

Disability Done Different: Episode 20

Annie Rily on...coming out of COVID

Podcast transcript

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Hosts: Roland & Evie Naufal

Guest: Annie Rily

Start of Audio

Maia Thomas

DSC is a team of 33 people across Australia, all working together to bring specialised training and consulting expertise to providers in the disability sector.

Intro

All right, here's what's going to happen now. Hello and welcome to our podcast. We are DSC. Your turn, you're the boss. Disability Done Different: Candid Conversations, I hope you're ready because we're starting.

Evie Naufal

Hello and welcome to Disability Done Different. My name is Evie and I'm back.

Roland Naufal

And I'm the person who's meant to be doing the introduction. My name's Roland Naufal and I'm the host of Disability Done Different and welcome back Evie.

Evie Naufal

Thanks dad, aren't you going to ask where I've been.

Roland Naufal

Where have you been?

Evie Naufal

Where haven't I been dad, I've been to my bedroom, to my desk.

Roland Naufal

We gave her a big bench and parked her on it for a few weeks, but she's back. We couldn't keep her on it for long enough. So today our guest is?

Evie Naufal

Annie Rily.

Roland Naufal

From the Northern Territory, Darwin. And there's something about Darwin isn't their Evie, there's a bunch of really, really good women leaders up there.

Evie Naufal

Oh yeah.

Roland Naufal

Am I allowed to say that?

Evie Naufal

I think so. Yeah. I mean, it's not surprising that great women leaders exist, but there is an extraordinarily large number of them in NT.

Roland Naufal

Per capita it dramatically outweighs other places we go. Welcome Annie Rily CEO of Carpentaria Disability Services is the correct title, isn't it?

Annie Rily

Well we are officially called Carpentaria disability services, but we refer to ourselves as just Carpentaria.

Roland Naufal

Yeah, so welcome Annie Rily.

Annie Rily

Thank you.

Roland Naufal

So we've got a bunch of questions to ask you Annie, but I was just reflecting on when I first met you, I think you were like brand new in the job. You hadn't even quite started and you had a mild sense of panic about, do you remember that?

Annie Rily

I do remember meeting you outside a hotel on a veranda and you were offering sort of free consults to people. Yes, I do, and I was mildly panicked. That was in 2017, yes.

Roland Naufal

Yes, 2017, so you've been there, gosh, and is it over three years or you're about to hit three years?

Annie Rily

About to hit three years in June.

Annie Rily

Wow. And was the mild sense of panic a correct feeling to be having? Has it been a really big job?

Annie Rily

Look I think I probably underestimated how large the job was going to be, transitioning to the NDIS from the perspective of the Northern Territory where, you know, we hadn't had a lot of quality and safeguarding, third party audits happening. We were very much block funded, we hadn't moved into that individualized model, so there was a lot to be done. And the more I looked, the more I saw that we had to do. And I was probably just quite naively thinking I could do everything within six months. But you know, here I am three years later, we've gotten a lot done, but there's still a lot to do.

Roland Naufal

And you were jumping the fence too weren't you, you were coming from being the block funder to not be the block fundee anymore, and that you were very senior, I think you held the most senior, one of the most senior positions in disability in the NT Government. And then you've taken one of the most senior positions in the not-for-profit disability sector during that massive transition. So how's that gone? I'm going to give Evie a chance to get in in a moment, but how has that gone?

Annie Rily

Yeah, look, I was, I was the senior director of the office of disability, and I guess I saw things kind of like a point in my road where I could actually take a different path. And it was just sort of prior to the transition really starting to get going. So I'd had the conversation with my remote team as the senior director in the office of disability around, you know, what was going to happen with the transition. And it was really a good point for me if I was going to leave I had to leave sort of then. Yeah, but moving across the non-government sector was quite a huge learning curve, and I really enjoyed it, you know, well mostly enjoyed it and very challenging. And having had, worked within government, it's given me a really good perspective. And I really think that reflecting on, I think everybody who works in government should have a time working the non-government sector really to get a better perspective of what you need to do in government, if that makes sense.

Roland Naufal

Yeah, are you a native Territorian?

Annie Rily

No, I moved the Territory in 1989.

Roland Naufal

Does anybody come from the territory? I've yet to meet anybody that has said, oh, I'm actually from here.

Annie Rily

Well, I feel like I'm a native Territorian, but yes, I've been here a long time, I can't even add up the years now. But yeah, 1989 I was, you know, almost a new grad speech pathologists, and I came up here for one year. I had a big argument with my mum because she said, you'll never come back from the territory, I said, mum, one year I'll be back, why would I want to live up there for. And, yeah, so here I am, 2020 still here.

Evie Naufal

I reckon the territory is one of Australia's best-kept secrets. When you hear other people talk about the Northern Territory, you hear all about the weather and the crocodiles and all of that kind of stuff. But I've been so, like Darwin's never a place that you'll have trouble getting me to come. And I always notice when I come to Darwin how different the disability sector is.

Roland Naufal

You've spent quite a bit of time up there haven't you?

Evie Naufal

I have, yeah, we did quite a bit of work through the Northern Territory government in the early stages of transition, and I go back anytime I can get a workshop running up there. But I can't quite put my finger on what the difference is Annie, and maybe you have a bit of insight into it, but it does appear to me that in NT that providers are very collaborative, very willing to work together. And I don't know if I'm being a bit rose coloured glasses here, but they do seem to have a bit more of a solutions focus than what I see elsewhere. Do you reckon I'm talking nonsense?

Annie Rily

No, I agree. Yeah, I think being a smaller jurisdiction and being remote from the rest of Australia we often feel like, well being a small jurisdiction and smaller group of people, we can be a lot more collaborative. And we do have a lot of complex challenges that we do have to have that real solution focus. But I think there's always that thing, like when you live in NT you feel like you're judged by the rest of Australia as being, you know, a bit backwards and not really knowing what's going on in the rest of the country. So it actually drives you to want to be better than everybody else, or at least to feel like, you know, you need to keep up with everybody.

And I think from my experience and the colleagues that I talk to, you know, we'll work really hard because we feel like we're behind on something. And then when we go and talk to others, we find that we're actually not behind, and sometimes we are ahead. You know, and sometimes we are behind I must say, but you know, I think often we sort of misjudged where we're at in the sense of where the rest of Australia is at because we are that little bit removed.

Roland Naufal

That was one of the things that struck me too Annie when, I've got a bit of a background in early childhood intervention, now called early childhood early intervention. And I was looking around at transdisciplinary best practice around Australia, there's only a few places doing it, this is quite a few years ago. And you folks at Carpentaria were one of the leaders in transdisciplinary early childhood early intervention practice, and now you're taking that out to East Arnhem Land, am I getting that right?

Annie Rily

That's right. Yes, we are doing remote services. We have since probably the middle of 2017 one of the things that when I first moved into the role that I really just, Carpentaria hadn't been doing remote services before. But I really wanted to ensure that we could be part of the solutions in the remote areas, because one of the biggest tragedies of the NDIS would be if it didn't make a difference in the remote setting. So, and having been a speechie, well probably still am a speechie, but you know, no longer practising, but you know, having had that background I could see that that was the area that we should be getting the services out to remote areas.

And so we worked quite diligently in building up rapport and building up trust with a number of communities. And we found that the model, that transdisciplinary model just works so well in the remote communities as well.

Roland Naufal

Can you tell us why? What is it about transdisciplinary that's working for you there?

Annie Rily

Well, I guess if I go back to, so in government, we also had a transdisciplinary model and we've really brought many of those aspects across to the Carpentaria setting as well. I guess it's about having that key person that works with a family and an individual and with the community. So, you have a key therapist who is almost like the broker for other services that that individual might need. And you know, it builds up really good relationships and trust and consistency, and I guess it just then makes the whole process work a lot more streamlined I guess.

Roland Naufal

Is it part of the response, the broader response, I've often wondered because I've seen key worker transdisciplinary practice work so well in early childhood early intervention. I wonder, you know, have you got plans to grow it into other areas that are non-early childhood, because that concept of the key worker going remote seems to make a lot of sense, doesn't it?

Annie Rily

Yeah, well look we're doing that now, so our allied health team is across all ages now. We've got a team of 14 therapists, and our remote workers are across all ages. So, we basically are using that across the whole program area.

Roland Naufal

Into that model already. Before we move off the issue of remote, any tips for other organisations, because everybody's struggling with the remote delivery of NDIS. Do you have any other tips you can give?

Annie Rily

Well, I guess the remote, the delivery model, no one's really, they haven't really been nussed out properly yet. Although people in the Territory, you know, I'm sure it's in other jurisdictions as well, we really know what the solutions will be, but it's really the retrofit onto the NDIS model just doesn't really work. I think there's a few things, and we were talking all around the place here, but I know that the NDIS is really centred on choice and control and all of that, which is absolutely, you know, really, really important. I think in a remote setting though the starting point is equity of access really. So it's getting those services out to remote areas where there are small numbers, and given that people in remote areas, you know, their decision making isn't as individually based as it is in other cultures, people work as a group, as a family, as a community. And I guess sort of the pooling of plans is happening, and it makes a lot of sense and it does, you know, it is the model that needs to be, you know, moved towards.

I guess though my tips are that, you know, when we started out, we only had like five or six participants, our focus was on developing a relationship with a local organization and the community, the families and the individuals, and being consistent. And you know, building up the trust and rapport and being really professional, people in remote areas really expect a professional service, just like everybody else does. And now we've got over a hundred participants across five or six different communities now. And you know, that slow start and that slow build has been what's really worked for us. But you cannot go in there without having a relationship or a partnership with a local organization. That has been really key for us.

And I guess particularly with the, you know, the pandemic, that little thing that's happening at the moment. We had a window of two hours to make a decision as to whether we would continue to send somebody out to a community, because we had someone booked on a plane to go out and the government hadn't quite announced it yet, but were talking about closing off remote areas. So, we did make the decision to not go, because we thought that, or totally believed that the safety of the people in remote areas had to be completely protected. So, that forced us into that, you know, quick pivot into

online service delivery, and that wouldn't have worked if we didn't have that really good relationship and rapport, and the working relationship with the organisations in those communities. Because people, they don't have access to technology, you know, they need that support to take part in those online therapy sessions.

Evie Naufal

Yeah, I want to jump in there Annie and just sort of pick up on where you're going here, which is sort of the other understanding of remote services, which is what's on everybody's mind at the moment with Covid19 forcing a lot of services, you know, almost overnight, to continue to deliver services in a non-face-to-face way. And I guess I'm wondering, has your experience with that first type of remote services, people living very far out from the hub of your organisation, do you think that's put you in better stead to pivot now to delivering services non-face-to-face?

Annie Rily

Yeah. So going forward we will definitely continue with what we're doing, but a mix obviously. So we see the online as not necessarily, like in the future, not necessarily replacing the face-to-face, but adding to. So, what the therapists are finding is that obviously the face-to-face when we can do that is really, really important. But then, you know, instead of, because we do visits every six weeks, so they can touch base on a weekly basis now with people to see how they're going. And even sometimes just a quick 15 minutes or 20 minutes, you know, contact so that they can keep therapy going or, you know, just check on certain things, pieces of equipment that they've got etcetera.

So, I'm hoping that answers your question, but we were, I think there was something that we wanted to do, but COVID19 forced us to do it much faster than we would've. And we're actually very thankful for that, because we can see the value in having the access to that online service and that, you know, more ongoing connection with people in remote areas.

Roland Naufal

Taking the conversation a little bit further with COVID19, are there changes that you've gone through over the last few weeks that you want to say stick now? Have you seen any new things emerge that you think, oh, I want to hold on to this?

Annie Rily

Yeah, absolutely. Well, that is one for example, which is quite a big thing for us. We're also, even just locally we've been doing, because we moved to a mixed therapy approach, where again, it was some face-to-face, and you know, some not face-to-face. So what we did, with everything that was happening with the pandemic, as a committee, but we set up our pandemic committee and we made some very critical decisions around, decisions about the framework we would use to make decisions. Because it was such a fast-changing environment that we were seeing other organisations, other businesses you know, making really quite rapid and extensive changes quickly, that it put a lot of pressure on us to be seen to be doing the right thing. So, we just said, all our decisions are evidenced-based, you know, we need to know what the evidence is in the territory. And our decisions obviously would be based on what the government, the territory government and the national governments are saying, as well as the NDIS quality and safeguarding commission and the NDIA. And being really clear that we are an essential service.

So, you know, we had that framework that we were working in, and I can tell you that we were meeting sometimes two or three times a day to check in on the decisions we were making. So, getting back to your question. So in the day program, I think that was our highest risk area, we, not just in the day program but in other areas, we risk assessed our services, and we risk assessed individuals as well, and then tailored our services for those people. Because the family, the families were also part

of the decisions, and the families were really, really anxious about us stopping services, you know, it was going to cause a lot of problems for them.

Evie Naufal

And have you stopped services Annie, has the day service stayed open for anybody?

Annie Rily

The day service has definitely stayed open. We changed our services completely to one-on-one. So we did that basically overnight. We went from, you know, we had small group activities, we weren't like a big, there were no sort of big group activities, so we went to one on one. You know, we worked, we risk assessed, like I said, in terms of what PPE was needed, we put in a whole range of measures in terms of infection control. And really just worked with it. And we were making decisions, like I said, two or three times a day. And then on a daily basis, I remember when we got to the point where I said, okay, it's Monday, I'm sure we can stick with this till Wednesday.

But honestly, I think having taken that approach and the support I had of the team around me, I'm really pleased that we didn't stop those services. And we could've, and I'll probably get a lot of criticism for saying this, but I think for me the easy thing would have been, from where I was sitting, and trying to sleep at night, would have been to shut those services down. Because then I just mitigated all the risk totally, for me, and for my organization. But we, you know, we're very, very mindful of what impact that was going to have on the participants and their families and you know, a whole range of things. So yeah, we took that approach and we're still working in that way, the one-on-one, and we have the advantage of this building that we're in, I know you both have seen this building.

And so we've basically spread everybody out as well, so we can have a lot of social distancing and you know, where possible, sometimes some people, you know, you need to be, you can't actually have that social distancing happening. But you know, and we did a lot of work building the capacity of our participants, just before this meeting I ran into a young man that we provide support for who has autism and an intellectual disability. And he, you know, hello, hello, just me, and up comes the elbow to do a, you know, so you know, he totally gets that there's no more handshaking and high fives I think was his preferred greeting. So, it was really good to see that that sort of thing is becoming sort of fairly normal.

Roland Naufal

I think a lot of us are looking to the Northern Territory because you guys are at zero cases of new COVID, and wondering are you going to be the examples of what the rest of us coming out of the new cases that we're still seeing in Victoria are going to look like. And so are you starting to start to think about strategy? And I recently saw a commentary from someone that said coming out of COVID will be nonlinear. And it's been sticking in my brain ever since. Coming out of COVID is going to be all over the shop. It's not just going to be a simple, we just gradually bring back things the way they always were, with social distancing that is not going to happen. Are you starting to think about strategy? Are you starting to think about the future of your services?

Evie Naufal

And I just want to jump in too and maybe make it a two-part question Annie, which is that we've heard some people in the Territory say that in some ways COVID is business as usual. That in fact you're quite used to communities being shut down and having these kind of lockdown protocols, it's not as foreign for a lot of Territorians as it is for the rest of the country. And I was just reflecting on this conversation dad and I were having earlier, where he was saying, no one's ever come out a lockdown

before. And I was just thinking, well, maybe some organisations have experienced something like that.

Roland Naufal

They've never come out to social distancing, no one's ever experienced what the Northern Territory is starting to experience now. So, Annie?

Annie Riley

Yeah, that's a complex question. So, there are a few things in that, I think in terms of the culture in the Territory and being used to it, and I'm not saying specifically you know, the social distancing. But you know, the first thing I grabbed when we really started getting down into the detail about, or you know, rolling up our sleeves and going, we've got to get some more planning in place with the pandemic, was our cyclone procedures. And really, I mean obviously cyclones they come and they go and it's quick, but every year Territorians get themselves ready for a disaster. So, you know, I know it's different what we do, but I think the mindset is there in the Territory that people are used to, you know, what a cyclone watch is and then moving to cyclone warning. So we were sort of thinking, okay, this is like a cyclone watch when we were watching the cases build each day. And we knew that once it got to community spread, which thankfully it didn't, that would be when we would move into our warning sort of stage.

So having said that, I think there is that and people do have to lockdown I guess when a cyclone comes, but it's only for a few days and then they come out and look at what, you know, what trees they've got left and all that sort of stuff. So, I'm probably not completely answering your question, but I think in terms of strategy going forward, we've got, obviously our disability services, and I was just talking to one of my colleagues a moment ago about, because we have conference rooms here as well that we rent out and we do catering etcetera. So, you know, really having to think strategically about how we're going to use those rooms going forward. And we've actually just got our first booking for next week. And we're actually doing a practice run this Friday.

So we've got three quite large conference rooms that we'll be setting up with the 4-meter distance between each person and testing how that works. So that's one sort of thing that we need to look at. But, I guess we've kept in really close contact with all our staff through SMS messaging, you know, and emailing etcetera. And really getting out and talking to people about embedding this culture of infection control and the social distancing, the physical distancing. And, my message to my staff has been, you know, not just me, but Carpentaria is relying on you to do what you need to do so that we can continue to support people in a safe way. So that's been my message to my staff ongoing. And I think we've been really lucky that, you know, I think not just the territory, but for my organisation, my staff have really, you know, taken it on board really quickly, everything that they needed to do. And you know, put in place all those practices that you need to have at your houses, your day program.

And you know we have whole positions where people just clean all day. They just continuously, like in the day program, because there's certain things you can't get participants to do, you know, in terms of the infection control, for some people that's just a challenge that's just a bit too far to go. So it's just continuously wiping down doorknobs, wiping down benches, wiping down things that have been touched all the time. And those things, you know, my manager in the day programs going, this is amazing, we're going to keep doing this, you know, I hadn't really considered doing things this way before. And particularly the one-on-one, the difference that we're seeing with participants and the outcomes they're getting. And the feedback from families saying, you know, we don't want to go back to group activities, we want to keep this at one to one because they're seeing the changes in individuals.

Roland Naufal

That's fantastic.

Annie Rily

So, I talked for a long time there, have I answered the question?

Roland Naufal

Yeah, you have, that's great Annie. Almost anybody who's visited the Northern territory and got caught there at the beginning or the middle of the wet season says, I'm never going back. But you've stayed. Why have you stayed and why do other people stay through what can be some pretty difficult weather conditions?

Annie Rily

Yes. Well, one thing, I try not to recruit people in the wet season because of that, but you know, it doesn't always work like that. I think there's two or three, from my perspective, in my experience, there's two or three different people that come to the territory. So there's the people, and everyone's got a story of recruiting someone from down south and they come up and they get off the plane and they basically, you know, not literally, but pretty much turn around, get back on the plane and go back down south. And you know, that just doesn't work out, and you know it was never going to work out. So there's that person.

And then there's others that come and, you know, and I probably fit into this category myself that, you know, you get here and, you know, you're prepared to give it a go, and you're prepared to roll up your sleeves and get involved. And then from that point you really start to see, this is from a work perspective, the opportunities that you could have if you really want to stay here and work here in the Territory. You know, and I think there's always a little bit of, particularly people who are coming from larger jurisdictions that come up here. And you know, recently in government, probably over three years ago, I recruited a young man who was an amazing, an amazing person and really, really good at the work that he did. He basically came into the organisation, into the government and it was kind of like he looked around and said, well, where's my team? I was like, well it's you, you're the team and I'll be working with you and we'll be doing everything we need to do.

But it's a part of the NDIS transition and methods. But once people get over that shock and go, right, okay, I'm here, I'm going to do this and I'm going to take up the opportunities then, and you do, if you're willing to take on challenges you, and because we're a small jurisdiction, we don't always have the resources that we need. We don't always have access to teams of experts. So, you know, you've got to get across everything. So you've got to learn really fast and you've got to, you know, so the role I was in as the senior director, you've got to be able to from national meetings and know everything. And you know, where in other jurisdictions for different subject areas or different policy areas, there'll be a whole team that's working on reading all the material and, you know, getting their expert opinions and positions and stuff.

Whereas in the territory we rock up to the telepresence meetings and, you know, it'll always be the same two or three of us that are there rocking up as experts in all different areas, but we just had to get across. And I guess it's that kind of working environment that really gives you a really good breadth of experience and knowledge that you wouldn't get access to as quickly as you do in other jurisdictions.

So, that third type of person that comes to the Territory, so there are people who come to the Territory really as, and you know, and this isn't a bad thing, this is a positive thing. That will move to the territory with a very clear plan to work in a role as a step up to another role back home. They don't

really come here and see the Northern Territory as their home, but they'll come to get that experience for two or three years and then, it is a really good stepping-stone for people.

Roland Naufal

Getting towards the end of the podcast Annie, I'd like to finish where we started, and ask you about how you're travelling, how it's all going with COVID19. You didn't sign up three years ago to be managing a service during a pandemic, no one expected it. You might've expected a cyclone I suppose quite reasonably, but not COVID, how are you travelling with it all?

Annie Rily

Look, I just took a week off because I was really needing to have some mental health therapy for myself. Yeah, look I think it has been really, like I was saying before. I think, you know, that pressure of having to make decisions really quickly.

Roland Naufal

Just saying two or three times a day, that's what you were saying, yeah.

Annie Rily

Yeah, two or three times a day, but you know, on one hand, you know, you're trying to keep your services going and you're concerned about the staff as well as the participants. As well as, you know, keeping everybody safe so that, you know, it was quite a complex environment to be working in. And I did find it extremely stressful. I've had lots and lots of experiences in my career where I've felt like the only thing I can really get right is to get up and go to work, because, you know, it's so difficult that, you know, how do you keep going, you just get up in the morning and you go to work and then you keep working through things one little bit at a time. And surprisingly this was probably right up there and one of the most challenging things that I've had to work through. And I think once we got through, to a point where we felt things were at least that we knew what was happening on a day-to-day basis without having to continually make new decisions, then I kind of relaxed a bit.

And I did, I took a break, and I'm encouraging my staff to take a break where they can and really look after themselves, because I think you just don't realise what pressure you're under. You come to work and you do what you need to do. But we're working in such a changed environment and the whole world has changed. And people in the territory are finding it really hard, we're always, you know, sort of family remote and cut off from the rest of our family. But now knowing that you really just can't get to see people, I've got a son who lives in Brisbane, and you know, I'm not sure when I'm going to be able to see him again. So yeah, it's been a difficult time, but yeah, we're going well, I'm lucky to have such a supportive team around me.

Roland Naufal

And Carpentaria are incredibly lucky to have you Annie. Thank you so much for joining us from, from Darwin for COVID Conversations. It's been lovely talking to you.

Evie Naufal

Thanks, Annie.

Annie Rily

Yeah, thank you for the invitation. Thank you very much.

Evie Naufal

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