

## Disability Done Different: Episode 18

Edward Birt...on a time of crisis

### Podcast transcript

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Hosts: Roland Naufal & Vanessa Toy

Guest: Edward Birt

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#### Start of Interview

**Roland:** Welcome to Disability Done Different: Candid Conversations in a COVID world. Welcome to Vanessa Toy. My Co-Director.

**Vanessa:** Hi everyone.

**Roland:** A lot of you wouldn't know that Vanessa is also my wife, Vanessa's standing in for Evie who's off developing

**Vanessa:** Lots of COVID resources that some of you are seeing some of already but yeah, we're really she's in the trenches. We're pumping out a lot at the moment.

**Roland:** Workshops, webinars, templates, lots of stuff has already been really well taken up. So thank you, Vanessa, for stepping in for Evie. Thank you, Evie for working so incredibly hard. Welcome, Maia Thomas, our producer but you're not in the studio.

**Maia:** No, I'm not. I am in my cosy little home on the other side of Melbourne. So hello everyone.

**Roland:** And our guest today is Edward Birt and I'm particularly excited about doing this podcast with Edward. I've known him for a number of years. And the thing about it Edward is he comes from a very person centred background, he's done the hands on work, he's got a really deep personal commitment to people with disability. And now he's Chief Operating Officer, which means he's at the very pointy end of one of the largest organisations working with people with disability, the disability trust in New

South Wales. So we're very interested to talk to Edward about what it's like to try to remain person centred. While there's so much shit to be done. So, welcome, Edward.

**Edward:** Thanks, Roland. I'm looking forward to chatting today. And when you put it like that, you you freak me out a little bit. So (laughter)

**Roland:** Sometimes we have to pause to think what we're actually doing don't we?

**Edward:** Yeah.

**Roland:** I actually sent him an email three days ago, saying please don't cancel on us. Because I know how busy you'll be getting and there'll be so many other demands on you. And you get to this morning and you'd think, I really don't want to do this. I just need to be doing important stuff, not talking stuff. And so I'm really grateful that you didn't cancel on us and that you're here. And I want to kick off with a slightly personal question for me, in the sense of a lot of us seek to be CEOs and senior managers, and I did, then I became a CEO. And I expected there to be challenges. I was honestly surprised at how big some of the challenges were, but they were challenges they were big, they were expected. No one signed up for the scale of what we're currently seeing with COVID 19. And what you're currently seeing in the disability sector. When I look back, I think I'm grateful that I'm not a CEO right now because I wouldn't be able to switch off at all. I'd find it very hard to go to sleep. I'm very find to, you know, hard to be with my family. I'm finding it hard anyway at the moment, we can talk about that, but that's, we're not talking to me. We're talking to you (laughter). So, how are you coping with the sheer level of stress as Chief Operations Officer of an organisation that supports assists and cares, we can use the word care again, for so many people with disability in New South Wales.

**Edward:** How are we coping? We're just taking it..

**Roland:** No I didn't say we. I said you..

**Edward:** How am I coping? I think like everybody, I am taking it a day at a time and week at a time and you know, things are just moving and evolving so rapidly. I think everybody, including me, is in the position that they are in. We've, I still have my job. I'm needed at the moment, in terms of, you know, helping to lead a large organisation with 1700 people and thousands of people requiring support. And, you know, so that's not going away any, anytime soon. So I'm grateful for that. But you know that I have a, I have a role to play and a job. And, you know, I'm seeing all of these people, some of some of whom, from our own services who have been impacted through service closures and reduction in hours. Which is really deeply upsetting for everybody. So I think, you know, I think probably, I have moments where I'm, I feel incredibly anxious, and worried and and then I have moments where I think there's some terrific innovations that are going on as well. We've got people learning new new ways of doing things, new approaches and, you know, we just have to keep moving forward. I learned that quarantine from the French means forty days. I didn't know that. So that's that's something to keep in mind, we are going to be in this state for some time. And we

need to be thinking, you know, what's on the other side of this one of the things that we're going to learn on this journey together, and how can we be better at the end of it?

**Vanessa:** And it's interesting that you talk about, you know, having anxiety and then also feeling, you know, noticing and feeling excited about the innovations because we noticed that too, and can you say a little bit more about you know, what, what helps with the managing of the anxiety for you? What are you noticing?

**Edward:** Do you mean personally, what am I doing to manage that? I'm probably gonna both actually but yeah, first for you. Yeah. Look, I think I've got a great team around me. You'd know Margaret Bowen our CEO is an amazing woman who's leading the organisation, our executive team, and Suze Mandicos, our Chief Financial Officer, all the people who have a deep commitment to what we're doing a deep concern about the impact on the organisation and the people we're supporting. So I think that makes it easier. And I think I've got some habits or s'pose, that make it somewhat easier for me to cope, in terms of, you know, taking care of myself, you know, physically trying to stay healthy and well. You know, I've always had an interest in that. So, I think that at times like these, those things do put you in a probably a better place. And I do try to be as resilient as I can be. Having been through a lot of difficult, highly complex roles in my career as well. I think you know, probably stands me in a good place. It's not the first time i've i've, you know, faced significant challenges in my career. So I think that's, that's helpful as well.

**Vanessa:** You can be a bit of the anxiety. Yeah, yeah, we did.

**Roland:** We did a survey and not too long ago with a very large group of staff and ask them, what is it that supports you? When times get really hard? What is it that support you during challenges? And they said, exactly what you just said, Edward, teamwork. Knowing the organisation has my back. When we're getting towards social distancing, when we're working more remotely, are you actively thinking about how you continue to collaborate and foster teamwork?

**Edward:** Yes, well, that's been super interesting, actually, because we've been wrestling with you know, this sort of online collaboration, meetings, you know, through our senior management team, for example, or our clinical teams who work at great distances. From Bega up to the Hunter, you know, there's a that's, that's a good seven or eight hours in the car. So lots of inefficiencies. And really a lot of what you find is if not, everybody's not on the same playing field in terms of use of technology, then those people, the in the regions are disadvantaged and continue to be disadvantaged. So really, what we're learning through the last couple of weeks is has been blindingly obvious. But we all kind of knew it anyway, that those people were continuing to be the poor cousins if you like. So we're learning of the most suitable effective use of technology, if that makes sense.

- Roland:** That's exciting.
- Vanessa:** So you're saying it's really highlighting where they don't where some some teams were already a little bit too disconnected from working remote and that it's..
- Edward:** It's that classic thing of, you know, Head Office headquarters. And we've all probably been in that situation where you both it most people in their career they, they have an experience where they're working in the in the central office and then working in one of the regional locations. And you do have that sense of, of distance and not feeling quite part of the, the machinations of the decision making in the heart of the org, even if you're in a senior role, for example. And I think that's we're learning how to do that better through the use of of our technology. And I think that's been improving for a number of years. But this COVID crisis is now really highlighting. I was talking to a behaviour support practitioner yesterday in Bega. Kylie, one of our fantastic team members down there and I, I linked into their clinical team meeting briefly, and they had 17 people online, and we're all but everybody even though there was a few people in this office still in Woollongong. But they are online as well. And and so they are at the same level of advantage or disadvantage as Kylie was and she was, and I just said I wasn't really finding it. And she said, You know what, it's fantastic. She said, finally, I feel like I'm in the meeting. And we, you know, we we're all in this together. It's like, you know, so that that was quite eye opening. I thought somebody would say that, but it's been so frustrating for people for so long.
- Vanessa:** Yeah. So that's a good example of one of the advantages of this isn't it brings it to a head and it forces us to solve the problem for everybody. So and I know for Disability Trust. You've tried to solve these for a long time, because you are you've got you're spread over such a big geographic region.
- Roland:** We're finding some big advantages. We had a family meeting by zoom last night and it was the best family get together we've had in quite a while and we've decided to do it twice weekly, and there's a couple of people who tend to be a bit more reticent in coming together and speaking, but they really behind the screen, really came forward. It was really different, just like you're saying, in the work situation. So talk about what we're going to do as an organisation, Vanessa, because you're leading it.
- Vanessa:** I mean, it's an evolving thing as it would be for you every day we keep coming up with new ways, but we're just about to set up, decided this morning to set up a social calendar for our team so that anyone can input a zoom social connection. So we're going to I'm going to put them into every morning for us to have a social like a coffee, catch up.
- Roland:** And whoever comes, comes.
- Vanessa:** Whoever comes comes. Because we've got people in other states and that that would mean them getting up at five in the morning so it won't work for everyone. But we'll probably have some in the afternoon. We already have a weekly end of the week, drinks, drinks and decompress.

**Edward:** Do you do that online do you?

**Roland:** We call it POETS at four o'clock on a Friday, Edward and it's: Piss Off Early Tomorrow is Saturday

**Vanessa:** And I think because we've been doing POETS once a month for a long time because one of the challenges of remote teaming as you would know now is that, you know, it's hard for people to get enough of a sense of team, but it really needs to ramp up at the moment, because even for our team that we're used to working remote people are under so much more stress than they were before. So you really want to you know, it's physical distancing, but it should be really, you know, increasing social connection really, because it's so tricky for people and I wonder about for you guys how hard that must be for you when people are also having to work so hard and so fast.

**Roland:** But before we talk about him and his problems, let's talk about us. And our problems you you've done some psych in your background, haven't you Edward?

**Edward:** done some what?

**Roland:** Psychology

**Edward:** Yeah, yeah, I did a four year degree , a long time ago. But yeah, but I've done I did work as a behaviour support practitioners as well.

**Roland:** So if you could do a little bit of free therapy with Vanessa and I at the moment, that would be fantastic. (laughter) So we're struggling with me being really committed to getting shit done quickly. And I'm putting a lot of urgency down the pipeline, anybody who I'm speaking to is going away, a little bit more anxious than when they, before they spoke to me about the urgency of needing to get stuff done in our organisation, and I'm not very good at being comforting and supportive. Vanessa is playing the role of trying to hold the organisation and support people to de stress during these really difficult times of stress. As a couple, it's very difficult for those two energies to come together.

**Edward:** Yeah, yeah. Yeah, that does sound tricky. I think. But having said that, from an outside perspective, you know, the DSC, you guys are super responsive, and you know, ahead of the curve, you know, so whatever you're doing, I mean, I think that's the thing sometimes when you're in, I always think, two people only know what what's actually going on? You know the reality is only ever right there for those two individuals. so but regardless the , the functionality of the of your organisation seems incredibly tight. So you're doing something right and there's probably some element of the two energies working in unison to get the outcomes that you need, I'm sure but I mean at this time, you're likely to to hit people up pretty hard sometimes I think that's...

- Vanessa:** Well that's where I wanted to take it too and because I want to let you off the hook because we don't really need relationship counselling. But because we're co-directors, those two roles kind of like are splitting into two which is really helpful. Means that Roland can be fully gung ho pushing people and I can be much more supporting. But I'm interested in when you when you're a sole person in a role because I'm I work with a lot of leaders and how that juggle of those two really important parts of your role go on for you? Do you understand what I mean? So you must have to kind of push and, you know, get people united behind single purpose, moving forward at a much faster rate than usual and at the same time conveying care and support. Or not. Then people are, leaders are struggling with this at the moment. You know, one of those things falls off.
- Edward:** I think if you've got a sort of a single playbook approach, then you're gonna come unstuck unless you've got like, you guys have got the dynamic of the two equal powers but different power, different approaches, you know, that that also works. I mean, I think people in my situation, do need to look to the, you know, the HR and the industrial side of the work, in terms of the legislation and requirements and all about, you know, those documents around codes of conduct and other things and the expectations of the role together with the quality side. I think using, that's what I do I really I think people know that I'm a reasonable sort of person who is, but I have high expectations around what what people are doing. And if it's not, if it's not met, then really you can, I like people that just, you know, self select out or push, you know, help me to push people out if we need to. But I think at the end of the day, you know, the, the expectations are very high in the disability sector, we've got to have high standards and high, you know, high quality care, and support and innovation. You know, it's just an exciting place to work and if people aren't interested in their particular role, then they either need to look to how they branch into something new within that sector, there's so many opportunities, or that you need to move on and do something different.
- Roland:** One of the things we wanted to talk to you about is we've been banging on for years and years that culture eats process for breakfast. I think a lot of people have heard that through us and around us. We didn't invent it. But what does that mean? Vanessa, just briefly?
- Vanessa:** It doesn't matter what you intend, you know, the strategy you have in place all the all the rules and procedures that you put in place to, to manage and control the culture is actually King, the culture will actually decide what
- Roland:** Really happens and you guys have worked really hard a culture for a number of years. Is it paying dividends when you can't do it? So can you tell us?

**Edward:** Yeah, I think and that's what always attracted me to the disability trust, to be honest, was the culture. You know, I met Margaret Bowen when I first moved to the Illawarra in about 2010. And I always thought you know, that's that's an Org I could see myself with, and for. And I think, you know, she's a taskmaster herself, but she's also happy to be proved wrong, happy to take some steps back to do something differently. But if we've sort of agreed on an approach, then then do that approach and if it needs to change, communicate that and we'll do something differently. But don't do this half half baked or no well the boss said we have to do it and then we're going to do it, and it's not working. I told you so. Well, that's not helpful for anybody. Least of all clients at the end of the day. So, you know, we're all on board with strategies and thinking around, you know, for us, it's been centralization, you know, centralising a lot of our, our processes and systems. We're all on board with that as the strategy but the steps to achieve that outcome you know, are not always Clear, you can see a few steps in front. And then you, you know you but we're all on, on song with the overall strategy, if that makes sense.

**Vanessa:** And you're reminding me I really noticed that when I worked with you guys a few years ago that very strong learning together approach and the sense that you're all in it together, everyone, you know, from the top, to the frontline, it's in, in it together to solve the problems and not pretending perfect and it's a very strong culture, I think.

**Edward:** Yeah. Well, I'll give you an example as well. Just now we've got I did apologise for a COVID 19 sort of consultation that we're doing with our frontline teams at the moment. We ran three of those yesterday where we had about, I think, 100 people across the three sessions, joining in for an hour. And really, those are about saying to people.. Margaret opens it and I say some, some things about obviously, infection control, staying out of the workplace, if you're not well, all of those things that you need to say. But importantly, it's about saying we need you to help us understand what's happening in your, you know, supported living services, in your, you know, clinical programmes. How do we need to adapt to this, you know, for one of, you know, too cheesy term right now, but unprecedented scenario that's unfolding. And, you know, we mean that genuinely, it's not we're not ticking boxes for the sake of industrial processes, obviously the union's you know, very interested in those things happening. But at the end of the day, we're happy to have those guys on board to they're only going to strengthen our response.

**Roland:** Jumping in there, it would be a bunch of organisations out there, and the big ones that I've worked for with some of them that would be bunkered down with a war cabinet of five or six people making all the brilliant decisions from head office. And you guys are choosing to do a different approach, which is to also make sure you're, you're connected to the people at the front line. Some of these folks in some of the bigger organisations are scared of talking to the front line, they wouldn't do that. So is it challenging to talk to the front line? Is it working? What's happening?



**Edward:** Look, I think No, I love that. I think it's really that is the business- is the frontline. So if we don't like if things aren't working, if people are scared about how to use personal protective equipment or the stocks that we've got available, and that's going to keep them out of the workplace, then we're screwed. Really. We need to have people understanding our strategy. How are we going to use these, those stocks if people aren't sure that they can, you know, speak up and let their manager know that or let their colleague know, even better, that they think they should go home because they look, you know, they're not well, that we've just done their temperature and they're over 37.5 whatever it is we've got to have that focus on the the people that we're caring for who who do have vulnerabilities both through the fact that they've got so many people in their lives, and also many of them do have additional respiratory and immuno factors on top of that, that mean oh goodness, we've got to keep that at the forefront of our thinking. We can avoid the rotation of faces sometimes in people's lives, but we do need to make sure that team is really focused on all of those things that are gonna keep the people in those homes particularly safe.

**Roland:** Before we came on air. You You talked about what you're doing today, I just asked you to do a voice check by talking through what meetings you've got today. And you spoke about some work you're doing at Stockton which was Vanessa and I both looked at each other with that holy shit look. So

**Vanessa:** because in the midst of all of this, that's what they're doing, yeah

**Roland:** So tell us what the Stockton part of your day. And tell us what Stockton is in case anybody doesn't know.

**Edward:** Yes, so Stockton is a large residential centre that's still functioning in Newcastle. So just across the river in beautiful Newcastle. It's one of the three remaining large residential centres that still have some residents living there. In terms of Stockton, Konangra in Morisset and up in Port Stephens, the Tomaree centre. And those are centres that have operated for, gosh, I don't know a very long time and people have lived there for most of their lives, many of the people that we're seeing moving out into new homes in the community you know, they're incredible people, I think the median age of the people that we're supporting moving out is sort of 63 or something. And many of them have lived for 40 years in these centres and they're moving in with sometimes on their own in their own villas, sometimes into two bed villas, sometimes three, and sometimes five person homes. And we've opened now 11 of those. And supposedly, before the middle of the year, another five, but we do have people moving in today. And we are really thrilled that that's still still going ahead. But

**Roland:** What's happening today?

**Edward:** We've got a couple of gentlemen moving into a home their new home in Mount Hutton, which is up in Newcastle. And yeah, so they're really excited, absolutely gagging to get into the new place. They've done a lot of visits, they're absolutely stoked. And they are beautiful homes. I've been to all of them. And the staff are absolutely magnificent. We've got some terrific people there, Paula and her team at



the home there and in Mount Hutton. She's really one of those team leaders that we have that's absolutely knows full well what's going on with this transition. This is absolutely historical for New South Wales and Australia.

**Roland:** Stockton is one of the large it's one of the largest institutions still left in Australia. There's hardly any institutions for people with disability left in Australia. It's one of the last to close. So the people who've been in there have been amongst the most marginal, marginalised and institutionalised for the longest period of time in Australia's history. Today your organisation is taking a number of those people in a pandemic in the middle of a rising pandemic, and moving them out to community living. So there's a there's a bunch of ironies and a bunch of wonderful, historic moments in that Edward, so I just wanted to put a narrative over the top of it.

**Vanessa:** And it's wonderful that you didn't postpone it.

**Roland:** Yeah

**Edward:** Well, it gives me chills really thinking about it. I mean, I think what we see is we do see, my Executive Manager there, Tracy Wright, who's an amazing woman. You might know Tracy, she was formally CEO of the Centre for intellectual Disabilities for a little while and worked within government herself, incredibly passionate when it comes to person centred approaches, and is working over time. We've heard him up there. And I think, you know, some certainly we looking at at the future, transfers transitions for people. We do need to think every day, we're reviewing what's happening, but we just think we've seen really good outcomes for people moving to community. And we think it's, it's, they're so excited, their families are excited. We want to sort of keep moving if we can, but we can see probably that that sort of been pushed back a little bit at this, you know, with these last houses, but we literally couldn't stop because we had staff trained, even though we've done all the social distancing. And in fact, as I say, people are, you know, thriving, I would have to say.

**Roland:** You'd have to give to the mathematically safer in smaller houses in the community than they are in large institutions.

**Vanessa:** Yeah. And I just, it just makes me want to ask you, Edward because obviously, you're not letting COVID, you know, stop some of these really significant things that are happening, but what are what are you finding that sort of the biggest operational challenges, that are the hardest ones to solve with COVID?

**Roland:** We sort of imagine that every day you're triaging two or three times a day, you know, what do I need to get done next? What do I need to get done next. Is it really the way you're operating? Or?

- Edward:** Look, I think there's a few things that interestingly, with the closure of our group services, so last week on, you know, I think it was Tuesday or Wednesday, it's now Wednesday of the following week, so a lot happens in a week
- Vanessa:** It was about a year ago really wasn't it.
- Edward:** Yeah, it does. We decided that, you know, with all of the indications that it would not be responsible to continue to operate those group programmes. And it was probably a little bit ahead of other people's decision making around that. I think a lot of other providers are doing that now as well. But even so, I've noticed some business as usual approaches over the weekend that I found a bit surprising. But we made that decision. So that I think it's just the enormity of communicating with all of those frontline staff we've got, we've worked really hard around permanency for our staff over the last few years, so I feel somewhat that I can sleep straight in bed at night if I get some sleep, we've tried really hard to get people across under permanent rosters wherever we can. So I think we're up around 80-84%, something like that about shift are filled by permanent people, which is really good. Obviously, they're not there's a lot of part time in that. I will say it's not all it's not as though we've got, you know, we'd like to be better in terms of full time positions for our direct support professionals, but that's where we are at the moment. So but nonetheless, a lot of casual and a lot of really good casual people have been impacted through the closures. And I think this this week and next week indeed is about with our rostering system is communicating with hundreds and hundreds of people trying to redeploy people where we can, try to retrain people where they need it into working in group home environments. And so that in itself is big. I've just walked past our L&D team doing some socially distance infection control training for people who will be working in the group homes. So yeah, so it's all of those sort of things. I'm also really focused on the personal protective equipment side of things. To be honest. I think that's a huge problem for Australia. And I feel like we're a bit of a backwater at the moment on a global scale. When it comes to personal protective equipment.
- Roland:** hopefully by the time this podcast goes to where this won't be the issue that it is Edward. We're working with a clinical nurse up in New South Wales to do PPE nationwide training, she can't get one set of PPE equipment to prepare the training. So hopefully when people listening to this they laugh and so we've moved on from there but that's just..
- Edward:** it's very dangerous. Yeah.
- Vanessa:** And I was gonna say where as you say Australia feels like a backwater and in the disability sector feels like the backwater of Australia doesn't it around some of this equipment supply.
- Roland:** Which is my final question. I don't know if you've got any other than Vanessa. But is disability the poor cousin in this game? Because we're hearing a lot about aged care. We're hearing a lot about vulnerable people. We're not hearing a lot about the disability sector. Are you feeling like that? Or are you feeling like you are?

**Edward:** I think, absolutely we're the poor cousin. I think it's ridiculous. We've got 30,000 people in, you know, in various sort of group shared living arrangements who need support around this country, supported by thousands and thousands of staff, who, you know if that is not the frontline of community health, you know, you tell me what it is. I mean, we know that aged care needs absolutely the same focus. But we are in deep trouble if we don't get our eyes on the this issue, I mean, we've been communicating with Minister Roberts office and Minister Ward here and you know, up through Bill Shorten side, you know, to try and raise this and I know the, whatever it's called the AHPPC, their focus, but we heard from the World Health Organisation that there's a global short supply of Personal Protective Equipment. Now, we can't have a situation where if they're expecting community management of outbreaks, which I think is absolutely the most appropriate way to go if you want to support the health system from completely falling over, then you cannot do that without the appropriate PPE and we would not normally stock face shields and gowns and boot covers and gloves of the nature that are going to be needed. So we just have to work this out urgently. Do we need to fly a Lockheed, over to bloody probably Wuhan could do it. They had 42,000 frontline health care workers, not a single infection for those people, and they've, you know, if we, it just feels like we're playing a guessing game. I mean, I may well be COVID 19 positive as we speak. I don't know. And we just don't have the, we should just be doing straight up mandatory testing for all of our all of our frontline teams. It's just, you know, we cannot run that risk.

**Roland:** I just want to summarise the key points of what you're saying here Edward so that everybody can hear them that doesn't already understand them. But there's 10's of thousands of people with disability who require a level of support which cannot be turned off. They require a range of staff to come in who have a range of connections that they bring into those persons homes. 10's of thousands of those people have immune vulnerability issues that some of them are right, Very, very vulnerable are already on ventilators before COVID 19 unless something significant is done around that situation, significant numbers of people are going to die. And it is not being treated in the same way as the aged care sector. It's not being given the same level of priority or attention. Is that reasonable? It's that was my opinion, obviously. But is that reasonable?

**Edward:** No, I think that's, that feels like an accurate assessment and statement at the moment. It's it's mentioned as a bit of an afterthought. I think a lot of the time.

**Vanessa:** The other thing I heard you saying to or what was was in the subtext of what you're saying was that as, as workers at the moment, they're effectively acting as health workers so that we need protective PPE, for preventing infection but we're also attempting to care for people with COVID in their homes, we're attempting to take the pressure from the hospital system and that requires a really high quality PPE so and that's not being addressed

**Roland:** And the issues will change as the weeks go by. And it'll move on from PPE to the fact that we can't get nurses and we need to track train workers more in a medical/paramedical type fashion. So the issue is going to move pretty quickly, but we need to wind up and we need to let you get back to your day job and we just want to thank you. Thank you, Edward, for being Edward and thank you also for making time for a podcast when you've got some really serious stuff to get done. And we just want to wish you in the Disability Trust you know Godspeed and I'm not religious but Godspeed, good luck and our thoughts are with you. But you've clearly got something to say.

**Edward:** Well, I just think, you know, this is I really am cautiously optimistic. We're gonna move through this COVID crisis. It's gonna be, it's gonna get messy, I think at some points but the thing for people with disability in Australia is it's it's tantalisingly close in terms of the the things that are going on within the, NDIS operating environment in terms of, you know, achieving great things in terms of quality of life and outcomes. And, and I think, you know, there's a lot of fear within government and other places that we, you know, the increasing costs associated with NDIA But that's often a lot of that's associated with the design of the scheme. And I think, if we really get back, and there's been so much unmet need in our community, we're seeing that starting to be met. And then I think what we'll see over time is the tailing off of a lot of costs. There's still there's high costs, but we're going to see some terrific innovations and I really hope we can continue on that path. We can learn a lot through This COVID crisis and come out the other side with that strong focus in mind. We can't see that disrupted.

**Vanessa:** I love that you say that and it comes across when you, it's come across to me the whole time your optimism and you're seeing it as an opportunity. And I just want to join Roland tonight. I'm really appreciative that you've given us this opportunity I feel like you've given us a little bit of a window into your into your world and the way Disability Trust is approaching this. I really appreciated it.

**Roland:** Thank you Edward

**Vanessa:** Thank you so much Edward

**Edward:** Thanks guys.

### **End of Interview**

**Maia:** You've been listening to Disability Done Different, a podcast by DSC and produced by me, Maia Thomas. Since we recorded this episode, we've released seven new resources for organisations to support your planning and action through COVID 19. You can check them out and subscribe at [teamdsc.com.au](https://teamdsc.com.au)

### **End of Audio**