-19 pandemic began. Agencies were, and continue to be, able to respond to rapidly changing circumstances and community needs during the COVID-19 pandemic. There is strength in the commitment of ER sector agencies to *'meet the need the best we can with the limited resources we have - pre-COVID, post-COVID, it won't change.'*

## Box 2: Moving Feast: a food relief COVID response

Moving Feast emerged in response to the coronavirus pandemic and the immediate need to provide food to Victorian communities. Moving Feast is a collaboration of over 20 social enterprises that work across the food system, from growing to cooking to education. Moving Feast aims to strengthen food security – from farm to table – working towards social justice, sustainability and resilience.

Moving Feast have a three stage pandemic plan which centres on relief, recovery and rejuvenation and includes activities like:

- providing immediate food relief with a strong focus on culturally appropriate meals
- mass growing and distribution of local, seasonal, nutritious produce to vulnerable groups
- creation of local food systems that are fair and regenerative.

To date the collective have made over 120,000 culturally appropriate meals and 20,000 seasonal produce boxes and are now working towards deeper systemic food system change. This will include establishing more food infrastructure across Melbourne including food hubs, community gardens, farm gates and farmers markets, along with creating a host of training and employment pathways for marginalised groups into this local food system.

## Challenges for the Emergency Relief sector

- Public and political awareness of the ER sector and what it provides
- Dependence on a mainly volunteer workforce
- Changes and uncertainties in the volunteering sector
- Resourcing and funding, especially to cover operational costs and volunteer support and development
- Quality and appropriateness of donations during COVID-19
- Demands placed on reduced staff during COVID-19, including substantial service adjustments and multiple demands for information and data.

## Research overview

While the large volunteer workforce of the Emergency Relief sector is a strength, it is also a challenge in a variety of ways. This has come into high prominence during the time of the COVID-19 pandemic. In the context of an older cohort that is particularly vulnerable to the virus, there has been a decline in volunteers by almost 70 per cent.<sup>35</sup> This has negatively impacted on the sector's capacity to meet the emerging demand for food, at the same time that many more people in the community have become unemployed and are experiencing radical drops in income.

Organisations that depend on volunteers face a challenge in attracting new volunteers, and in ensuring that rates of participation are adequate to provide a stable volunteer workforce.

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<sup>35</sup> Emergency Management Victoria (EMV) 2020, *Food and material report*.

According to the ABS (2015), Australia-wide rates of volunteering dropped from 42 per cent of the population aged over 15 years in 2006, to 32 per cent in 2014.<sup>36</sup>

While the cost effectiveness of the ER sector has been noted as a strength in the preceding section, researchers also argue that the sector is under resourced to support vulnerable people. A concern is that there may be compromises in the quality of support due to the lack of skilled staff, considering the complex social and health needs of some people seeking assistance.<sup>3738</sup> There may also be time constraints in adequately supporting people who come to ER services for assistance.<sup>39</sup> Many people seeking help are experiencing a myriad of complex and interrelated issues impinging on their health and wellbeing, and thus may require skilled staff who have the time to work with them.<sup>40</sup> In this context it is important to note that ER funding does not usually cover operating and staffing costs.<sup>41</sup>

The quantity, quality and nutritional value of food is also said to be compromised by the under resourcing of the ER sector.<sup>42</sup> Food banks in particular (which supply many ER services) are limited in their capacity to improve overall food security outcomes due to limited provision of nutrient-dense foods.<sup>43</sup>

On a broader ethical, ideological and strategic level, is the rightful place of ER in the context of a system that is inequitable, creating situations for many people where it is difficult to move out of poverty, and easy to move into it. While some argue that ER should be better resourced and expanded, others say it should be discontinued and replaced for more generous Centrelink payments.<sup>44</sup> By this account ER, is likened to a band-aid that does not address the underlying problem. Similarly, a rights-based approach has been suggested *'that positions the elected government and public funds, not civil society and philanthropy, as the leading agents for food security'*.<sup>45</sup>

In response, it has been argued that:

For many years, ER provision has been viewed as a band-aid solution to financial hardship rather than a legitimate community service. However, ER organisations are tackling this misconception through their commitment to high quality-service provision; recognition of clients' rights and dignity; use of appropriate referral pathways to assist in meeting clients' longer-term needs; and a better understanding of the causes of poverty.<sup>46</sup>

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<sup>36</sup> Volunteering Victoria 2020, *Victorian State Budget 2020-2021 submission*.

<sup>37</sup> Nguyen, MTT 2013, op. cit.

<sup>38</sup> Lindberg et al 2015, op. cit.

<sup>39</sup> Nguyen, MTT 2013, op. cit.

<sup>40</sup> McKay & McKenzie 2017, op. cit.

<sup>41</sup> Nguyen, MTT 2013, op. cit.

<sup>42</sup> Lindberg et al 2015, op. cit.

<sup>43</sup> Bazerghi et al 2016, op. cit.

<sup>44</sup> Engels et al 2012, op. cit.

<sup>45</sup> Lindberg et al 2019, op. cit.

<sup>46</sup> ACOSS 2011. op. cit.

The ER model including case work is especially enabled to move beyond ‘band-aid’ solutions:

ER services that are delivering a combination of transactional ER (the provision of food, material aid and once-off assistance), advocacy and referral, and client-centred support to complex needs clients represent a more comprehensive response to poverty alleviation than the transactional provision of material aid and referral. This new emerging ER service model expands service delivery ‘beyond the band-aid’, by offering a broad range of supports to all clients, one that seeks to address the underlying causes of poverty and disadvantage. In doing so, it positions service delivery to be aligned with the principles of social inclusion, one that focuses on relational issues: social participation and integration, power, and opportunity.<sup>47</sup>

## Views from the ER sector

This section gives the perspectives of ER providers about the challenges of their sector.

One of the greatest challenges for ER provision is a lack of awareness in the community, in some sections of government and even within the social service sector about what ER is and its role in the community. Prior to the pandemic, this lack of awareness was related to inadequate collaboration within the ER sector itself. ER agencies were working in isolation with little understanding of what each other did and, as a result, some specialist agencies were apparently not referring clients to generalist services that could provide more holistic support. Coordination of ER agencies some areas, including data sharing, analysis, strategies for support, and advocacy have been affected by this lack of collaboration. This has contributed to the difficulty of raising the profile of the sector in the wider community.

Another major challenge for the sector is funding. This is a challenge in all areas of ER, from service delivery to volunteer support to operation of the service. According to one provider, there is ‘*never enough to meet the need in the community.*’ The majority of funding must usually ‘*go out the door*’ to support clients and there is insufficient funding remaining to operate the service. This includes a lack of resourcing for agencies to support volunteers and fulfil the demands of regulatory compliance.

The volunteer workforce is both a strength and a challenge. Some agencies struggle to recruit volunteers. Younger volunteers can be hard to retain as they tend to move onto paid work when they complete their studies. A volunteer workforce also makes succession planning difficult and there can be a lack of service continuity because of this.

People continue to need ER on a regular basis, and finding time for systemic advocacy to alleviate poverty and ‘*to make ourselves redundant*’ is a challenge.

## Challenges during COVID-19

This section provides perspectives from those working within the Emergency Relief sector about challenges presented by the pandemic.

While the COVID-19 pandemic has brought with it many challenges, it has also highlighted the resilience of the sector. One of the greatest challenges has been operating with a reduced workforce because of the vulnerability of many volunteers to COVID-19 and the necessity for them to withdraw their labour for their own safety. There has also been a loss of volunteers with the requirements of social distancing. Some agencies lost half their volunteers, or their

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<sup>47</sup> Nguyen, MTT 2013, op. cit.

*'volunteer workforce disappeared overnight.'* It has been a challenge to meet the fluctuating needs of clients with *'less staff available'* and this puts more pressure on remaining staff. The pressure on ER providers has been compounded by the need to fulfil additional data collection requirements (for various bodies) and the long-term and ongoing nature of this pandemic already taking a toll on paid workers and remaining volunteers.

As an effect of having a depleted workforce, additional data collection requirements continue to be a challenge for agencies, and it is difficult for them to meet such requirements when they lack the resources to do so, are not told the purpose of the data collection, and are not given feedback on the data they provide. As the pandemic has placed an emotional toll on staff there is evidently a need to promote self-care. Not only are agencies seeing more people with complex presentations and mental health problems, but workers and volunteers are experiencing anxiety and mental ill-health. The risks of worker burnout have to be acknowledged.

There has been a shortage of funding, equipment and supplies to meet need, particularly from a reduction in revenue from usual fundraising avenues. Many services had to close their *'Op shops'*, thus losing revenue, and also the opportunity for volunteers to socialise. The capacity to carry out adequate assessments while social distancing has been reduced too. Some have noticed that the new volunteer workforce is generally not skilled in assessment and the linking of people to other services to address underlying issues. This has been a challenge given that there have been new groups needing assistance, such as people who are recently unemployed (while regular service users have reduced due to COVID supplements to Centrelink payments). People who are calling are said to be in more pain and require greater emotional support. Isolated people are *'doing it tough'* but are not always visible as they are isolated in their own homes, including communities on the Victorian border and fruit growers. Mental health cases have been increasing with a *'significant increase'* in clients calling and getting linked into mental health services. There is evidently a need for resourcing of ongoing casework.

According to ER providers, there has often been a lack of understanding from governments and policy makers about the role of volunteers and the nature of Emergency Relief, sometimes leading to the establishment of new channels of assistance and duplicating existing ER services. This lack of coordination saw too much food provided to frontline services in some areas, but not always the right type of goods. There was duplication, competition, lack of data, and operational inefficiency with food relief in particular. Some donations were not practical (or were excessive in volume) such as palettes of mineral water or vegemite, and quality of fresh produce was often poor. An inundation of donations, often in bulk, was potentially positive too, but due to reduced capacity and social distancing they were difficult to store, process and distribute.

As can be expected, working remotely was a challenge despite how quickly the sector was able to adapt to remote service delivery. There were difficulties in engaging with clients who did not have a phone or clients with a disability whose needs are better met when they can be seen in person. Agencies had to reduce their opening hours due to a lack of available staff and therefore could not deliver the same service or receive the same deliveries.

A common worry amongst agencies is the prediction that the demand for Emergency Relief will increase as society deals with the effects of the pandemic, with the current period as the *'calm before the storm.'*

## **Foodbank on challenges during COVID 19**

Food supply has varied during the pandemic. In the initial lockdown, Foodbank Victoria experienced a drop in donated food supply. This occurred when significant panic buying was happening at the supermarket retailers and probably reflects the strain that surge put on the whole supply chain to meet the demand in the retail sector. During the second and third lockdowns, food supply has remained more stable, although down on pre-Covid levels. Foodbank Victoria has purchased significant quantities of key staple products to ensure continued supply.

Total food distribution has decreased marginally across the state during the pandemic.

Demand has varied significantly among individual agencies to whom Foodbank Victoria distribute food.

Foodbank Victoria has seen a decline in the number of agencies ordering food, with the number of weekly food orders decreasing by approximately 30% through the pandemic. Some agencies have reported a drop in requests for food assistance, thought to be related to the Job Seeker payment providing their usual recipients with an increase in financial support.

However, the quantity being ordered by some agencies has increased significantly. Similarly, there are a number of agencies that have increased their ordering frequency to meet dramatically increased demand. This variation seems to be driven by the community cohort each individual agency services, with international students and the newly unemployed driving increased demand for some agencies.

Anecdotally, many agencies have advised that a loss of volunteers, mostly over 65 years, due to Covid-19 has had an impact on program functioning. Managers of these programs have indicated that any restart will be reliant on the return of these volunteers. Larger agencies that have programs reliant on funds created from Op-Shop sales have paused programs and disbanded the volunteers until restrictions are lifted allowing the public to shop. Some of these locations are high volume emergency food distribution programs.

# Conclusion

The vital necessity of the Emergency Relief (ER) sector has been highlighted by the COVID-19 pandemic. Thousands of people lost employment and income overnight and many have become reliant on ER just to survive. In addition to food and material aid, ER providers have been able to offer personal support and connect people to specialist support services they require. In general, demand has increased, even while the volunteer workforce that is the mainstay of the ER sector has been drastically reduced, due to social distancing requirements and the need to stay safe. People who have never accessed welfare services before have been assisted by ER agencies and are navigating the support system for the first time. (Interestingly, this is different from the Global Financial Crisis when there was an increase in ER for people already receiving this, rather than new service users<sup>48</sup>).

Nevertheless, the ER sector has been quietly helping Australians in need on a day-to-day basis, long before the pandemic. While there is no uniform and centralised data collection for the sector as a whole, the figures in this report give some indication of the huge contribution made to individuals, families and communities in Victoria and Australia. This contribution provides a basic safety net to meet material needs, with services also offering dignity and holistic support in a variety of ways.

The Federal Government is a major funder of Emergency Relief in Victoria. Nevertheless, in common parlance, the ER sector largely 'runs on the smell of an oily rag'. With much of the workforce being volunteer, and government funding being supplemented by donations from numerous sources, services are highly efficient. ER providers have been able to demonstrate their flexibility and quick responsiveness in the time of the pandemic, especially the many agencies that are locally based and locally accountable. At the same time, the overwhelming reliance on volunteers has exposed a vulnerability in the sector, as most have had to withdraw their labour and stay at home. Not only has this put pressure on services at the same time they are adapting their processes to be 'COVID-safe', many volunteers are feeling isolated and missing the meaningful interactions and activity of their volunteer work.

While ER is supposed to be exceptional, providing ER in times of crisis, for too many people it has become a way to survive on a regular basis due to structural issues such as low Centrelink rates, expensive housing, and insecure or non-existent work. Many ER providers and peak bodies witnessing this advocate for a fairer and more equitable system that does not generate poverty and hardship. Research and policy analysis, as well as evidence from the 'coal face', informs this work. Meanwhile the ER sector continues its vital work, supporting people to not only survive, but very often to get back on their feet and flourish.

It is hoped that this report will increase knowledge and awareness of the ER sector, and facilitate greater support for its work and its optimal coordination and operations.

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<sup>48</sup> Nguyen, MTT, op. cit.

# Recommendations

1. Raise awareness about the ER and the food relief sector - within the community, the community services sector, and all levels of government including local councils. Use this report as a platform for this.
2. Continue additional Federal Government 'pandemic' funding for the ER sector to enable providers to employ staff rather than overwhelmingly rely on volunteers on an ongoing basis.
3. Seek funding for ongoing volunteer support, training and development, especially for ER providers that offer holistic support beyond immediate material needs.
4. Seek funding for an ER peak body, to collect data and information about its operations, identify emerging issues and needs, facilitate communication between ER providers, facilitate coordination between ER and other services, and provide a collective voice for the sector.
5. Promote a brokerage approach to funding and donations for ER, that enables optimal responsiveness to local need.
6. Educate and encourage funding bodies to keep record-keeping minimal and purposeful, so as to maximise resourcing for direct support of community members.
7. ER and food relief providers and peak bodies continue to advocate for systemic and structural change to prevent regular reliance on ER for survival.

# ATTACHMENT

## Examples of major faith-based ER providers

### Anglicare Victoria

Anglicare is Victoria's largest provider of out-of-home care for children and young people. However, they provide a range of other services including alcohol and other drugs, community services, education, family services, family violence, housing, out-of-home-care, youth services, justice, disability services, homelessness services and mental health services.

Anglicare financial counsellors improved the financial situation and education of 6,384 people.

Anglicare receives 92% of their funding from the state government, 4% from fundraising, 3% from the federal government and 1% from investment income.

Anglicare Victoria 2019, *Home Grown 2019 Annual Report*, viewed 26 August 2020,

[https://www.anglicarevic.org.au/wp-content/uploads/2019/10/Anglicare\\_Victorias\\_Annual\\_Report\\_2019.pdf](https://www.anglicarevic.org.au/wp-content/uploads/2019/10/Anglicare_Victorias_Annual_Report_2019.pdf).

### Catholic Care Victoria

Catholic Care is a 'wrap around' service that provides Emergency Relief, advocacy, information and referrals. Catholic Care provide family and relationship services, relationship courses, pastoral services, refugee and asylum seeker support, and school and education support and does referrals for mental health, physical health and drug and alcohol. The Emergency Relief services that Catholic Care provide includes food vouchers to use at supermarkets, food credits to use at local food relief centres, part payment contributions to outstanding bills, and utility and car bills. Catholic Care links into services such as St. Kilda Mums or Geelong Mums for donations to be able to provide items like baby clothes or cots.

During the 2019-2020 financial year:

- Catholic Care assisted 3214 people.
  - 37% of the people they helped had some form of disability
  - 28% were from a culturally and linguistically diverse (CALD) background
  - 1100 people were sole parents.
  - More than half of the people were in the 25-45 age group
  - 149 people were above the age of 65.
- Catholic Care provided \$915,000 worth of Emergency Relief in the last financial year
  - 62% of that being vouchers
  - 32% classified as other assistance such as bills, myki cards, and pharmacy and medical expenses.
- In the first two months of this current financial year (July and August 2020), Catholic Care has already distributed \$250,000 across their Victorian sites.

The Catholic Care Emergency Relief program is funded by the Department of Social Services. Catholic Care is funded through government, philanthropy, fees and investments and contributions from donors and supporters.

Catholic Care says: 'ER acts as a funnel for individuals to find the support they hadn't considered or didn't even know existed.'

A case study provided in the Catholic Care annual report:

Eva-Jean and her 11-year-old daughter were forced to flee their home to escape from family violence. Moving to a new suburb meant that her daughter's school was far away, and when her car broke down and her registration was due, she knew she didn't have the means to pay for them. Having been through so much already, Eva-Jean wanted to make sure her daughter could stay at her school and maintain her friendships, so they spent four hours every day on public transport traveling to and from school. This eventually impacted Eva-Jean's ability to continue working. With little to no income, having a daughter to look after and dealing with stress, isolation, and trauma, Eva-Jean knew she couldn't do it alone. Catholic Care's Emergency Relief program gave immediate assistance to get her car back on the road and gave her financial support for other living expenses. She also started receiving counselling to address her emotional worries, and to regain the confidence she needed to move forward with her life. 'It has impacted my daughter enormously as she can go to friends and I can take and pick her up. We don't have such long days getting to and from school. We are both happier and we are making a new home for ourselves with the assistance we have been given. We are both happier and feel freer'.

Catholic Care 2019, *Catholic Care Annual Report 2019 Breaking the barriers to social inclusion*, <<https://engonetccam.blob.core.windows.net/assets/uploads/files/Assets/AnnualReports/CatholicCare%20Annual%20Report%202019%20-%20Final%20WEB.pdf>>.

### St. Vincent De Paul Victoria

St. Vincent De Paul Victoria focus on four core areas in order to alleviate disadvantage for people experiencing it. These areas are: Cost of Living, Education, Food Insecurity and Homelessness. These focuses are underpinned by financial support from the St. Vincent De Paul social enterprise: Vinnies Shops. St. Vincent De Paul provide a range of assistance through home visitations, Vinnies Shops, youth programs, soup vans, education and tutoring, VincentCare homelessness services and also support for migrants and refugees.

While 211, 750 meals were provided by Vinnies Soup Vans. (This does not encapsulate the full extent of ER provided by locally based and accountable St Vincent de Paul services).

St. Vincent De Paul receives income from sale of goods, government grants, fundraising, and bequests.

St. Vincent De Paul Society Victoria 2019, *2018-2019 Philanthropy Report*, viewed 26 August 2020, <[https://www.vinnies.org.au/icms\\_docs/311147\\_2018-2019\\_Philanthropy\\_Report.pdf](https://www.vinnies.org.au/icms_docs/311147_2018-2019_Philanthropy_Report.pdf)>.

### The Salvation Army Australia

The Salvation Army provides a range of services to people in need of assistance from Emergency Relief, to disaster recovery, to programs which offer more holistic support. The Salvation Army offers services for aged care, family violence, alcohol and drugs, homelessness, Aboriginal and Torres Strait Islander programs, youth networks and programs for mum's and babies. They offer an employment program to place people in jobs and provide people with the education and skills needed to get a job. They have a housing program in which they manage properties, in order to provide housing to people in need. They also support community initiatives such as social enterprises.

During the 2018-2019 financial year:

- In Victoria, 83, 655 people received Salvation Army support.
- Salvation Army Housing Victoria managed 780 properties.
- Employment Plus placed 17, 500 people in jobs, Australia-wide.

The Salvation Army receives funding from governments, trading revenue, residents' contributions, Red Shield Appeal and other donations, financing income and legacies. They partner with government, philanthropic, corporate and not-for-profit organisations.

The Salvation Army 2019, *Annual Report 2019*, viewed 26 August 2020, <<https://www.salvationarmy.org.au/about-us/news-and-stories/publications-and-resources/2019-annual-report/>>.

## Uniting Church Victoria & Tasmania

Uniting Church provides support and counselling for people in crisis. They provide programs such as homelessness services, youth and children's services, accommodation, disability services and Emergency Relief. Uniting also offers aged and carer services, alcohol and other drugs services, early learning and employment services and mental health support.

The Emergency Relief services provided by Uniting include a mixture of vouchers, food parcels, energy relief, chemist bills, school uniforms, some meals, petrol vouchers and travel vouchers.

During the 2017-2018 financial year:

- Over 200,000 service interactions occurred.
- The Winter Breakfast program provided over 4000 breakfasts to people in Prahran during the winter months.

Uniting receives 65% of their funding from the state government, 14% from the federal government and received over 40 tonnes of essential food and toiletries for their Emergency Relief program from donations.

Uniting Church 2018, *Annual Report 2017-2018*, viewed 26 August 2020, <<https://www.unitingvictas.org.au/wp-content/uploads/EXT-AnnualReport-18-A4Booklet-SINGLESWEB.pdf>>.

## Examples of ER and COVID responses

### Bairnsdale and Neighbourhood House Food Relief

BNH provides support to the community via many services and programs including emergency food relief, community meals, and support for families and individuals.

BNH delivered a huge food relief response to the bushfires in the East Gippsland Shire and has also been dealing with a drought response (for four years and still current). With the COVID-19 pandemic, the high demand hasn't stopped. The BNH kitchen produced over 1,200 meals per day for 17 days straight, then dropped back to around 300.

BNH had their cool room and van on the road to remote communities packed with personalised hampers with the help of a community champion.

### Bendigo Foodshare

Bendigo Foodshare is a charitable organisation that rescues donated and surplus food to feed people across central Victoria, via food distributions to local charities, community groups and schools.

12,845 people receive food ER from Bendigo Foodshare's partners every week. Recipients are families, farming communities and students. (1.2 million kg of CO2 emissions was saved by diverting surplus food from landfill in 2019).

### Bridge Darebin Food Relief

Bridge Darebin (Preston Neighbourhood House Inc.) is a NFP organisation based in Preston and Thornbury. Through a partnership with Preston Rotary, Reservoir Neighbourhood House and FareShare, Bridge Darebin is a distribution point for organisations that require food to provide to their cohorts.

Foodbank paused their distribution of frozen ready-made meals in March 2020, so Bridge Darebin, Reservoir Neighbourhood House and Rotary Preston partnered with Fareshare. Since March, 5000+ Fareshare meals, 4,500 grocery bags filled with pantry items and fresh produce, and 500 hygiene packs have been distributed to individuals and families.

Through a partnership with Feed Appeal and UBER, Bridge Darebin (BD) was able to provide weekly delivery of meals and bags to more than 100 Darebin households. BD also received weekly donations and additional meals from Lentil As Anything and Northcote Bakeshop.

BD supported 13 other organisations, including neighbourhood houses, mental health service providers and family support organisations with meals to distribute to their clients. Its localised and connected distribution network allowed organisations to access food aid materials that previously did not have access.

### Central West Gippsland Primary Care Partnership (CWGPCP)

CWGPCP supports food security work across Baw Baw and Latrobe.

Its strong foundation and understanding of food security at a local level meant it was able to readily mobilise, together with members and community groups, in response to the Coronavirus (COVID-19) pandemic. CWGPCP: (i) assisted communities to access nutritious

foods during COVID-19 and created Food Security Fact Sheets; (ii) increased media and online presence to disseminate information, including local newspapers and local radio; (iii) supported greater communication between food relief providers; (iv) increased awareness of available food relief and organised distribution of 3000 Emergency Relief brochures to locations that were open; (v) identified barriers to accessing culturally appropriate emergency food relief for CALD communities and began work to address these; and other communication and connection activities.

As a result of these actions CWGPCP emergency food relief networks have reported feeling more connected and supported by the broader food system, and there is strong communication between providers.

### City of Casey Emergency Relief

Since early April 2020, the City of Casey has facilitated a COVID-19 Relief and Recovery Network of 10 community organisations.

The Network shares service and sector information and pools resources so local needs can be met. The Network includes ER, information and referral, legal support, housing and homelessness, family violence, youth counselling, mental health and drug and alcohol services, employment services and refugee and asylum-seeker support. It has secured practical items to allow services to continue safely and where possible remotely e.g. sanitiser, funding for mobile devices, webcams and mobile phones. Food Relief providers have also been supported with PPE, COVID-19 information and advice, grant information and advice from Council's Environmental Health team around safe practices, and infection control. In partnership with network agencies, State Government, Casey's Aboriginal Gathering Place, social enterprises, local cafes and private donors, Council has facilitated the delivery of over 2,000 meals to vulnerable residents.

### Mount Alexander Food Pantry

The Mount Alexander Community Pantry was set up by local organisations and community groups, brought together by the Central Victorian Primary Care Partnership (PCP). It offers prepared frozen meals and food packages for all Mount Alexander residents on request, without eligibility criteria or cost.

The impact of the COVID-19 pandemic on the local community has been particularly felt by those in hospitality, tourism, artistic communities, and those already experiencing disadvantage. People were suddenly unemployed and food security became an issue for the first time. Local first nations service, Nalderun, began to see a surge in requests for food relief as the initial impact of COVID-19 was felt. The pantry was set up quickly and successfully due to the level of pre-existing relationships and trust between a number of the key organisations involved.

As an indication of demand, in five weeks Mount Alexander Community Pantry assisted 86 different households, delivered over 1600 frozen meals, and delivered 250 grocery packs.

## Whitehorse Churches Care

With active community projects and a more formal organisational structure, WCC seeks to strengthen the bonds between the churches, connecting people across denominations, encouraging and providing opportunities for, collaboration, training, prayer and mutual support.

When Covid-19 hit, WCC created a food response that is now responding to Council requests where people are isolating due to risk, as well as to people who don't necessarily qualify for other support. Supply has come in part through purchases from Food Bank and the rest via donations - predominantly from congregational members. Distribution has been via a number of routes including: local Police, local Council (responding to the Covid-19 helpline), local housing services, and local agencies.

In around 5 weeks, 250+ hampers have been distributed.

## Yarra Community Health

YCH has health centres in Darebin, but services are available to people across northern Melbourne, through a combination of outreach, client-based and centre-based activities and co-located services.

YCH does not directly deliver ER, however it links with ER relief in the Cities of Darebin, Hume, Whittlesea and Banyule.

YCH developed a COVID-19 Community Connection and Support Team, made up of redeployed staff members to help the community stay healthy, safe and connected.

Client story:

Following a telehealth consultation, a YCH dietitian referred the client to the Community Connection and Support Team as the client noted they had no food in the house and was unable to go shopping. Within two hours, our worker delivered frozen meals to the client and is now connected to the team to support them through the COVID pandemic.