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**Francis Lynch**

**Dave Pugh**

## Transcript

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**Dave Pugh:** centres of the NT could not travel to remote communities.

**Francis Lynch:** My name's Francis Lynch.

Thanks for joining me on the comments and Musings podcast today. I speak to Dave Pugh, the CEO at Anglicare NT, who has worked in the Community sector for many years across Australia. Working in Darwin and regional parts of the NT during the COVID-19 pandemic of 2020 has been quite different to the experiences of other parts of Australia.

Join me as Dave and I talk about how COVID is influenced work in the NT. Welcome, Dave.

Thanks for joining me on the comments and musings podcast. I'm talking to leaders from a range of organisations in the Community, health and aged care sectors about how they've adapted to the impacts of COVID-19 and 2020. We're recording this in September, so we're a few months in now and have made lots of changes about how we work. So I can

**Francis Lynch:** start off and just ask you about Anglicare NT and and what you're involved in.

**Dave Pugh:** Sure. Well, thanks for having me today. I'm the CEO of Anglicare NT, which is a generous community service organisation that's based in the NT with locations in Darwin, Alice Springs Nhulunbuy Catherine. And so it's a we're we're spread right across and then we have other staff in some of the smaller towns. The NT is a small jurisdiction, so the total population of the northern territories are at 240,000 people, and of those, about 30% of those people are Aboriginal. And but the majority of Aboriginal people live in remote communities, but there's also a lot of Aboriginal people living in the in the larger urban centres as well, in addition to that, the NT is incredibly multicultural, so it's a gateway to South East Asia. So when you walk around the streets at on the weekend, you'll see that you'll feel like

**Dave Pugh:** you at times could be in in South East Asia as well as being in a beautiful warm tropical environment. So Anglicare. Provides just a full a full suite of services. I I hate to say cradle to grave, but there are lots of early childhood services support to aged with and disability services. Some work in lots, so lots of work in homelessness and housing financial counselling. And services to young people with mental health issues are some of the larger clusters of services. Our goal as an agency is to ensure that the work we do with a, with a person at a point of their vulnerability is is able to connect to them and their broader needs. And so therefore. They might access a range of the programmes where we Co locate programmes and try to break the silos down between the programmes so that clients get a a bit of a seamless support across their life journey. And so we would, for example, Co locate youth homelessness service with youth justice programmes and financial counselling

**Dave Pugh:** programmes so that those teams can can work together.

**Francis Lynch:** So it is quite broad. And the scale of the. You know the organisation in terms of, you know, geographic spread is is very significant. Well, I know the northern territories, you know, compared to other States and territories, has had far less cases than I think at this stage, no deaths from COVID-19. But I'm assuming that there's been quite an impact on your organisation in terms of what you've had to do to ensure that you are a safe organisation and both for your staff and for for the Community. Can you tell me about what that impact might have been?

**Dave Pugh:** So yeah, COVID been interesting. So initially there was this significant fear that we had that we could be impacted and of course the fear was. Escalated because of the fear of what would be the impact if COVID-19 got into remote communities. We have 13

**Dave Pugh:** times the national rate of homelessness, and that's mostly because of overcrowding of housing. So as as as you well know, Francis, the the typical, there's so many stories of households. With three bedroom houses in remote communities with up to 20 people living in them, and perhaps one operating. App and so issues of hygiene etc and social distancing become almost impossible. And so right from the get go the NT responded I think fairly rigorously to the potential threat. So as it's turned out, there have been zero deaths from COVID-19. In the NT and there's been zero community transmission. The only cases we've had 33 cases which is about 10% of the national average, and those cases that have come to the North have all come to the NT either from overseas or people coming from Interstate, and they've all been in in a quarantine situation. So we haven't had that, that general exposure to the broader community.

**Dave Pugh:** And partly the the northern territories. Rigorous approach was shaped by Aboriginal leaders. So one of the distinctive features of our Aboriginal work in the NT is that we have we have Aboriginal medical services or as they called in the rest of the Australia, they're often called Aboriginal community controlled health organisations. They are large and mature in the Northern Territory. There are some. Who have employ over 400 people and they've been operating for 40 years. They have very, yeah, very mature. Clinical governance systems. They employ doctors etc. And so under the national leadership of the at shows through the organisation called Nacho, the national Aboriginal Community Health Controlled Health Organisation, they've really set right from the Get go, they said. We've seen what happened in 2009 in 2009. The influenza epidemic. It was, I think, had four times the impact on Aboriginal deaths as anywhere else



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**Dave Pugh:** blessing for the whole. For the whole of the NT Actually.

**Francis Lynch:** And whilst those restrictions were were different like it sounds like they were quite different than the restrictions that might have been in place in Victoria or or NSW, but very considered. I mean, what? What do you think was the impact on the people that you normally work with as an organisation was was there, was there negative impacts or you know how did that work out?

**Dave Pugh:** We run a large a couple of headspace services which are support services for young people with mental health issues and or serious significant mental health issues such as psychosis and depression. So those we do know that that that service which is part of a national franchise or a national brand called Headspace, they they quickly locked into a national approach. And

**Dave Pugh:** one of those was that they locked in, tell us psychiatry try so that all counselling was done or virtually was counselling was done via. By zoom and there was also almost zero group work right. from the beginning. So what we learned from that, of course, is that the increased rates of anxiety and depression that were in impacting on young people probably had the same some of the same features in the rest of Australia but and the rest of the population. However, what we did also learn is that the fears that we had about higher rates of suicide. Haven't eventuated. So for our clients, it's a really mixed story. We've got some increase in anxiety, some isolation, and we've had all those concerns about what might that might mean for family violence and and other issues. But we've also seen significant increase in income and so we've got families with food. On food, on the table. And and that's had I think in remote Aboriginal communities, we've seen a 75% in

**Dave Pugh:** 75% of the increased funding for jobkeeper and increased payments has gone straight into food. And so the into sales at the local shops. So that's been an interesting impact. And of course, we've seen less health health impact from other diseases such as. Influenza, obviously we've had people's concern about isolation and but part of the I think even though we've had a low, low impact of COVID, the impact on national distress has been critical. And so I think a lot of our staff and clients were reacting to what they were seeing overseas and in other parts of Australia. And so we've had we. Had a lot of staff. In the early days of covid. Saying we've gotta work from home. This is gonna be a disaster. And although as an organisation we never we didn't shut our doors at all, we stayed open. We did because of staff anxiety and some client anxiety, we changed the way we worked to include significant working from home opportunities. And that was, I

**Dave Pugh:** think that's an interesting lesson in management really about how do you meet the needs of the vulnerable people within your own workforce? I think your your organisation probably the same Francis, but I think we did some research at one stage and said 20% of our. Staff experience anxiety and depression the same rate, the same rate as the general community, and so we therefore as managers have to be flexible.

**Francis Lynch:** Why would it be otherwise really?

**Dave Pugh:** Yeah, that's right. That's right.

**Francis Lynch:** And and and so. So you didn't close the doors, but just so is that meant that you've continued to do sort of home visiting and and working in the community at the same rate or is it really changed a lot?

**Dave Pugh:** They are pretty much at the same rate apart from the headspace which applied a national approach. We took the rest of the

**Dave Pugh:** agency, took the the line, and that was a strategic management decision that we were an essential service and under the a number of states applied in the essential service lens to NGO's and said that. NGO's are essential services, therefore they. Will not be required. To work from home and they'll have access to to, to home, visiting, etc. Now, the NGO sector wasn't declared an essential service in the NT, although I note that in WA homeless services and I think child protection were declared essential. And so we just took them, took the approach that well. So it's good enough for WA, it's good enough for us. So we told the staff that they were doing an essential service. We told the government that we were performing an essential service and therefore will operate as if that's the case and so. It was probably a bit of a a grey. It was a grey area, but we took the decision that if we were managing risk appropriately and practicing all the other

**Dave Pugh:** government guidelines that it would be reasonable for us to apply a. Maintain our our service models we. Did drop a number. Of projects such as group work. Obviously needed to stop, but the essential home visiting for vulnerable people in their own homes was really critical. It was in some cases we were the only service left providing those outreach services to families.

**Francis Lynch:** You mentioned before that you know there were some of your staff who who were saying that they would like to work from home was that one of the the major impacts from a staff point of view that that there was that anxiety and that some people were were asking to do that with their, with their other impacts. Do you think as well?

**Dave Pugh:** Well, I think that the that was really helpful for us. It led us to think about a process for like you or you guys and everyone else in Australia had to do develop some

**Dave Pugh:** pretty quick working from home policies and guidelines develop the IT systems to ensure that that could happen. I think we grew a lot through. Doing all that and also. I guess moving from a general commitment to hygiene, to HR practices and requirements so people have to sign documents about and answering their appropriate questions, informing their managers, etcetera. So I think we we. Grew a lot through that and the staff I think felt really supported in the. Early, I think part of anxiety needs to be contained, doesn't it? Through knowing that someone's got your back and the manager's got. Your back, so we. We established right from the beginning and emergency response to Emergency Management. And and where where is the practiced at some of that, because we have cyclones in the NT and so like the like Victoria. Like you guys have Bush fire, and you have emergency plans for bushfires. We similarly have emergency plans for extreme weather



**Dave Pugh:** events. And so there was some natural seg way for us to establish the emergency planning team and to put out regular bulletins to staff about what's happening and what's. Required. People said they felt really contained. In fact, some of them are. Some of the people we work with, for example, people with disabilities, who started getting information bulletins from us in plain English were saying that was the first information they'd received that no other organisation was. Providing them with

**Francis Lynch:** Oh, really? OK.

**Dave Pugh:** information about managing COVID and so that was a good reminder for us that mature good practice and communication. We take it for granted. Often, but that it's not all. Not all organisations, and not all government departments can get that organised that quickly. I actually think it's

**Dave Pugh:** part of being a mature non-government organisation is that we are. Pretty nimble still.

**Francis Lynch:** What do you think the next couple of years is going to mean, you know, COVID is not going away. Anytime soon. Gotta. A couple of years, possibly of still living and and getting through this as a as a country as a, as a people across the world. But what do you think's gonna be the outlook for you and and Anglicare in to?

**Dave Pugh:** Well, I think we've, we we have cemented some of our relationships in remote communities, particularly in through all that fear. There was a clarity about why communities value our our our support. I think in some ways we've we've seen a very crowded. Non-government space. So we've seen a lot of new NGO's coming. We we call them fly by nighters a bit, but I think what's been important through this is that mature

**Dave Pugh:** organisations have hung in there with people and have continued to do that. That work. I think we we we will see the need for our home based work I think. That's only going to strengthen, however, the idea of building community grows for me is about the what the young people in Headspace told us is. They they survive some of that telepsychiatry, but what they really wanted to do was come together and meet with other people who are going through the same thing as them. And and so I think it's cemented our commitment to groups and to and to bringing community together. I I guess from a business perspective, it's a bit hard to imagine. Through all the all. The challenges we're. Gonna have as the government starts to wind back jobkeeper and and various allowances, it's hard to see how people will recover and how the government can also afford the investments needed for social social issues. So, for example, the Aboriginal organisation I

**Dave Pugh:** referred to earlier. That show is calling for a national commitment to social housing and to overcoming significant remote housing. Max, that's it's really hard to see where that investment's going to come from. And housing is just the tip of the iceberg. So whilst I I just think we don't feel quite squeezed and we're seeing already how the government is trying to squeeze work in child protection and out of home care because of the expense of delivering out of home care models, for example, I think the next two years are going to be have a fair bit of pressure and we'll call on us to be nimble and creative.

**Francis Lynch:** Mm-hmm. Look, thank you so much for your time today. It it's, you know, it is from me sitting in Victoria. It's such a different experience that that the NT's had and that that your organisations had it, it actually does give me some hope that we get

**Francis Lynch:** into the the less restrictions that you know we will be actually going out and visiting. People, because that hasn't been our experience, we've we. We've been very restricted and and had to, you know, we've still gone out and done work with families when it's been very when there's a lot of risk, but there's a lot of families and and people that we need to be visiting. And I'm really looking forward to and so that having this conversation has been actually helpful for me and and. I hope that you know the next few months are really good for, for Anglicare and tea and for you, so thanks, Dave, for your time today.

**Dave Pugh:** Thank you and I hope they're really good for Victorians. We're just constantly thinking about you guys and and hoping you'll come out of this pretty soon.

**Francis Lynch:** Yeah thanks