Face Time

27 STORIES OF ST.GILES

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The genesis of

Face Time: 27 Stories of St.Giles

The 1937 polio pandemic is at the heart of St.Giles' existence and in 2020, another pandemic gifted us time to reflect.

We used those pandemic years wisely and collected interviews from Tasmanians connected to St.Giles, which is among only a handful of Australian disability organisations that has survived the 85 years since the polio pandemic.

In naming the publication and the accompanying exhibition at QVMAG Royal Park Launceston, Face Time, we have sought to contemporise St.Giles. As an organisation, however, St.Giles' foundations of care, compassion and connection are eternal.

Face Time: 27 Stories of St.Giles, the book, launched at the start of our 85th year, explores how diverse individuals stay connected to St.Giles.

Danielle Blewett
General Manager, Profile and Engagement St.Giles

Emma Barnett

Emma Barnett came to St.Giles soon after her birth in 2013
and receives ongoing therapy.

"St.Giles has been an incredible support to us. Emma's nearly 10-and-a-half, so it's been 10 years we've been involved with St.Giles; ever since Hobart," Emma's dad Jonty explains.

"Emma was born in Hobart. We were referred to St.Giles. For Fiona and I with Emma being our first child, all the unknowns, everyone we've dealt with within the organisation has been fantastic, such good support on every different level.

"I think it's unique; the locations between Launceston, Hobart and Burnie and the communities that are involved in those cities - not being big cities like Melbourne and Sydney, which can get a bit anonymous. There's an element here where it feels like there's a lot of familiarity amongst everybody and that support mechanism. It's not just a clinic. It's not just a service - it's like a big family."

These days Emma splits her time between a variety of physiotherapists and activities.

"I've been doing obstacle courses, steps and balance beams. I've been going up and down the stairs a lot."

Emma practises her exercises at home and sees a definite improvement, especially after an operation at the Royal Children's Hospital in Melbourne in February 2020.

"They had lots of animals. A puppy dog came and saw me. It jumped up on my bed, because I love puppy dogs and animals. They had big fish tanks and meerkats."

Back in Launceston Jonty adds that physiotherapist Tracy Redman from St.Giles was a constant for his daughter, even throughout COVID.

"She was there two or three times a week. It was really good. We were pretty fortunate because the facility here was pretty much moth-balled, so she had some spare time."

"Tracy was the one who helped me more after the operation," Emma said.

With lockdown in full swing after the surgery Emma began online learning through her school Scotch Oakburn.

"I was very heartbroken. It was going to be my first week of full days. It was very exciting."

"And then we closed."

Jonty believes the time away from the classroom was very beneficial in Emma's recovery.

"Home learning probably played into our hands as well. We could be flexible with Tracy and Emma didn't miss a lot of school."

Emma has also enjoyed some of St.Giles' other activities.

"And I've gone to the Niche Market a lot."

But for the Barnetts the St.Giles experience is a family affair.

"The circumnavigation of Tassie, raising money for St.Giles, dad rode in that. And the Police Charity Ride this year. Dad rode in that for St.Giles.

"Mum (Fiona) probably does more. I did quite a bit more through COVID. I had a bit more time," Jonty says.

"Dad did lots of pool work (hydrotherapy) through COVID, because mum's not a pool person," Emma adds.

Again, Tracy played a big part in this, taking them through the initial hydrotherapy program with follow-up reviews. And with the aquatic centre closed it was all achieved in a pool belonging to a friend of the Barnetts.

"Emma was supposed to go back to the Children's Hospital for two weeks for in-patient rehabilitation, but you didn't miss out on much. Tracy looked after you very well," Jonty remembers.

When it comes to her siblings, twin girls Emma's like every other older sister on the planet ... for her it's "annoying sometimes. Sometimes it's fun".

"Before COVID and my operation, maybe last year, they would come in and do things with me. If I was going over obstacles or stepping jumps they might go and do rotations. They would do something else, or they might play with a ball with mum, and I might do some of my other exercises. They would kind of do it with us."

In addition to working with St.Giles' physiotherapists, Ashley and Jamie, Emma also spends time with the occupational therapists, and has achieved things that have surprised even her devoted dad.

"I did a program with Ashley over in the park, learning to ride a bike."

"Who would have thought Emma would ride a bike? Yes, a trike but she can ride a normal bike," Jonty says.

"With no training wheels, just a normal bike," Emma adds.

"I love riding. I love horse riding. I love being outdoors. "In Year Five we have to choose a sport - netball, hockey - there's lots of different sports.

"In the middle school and senior school, you can do horse riding. I might want to do rowing too. Mum rowed and Ashley said it would be good for me."

Emma approaches her academic subjects with the same enthusiasm as everything else.

"I like maths. I might not be great at it, but I like it. I don't mind English. I love science.

"I love art. We have our own art room, a big art studio area. I love going up there."

Emma also enjoys singing in the school choir and the school's outdoor education programs.

"We didn't do camp because of COVID. We did it online. Next year we have three nights - two nights in a tent and one night in a cabin. Hopefully, I can do it next year.

"Our Year Three camp was fun. We had a night in a cabin, and we got to do the zip line. You're on a pulley system and everyone has to back up and pull you up. That was fun, pulling people up. I think it's called a possum glider. It's down at Valley Campus (at Avoca) with our outdoor teachers.

Emma already has an idea of what her future holds.

"I might want to go to uni. I want to do something with animals. I was thinking of a vet but it's not really on the top of my list at the minute. I want to be a mounted police rider, to be with the police force on horses, or with the dogs, maybe. I want to be with animals but I'm not 100 per cent sure what.

"Emma's always related well to people," Jonty says.

"If I spend an hour and I get to know them, then I'll be confident."

"Less than that; I reckon sometimes it's five minutes," Jonty adds.

Gail Bendall

Gail Bendall – Former Chair and Life Governor Emeritus
joined the St.Giles board in 1987 and was chair from 2000 to 2003.

Born in 1949, Gail Bendall's childhood was replete with fun, on her parents' apple and pear orchard in Beauty Point.

After completing Year 10, a job as a junior temporary assistant at Beaconsfield Primary School ultimately took her far afield with a new husband and a job on Cape Barren Island.

We were on Cape Barren Island for two years and then my husband was transferred to Hobart. He was headmaster of Talire, a special school.

After the birth of their first child, her marriage ended and Gail headed back to Launceston where a new venture beckoned. Working with friends, she set up a new hair salon, The Terrace in George Street, an industry which captivated her for 22 years.

Around 1985, Gail was invited to join the St.Giles board by friend Ron Horne.

Malcolm Wright was the chairman. He was very helpful. He and Ron were like the sages of the place. They'd been involved since the beginning. Geoff Turner was the CEO. I was a bit in awe of them all.

Around the early '90s, I think it was, this word came up called deinstitutionalisation. We thought, "Oh my goodness what's that?" This 'great idea' came; that we wouldn't have all the facilities in our centre; that people with disabilities would 'find' the assistance they needed in the community. We used to throw our hands up in horror and say, "Well how's that going to happen? There's nothing in the community!" But obviously there was a process and gradually we researched and adopted the practice and amazingly society did the same. Up until well into the 1980s, many people who had children born with disabilities used to almost immediately say, "Where can this child go?" But about this time of deinstitutionalisation people were saying, "My child's not going anywhere. I need help but I want the help to come to me or be available to me not to put the child somewhere." And, so over those next few years, we went through the deinstitutionalisation process and the home eventually ceased to be. We set up group homes all around the northern half of the state. They took a fair bit of management, but mostly that was very successful.

Gail's business acumen served her well as the board's first female chair.

That was my little claim to fame. But I had a great deal of help, and once I'd finished my role as chair I stood down because I had been there for more or less 20 years, and I think that's enough.

It was a very changing time. Our main role as I saw it was to ensure the staff had the facilities they needed, and so we had a lot of building changes. Actually, the first major change we did, by the time we actually planned it, had it built, and got it moved into, it was already out of date, because the progression was so fast; it was just an ongoing and ever-growing thing. It's never stopped. Group homes were the big thing. We did build a group home in Hobart, just as I was leaving.

But none of this was achieved in isolation.

There's always been a huge amount of fundraising and always wonderful volunteers, some of whom spent half their lives working for St.Giles in that fundraising/volunteer area - from sitting outside supermarkets with a raffle book, to fairs, all sorts of annual events and Miss Tasmania. We did the first house while I was still chair. We had it completely renovated by donations of time and then we sold it and the profit came to St.Giles. The first one was just around the corner from St.Giles in Strahan Road. That was very exciting.

There were several done. It was a great little fundraiser and again showed how willing businesses and individuals were to donate to St.Giles.

And I can't believe the bequests. It's very much appreciated.

St.Giles was regarded with such esteem because I think there were so many success stories from it. So many people had had some experience with St.Giles. I remember while in hairdressing, we did a hair and fashion show with the funds going to St.Giles. Well, everyone we approached to help as soon as we mentioned St.Giles they'd say, "What can I do?" I think the key to why St.Giles has been so popular and so well regarded is that it touched so many.

I really enjoyed my time on the board. I felt I was contributing something. But, of course, I got so much more out of it than I ever contributed. It was challenging, and yet it was manageably challenging. In my life, it's something that I still hold in high esteem. And I've got my little disc that says I'm a life member, Life Governor Emeritus, 28 October 2005.

It was a really important part of my life.

Fast forward to 2020 and with Gail's family, two grown sons and two teenage grandchildren, all based in Tasmania, she is grateful to have missed many of the negative impacts of COVID.

At the time it didn't impact me greatly. I'm retired, so I didn't have to be anywhere at any particular time. Adam (Gail's son) was in the UK. So, that was my big worry at the beginning. He ended up coming home and then he and I went into quarantine at home.

I couldn't go and visit my husband as he was in aged care. I had 10 weeks where I couldn't visit him. That was difficult. It was his birthday in the middle of all that. He was able to get outside and there's a steel fence around the nursing home, and Adam and I went to this side of the fence and he came to that side of the fence and we sang *Happy Birthday*. That was a bit hard, but he coped. They were very good in the home and we stayed connected as much as we could. That was the one thing that affected me.

Who would have ever thought that we'd go through the kinds of things we've gone through? I think every day of how lucky I am that I'm here.

Andrew Billing

Andrew Billing was St.Giles chief executive from May 2019 to February 2023.

Andrew's sense of community has its roots firmly in his earliest life experiences, travelling the country with his family as part of his parents' ministry, particularly that of his father, a Baptist pastor.

I guess those were foundational times for me. Mum and dad were very involved in the community, in social justice and working with people who were a bit less fortunate. I think that was the basis of it then, through my life and career, being involved in community services.

Returning to Tasmania early in his high school career, he quickly realised his chosen path to physiotherapy wasn't right for him.

I decided I wanted to be a teacher, so I went to university in Launceston and trained to be a primary teacher.

Even as a CEO and as someone who has moved into leadership and business as I've gotten older, I still see myself as a teacher or an educator. I'm a developer by nature.

And while it turned out educating people was Andrew's calling, teaching primary school children wasn't. In third year he took time off, working a variety of jobs, but a phone call on Christmas Eve 1993 from the federal Department of Employment began a 20-year commitment to that sector, culminating in his appointment as CEO of Business and Employment in 2004.

That really started my CEO journey. We then created the O Group, of which Business and Employment was a part.

I was CEO of the O Group for 12 years, and during my time it was the first community-based organisation in Tasmania to be awarded Employer of Choice. We won a national award for family-friendly practices. That was one of the things that established my interest in cultural development. I established an understanding of balancing the needs of charity, human and community services and a shift in government towards the privatisation of those services.

Leaving the O Group in 2015, Andrew undertook several roles before the opportunity with St.Giles came up.

I think my success in joining St.Giles comes back to those experiences of business growth and cultural development; skills in transitioning a human services organisation required to generate revenue through its activities whilst enabling customers to have choice and control.

Growing up in a Christian household, Andrew believes his faith helped lay the foundations for his own leadership.

Faith for me is a personal relationship with God. The life of Jesus is a fantastic example and there are elements that play into how I see myself as a human being, and how I go about my life and my leadership.

At the application level it's about heart, it's about understanding. It's about also recognising, coming into St.Giles despite all of the experience I've had, the need to observe and learn. My first year at St.Giles was spent thinking, "Let's understand the place, because the application of things that I know may not necessarily work here." There are a couple of things I've rolled out here at St.Giles and I've thought, "Actually that was wrong. Let's do something else." I'm not wedded to a particular concept or idea. I can move on pretty quickly and think, "Okay, that didn't work. What can we do next?"

When he arrived at St.Giles in 2019 he found an organisation that had been through a time of great upheaval.

My predecessor, Ian Wright, had been involved with St.Giles for a long period of time whilst the organisation went through a very difficult phase as one of the pilot sites for paediatric allied health involvement in the National Disability Insurance Scheme (NDIS).

The organisation was, from a cultural perspective, not bereft, as there was still a real desire to serve people, but a lot of people had departed, including a lot of very experienced therapists. There was a lack of hope. I think it is something that leadership change brings, the potential for hope.

I could see that a lot of good work had been done by the board, the previous CEO and the leadership around creating a solid platform for the organisation to continue forward. There was, however, lots of fear. There were conversations around financial viability. There were almost yearly exercises, particularly in Support Services, about restructure and people losing their jobs, those sorts of things. The other thing that was quite apparent was that the organisation, in that uncertainty, was pretty much trying to be all things to all people. That's not a criticism, it's an observation, and it's quite a logical model for the organisation to adopt at such a time. There was also a scarcity mindset and as a result, technology and some systems and processes had been under-invested in, in the lead up to the NDIS. I've seen plenty of organisations in worse condition than St.Giles, so kudos to the board and management for navigating a really difficult journey.

St.Giles is a brand, and organisation, that is well recognised in Tasmania. Certainly in Launceston it still has a very dear position in the majority of people's hearts. It is well recognised around Tasmania as well; the broad geographic range of donors and supporters indicates that. Certainly though, the heart of St.Giles remains in Launceston. I couldn't tell you how many people I've had tell me stories since I've arrived about their family's direct connection with St.Giles.

We're very well supported with community donations and fundraising. One of the things that I've been focused on since arriving at St.Giles is how to ensure that, with the money that we're raising from the community, we are very clear about what we're doing with it, that we are separating it from our commercial activity.

We're accountable for the donations and sponsorship and we're utilising it to support things the NDIS is unable to support. In many cases, it doesn't support the interesting programs and innovative tools, techniques or resources that we like to support. We need to make sure we are deploying our resources towards those sorts of things, and not towards things that could otherwise be supported by the NDIS.

We are now stabilising the foundation. There's still work to be done. Cultural change and organisational development are at least a five-year project and I'm only two-and-a-half years into that.

COVID's probably thrown a spanner in the works as well.

It's been a challenge and there will be impacts. Inevitably there is transformation within communities and society, and many people will make big decisions about how they engage with various things in their life, work being one of them. That's challenging for St.Giles where particularly in disability support and allied health, the workforce is thin. In allied health it also takes a long time to actually get qualified. But people have made decisions that maybe being a physiotherapist or occupational therapist isn't what they want to do anymore, or they want to take a break. That is understandable from a human perspective, but it's a challenge for us from a business perspective. There is no doubt that the workforce is going to continue to be a challenge both in terms of attracting and retaining people in allied health. There is also the increasing professionalisation of disability support work.

COVID means we're now moving into an environment where there is increased uncertainty for people. I think one of the interesting experiences for Tasmanians, and therefore for St.Giles, is we had such a long period of keeping people safe with the pandemic because of our island status.

People are suddenly a lot more anxious, yet rationally all of the things that we've done to keep safe in the last COVID outbreak, and all of the things that we've tried to keep people doing during the period where we haven't had COVID present, are still the frontline things that we need to keep doing.

I think we've just got to read the tea leaves a little bit. We know we've got lots of protocols in Tasmania, however, the risks will increasingly ratchet up and, as a result, we're going to face an uncertain period. But I think we're reasonably well-placed, and I think we've just got to continue to respond to what we learn.


FILA
UNSTOPPABLE

Minna Blaney

Minna Blaney lives independently
and has been supported by St.Giles since 2011.

Minna Blaney was born in Launceston in 1987 and grew up with her family, including older sister Tasha, on a farm near Exeter which Minna describes as …

"Quiet … except for the animal noises. Mostly cows, and we did have horses. My sister did Pony Club. I rode her horse Gypsy when she wasn't riding it."

Minna attended Newstead Heights school from kindergarten, with St.Giles' therapists offering physical support and treatment during school hours.

But there were lots of other great memories and hands-on learning which Minna really enjoyed.

"My friends. I liked going on excursions. I learnt more when I was out of the classroom than I did when I was in the classroom. I didn't 'get' the classroom.

"English was not too bad, but definitely not maths. We did some science experiments.

And although things have progressed in the field of education in 20 years, according to Minna's mum Ro, a teacher herself, Newstead Heights offered a positive learning environment.

"Newstead Heights tailored her learning. I think they were really good at that. Each child had a lot of different needs, so they only had small groups. I think every teacher in her Newstead Heights school classes just focused on each child's needs. It was the best schooling. Integrated schooling was not," Ro said.

The family connected with St.Giles when Minna was just three.

"There was lots of music. It was a real playgroup. That's where I learnt to love playgroup. I became really involved in this playgroup with Minna.

The playgroup was an opportunity for Minna to make lifelong friends and for Ro to meet other parents.

"That was my first interaction with the parents, to guide them. All the things that I'd learnt I was passing on; where to go to get help and what transport support you could get and OT (occupational therapy) support, things like that. It was really good because the parents got on well," Ro recalls.

"From there, Minna started doing physio."

Minna was fortunate to continue her treatment through the pandemic, laying the foundation for her independence.

"I live by myself in a unit. I have support in the morning and at night-time and a couple of sleepovers a week. Other than that I stay there by myself," Minna explained.

And this is where the National Disability Insurance Scheme (NDIS) has stepped in.

"We had to wait for it. She wanted to move out. She kept talking about it and I said, 'Yes, when the time's right.' The more I learnt about the NDIS, I said, 'when you get that and you can build up your support, you can be independent'. And that's what happened. She still comes home for two nights on weekends; Saturday and Sunday are expensive to pay support workers," Ro explains.

"Not every weekend. I try and keep some weekends there. Like when Mum's away I don't come home, I just stay there because I've got support anyway, so I just stay in my unit," Minna adds.

"I have support and people guide me. If I've got a question, they'll help me and point me in the right direction, but it's still my choice.

"The only difficulty I've had is having to wait so long to get on it, number 1. And number 2, you have to prove that you need it, and then even when you do get it, if you don't use it, they'll get rid of it."

COVID added another layer of complication to the process for Minna.

"I had to fight to stay in my unit. I had people asking me, 'Are you going to move back to stay with mum for the short term?' and I said, 'No'.

"Some clients were choosing to do that, so they asked me if that was me. My coordinator said, 'Has anything changed from your end?' and I said, 'No, so unless something's changed on your end stop asking me because nothing's changed on my end. So, unless something changes within the company, where I've got no option, then I'm not leaving and going back to mum's unless it's just for a weekend. I want to stay in my unit.'"

And while Minna was able to keep up with her essential healthcare, other vital social interactions were interrupted.

"She couldn't go to boccia on Mondays. She couldn't go to Bounce on Tuesdays. She couldn't go bowling on Wednesdays. We couldn't go to the pool on Thursdays. She couldn't go to the gym on Fridays. Basically, she lost everything. She had to stay at home, but her personal trainer came to her. She got her own boccia lino and the support workers played boccia with her at home. She was still able to come home to me of a weekend, so we'd get out and about a little bit," Ro said.

Luckily those activities have resumed in earnest and Minna took part in the state titles for wheelchair boccia, a ball sport akin to bowls and pétanque, at Elphin in April 2021. It is also a Paralympic sport.

When Minna turned 18 she had to leave St.Giles which was a wrench, but with the opening of the seating clinic, that connection has been re-established.

"It's a place where I knew we would get the support we needed. We went through Minna's first physio here, OT here. Then Maureen was the one that got us into Professor Ker Graham and to go to Melbourne. She travelled with us and took us everywhere. She set all the appointments up. She was amazing.

"We did Minna's first walk here and running and all those assessments that they did. They assisted us to get her first scooter that she got through Variety I think, but it was here that they did all that.

"And they did assessments for Minna to go to school - all that sort of stuff - everything that we needed.

"We've come back here again now that Minna needs extra help; you sort of flounder a bit. If she hadn't been able to come back here, you'd be going out in the community to someone that you didn't know and didn't trust. People out in the community aren't familiar with cerebral palsy, but this place is.

Danielle Blewett

Danielle Blewett joined St.Giles in 2010 and
is General Manager, Profile and Engagement.

In Nowra, a small country town in NSW, a bomb scare changed the course of Danielle Blewett's life. She walked out of her high school during an evacuation never to return. Instead, she went to TAFE, became a law clerk at 18, a wife at 19 and, soon after, a mother of two girls. Then at 29, a new destiny beckoned.

At 18, I left TAFE and worked as a law clerk for three years.

I married, travelled, had two beautiful daughters and worked at the Shoalhaven and Nowra News until I was 29.

At 31 I moved to Tasmania with my girls and worked for The Examiner. I re-married, had our wonderful son and after 15 years, went to work in Canberra for a Tasmanian senator.

Then St.Giles came calling.

I had a call from (CEO) Ian Wright to meet for a coffee and talk.

I guess I was appointed because I knew Launceston well. I believed I could tell St.Giles' story in a whole lot of ways that would help the organisation. I saw stories that had never really been told. And because I am interested in social justice, I found it very easy to tell the St.Giles story.

An element in achieving St.Giles' goals is fundraising, which has evolved under Danielle's care and while Kidfest was phased out, Niche was reborn.

We've grown Niche to something people really look forward to. It's a stand-alone social enterprise and has even adjusted to COVID.

We developed Black Diamond Dinner in St. John's Church, respecting the space and using clever lighting to highlight its beauty. Black Diamond is Italian for truffle and the first menu was truffle rich. In our 85th year we'll host Black Diamond again at St. John's.

I came up with the Balfour Burn after reading about a similar challenge/run in Sydney. It's become a sustainable and crazy event.

We have collaborated with the Queen Victoria Museum and Art Gallery too, for *Mystery Walls*, an exhibition of fine art loaned by notable Tasmanians and for a 75th exhibition, *Billycarts & Wheelchairs*.

Our 85th publication will be another book, *Face Time: 27 Stories of St.Giles* about the people of St.Giles.

My role also involves sourcing and writing grant applications. We have been successful with some significant grants that changed the look of St.Giles.

In 2011, we lodged an application with the Commonwealth. We had a Labor government and I had a phone call from my old boss at home at about 10.30pm on a Thursday night to say that we had been successful in our application for $6.5 million to redevelop Amy Road.

A few months later another $5 million helped develop St.Giles at Lenah Valley.

I was very fortunate that CEOs like Ian Wright and now Andrew Billing have let me make the job my own. Their trust is a gift.

The 'gift' in Danielle's eyes is one that has given to the Tasmanian community for 85 years and will continue to do so.

Imagine Tasmania without St.Giles?

St.Giles respects the trust of Tasmanians … a lovely, old organisation that grew out of a polio epidemic and has been sustained by dedicated teams and a community that cares.


GREECE
THE COOKBOOK

In the future, I hope people with disability are even more visible than they are now.

Part of that history, present and, potentially, its future, is COVID.

St.Giles responded to COVID two weeks before government. We formed a COVID Response Team which met daily.

Every day was a new challenge. We knew we wanted to, we had to, continue to provide support to people in their homes.

No one had experienced anything like this before. Within a fortnight, we had our corporate teams working from home. We had our allied health people using telehealth for consults and therapy sessions. We had sourced full personal protective equipment (PPE) for our support workers.

Any symptoms meant testing.

Our support workers worked many, many months in full PPE.

They would stay with participants while waiting for the test results … participants had to leave their (group) home to isolate.

One of the huge challenges we had, and one of the great disappointments for me, was when I asked the state government if they would let us isolate people with disability and their support worker in the government's designated COVID hotels. They refused. I was reminded by the Tasmanian Health Service that strictly speaking disability is a Commonwealth responsibility.

We were grateful to have the use of the Launceston Caravan Park. We had severely disabled people in tourist cabins waiting for a COVID test result, with a support worker wearing full PPE, until they got a negative test result.

Whenever a disabled participant caught a cold, they needed to be tested and isolated until they tested negative.

Personally, lockdown was a mixed blessing.

One daughter's in Melbourne, so she's been in lockdown for most of the last two years. She's been fortunate as she and her husband have been employed.

Another daughter in Wollongong worked at a disability service. She kept working the whole time and I'm really proud of her. Our son, a journalist, spent two years working from his bedroom here in Launceston. I'd be working in our bedroom and I could hear him interviewing, across the hall. Absolute best memory.

Katrina Bock

Katrina Bock has been an occupational therapist
at St.Giles since 2007.

I was born in 1976 in Melbourne, and we moved to Tasmania when I was around 18 months to two years old. My parents were hippies and they bought a bush block.

My middle sister, Rita, was born with a congenital abnormality. She had hydrocephalus, which essentially means that your brain constantly produces fluid and that drains down your spinal tract. She had a blockage in that drain while she was in Mum's tum. It built up and put pressure on her brain and so she had less grey matter than was supposed to be there.

I can't remember the first time I came to St.Giles because I was so young, but we used to come all the time. I used to have so much fun. My sister Rita was working hard and there were often tantrums, and I was having fun.

In true St.Giles tradition, Katrina's mother also gave her time to the children there.

She was a nurse and she also worked at the respite centre at St.Giles' short stay accommodation for around five years.

My sister Rita also used to stay overnight at the St.Giles respite centre, usually not when mum was working. It might have been a few nights or a weekend each year. This was an important break for my parents. I remember she was usually excited to go as she was such a social butterfly and loved talking to everyone.

Sadly, Rita passed away several years ago but those early experiences the sisters shared left a lasting impression on Katrina.

I realised what a difference certain people can make and occupational therapists (OTs) are the ones that make the difference in day-to-day life. I went to Sydney University's Cumberland Campus. It was a four-year course and I was 17.

In addition to an intense full-time study schedule Katrina also settled into doing disability support work and working for nursing homes as well as her course placements.

I did a placement at Giant Steps in Deloraine, which was really fascinating. I really enjoy working with people on the autism spectrum. I had already decided I probably wanted to work in paediatrics. I found Giant Steps quite inspirational because it was so intense.

Upon completing her studies, Katrina returned to Tasmania when a position came up at Giant Steps. After three years, she returned to Sydney. However, her heart eventually drew her home, and she worked with St.Giles part-time while continuing her focus on autism, moving to full-time at St.Giles 14 years ago.

It's a little bit of a running joke amongst OTs about what does an OT do, because it's really broad.

When I first came here, I started off on the basic, school-aged, handwriting caseload. A child gets an assessment of their handwriting and a few other bits. I started to get more complicated cases, and, because I had that experience, I also had autism cases.

Then each of us would also have a couple of schools that we were looking after, funded by the Education Department to provide therapy support within schools, which is no longer the case.

I've always really enjoyed working at St.Giles. There's that sense of a team, with experience you can draw on.

I remember when I started, we had those kids who would come for a brief burst of therapy and you'd give the family and the school some ideas.

Then you had a small group of children, with fairly intense physical disabilities or more significant intellectual difficulties, a static group you'd see through to adult care. Now we probably see more kids in the middle and provide them with a lot more intervention than in the past. The National Disability Insurance Scheme (NDIS) has also changed how families can access our service.

There have been some real advantages for families to have lots of supports. It's great they can do that.

There's a plethora of new services that have sprung up in Launceston. It gives families a lot more choice. But I think because we're such a well-known organisation in Launceston with such a long history, we've still got a strong, supportive base.

Then COVID arrived in Tasmania.

It was a crazy time. It felt quite surreal and it was, "Yep, now we are going to have to completely change how we deliver services".

I think around that initial phase when we were going through those initial lockdown times, there was very high anxiety for everyone, particularly for those families whose young person was more vulnerable because of their understanding of hygiene. Perhaps they're not very good at keeping their fingers out of their mouth, so that makes them more at risk, but it also puts other people more at risk.

I'm not the person who programs the DVD player or subscribes to Foxtel at home. I am not technologically savvy, so having to convert to working at home and doing Zoom calls with families and trying to help families at their end, when I can barely get my own end working, that was a real challenge. And the uncertainty was terrible for everybody.

There are some families that just didn't have stable enough internet connection or didn't have a device. They were unable to access services. Some families had technical challenges with the Zoom side of things. And then there was, "What do we need to change with the sessions, because being on a television screen, or even a phone screen, is incredibly different for them?"

For some of my families, we put a stop on goals we had been working on at face-to-face sessions, or we might swap focus. "You're going to be home for the next three weeks, so let's work on your young person being able to pour themselves a drink" or, "Let's work on your young person being able to do up buttons".

One thing that I found really positive though, was that it did help families, who perhaps had got into the pattern of "the therapist does". It helped break that pattern, because they're the ones there in the room, so they do need to be very involved. Without their involvement, it doesn't work.

For some of those families, we've been able to continue with some of those coaching practices at home and maintain those more practical actions, doing at-home sessions. A small handful of my families still do some Zoom appointments because it's more convenient.

Vanessa Boon

Vanessa Boon has been an occupational therapist
at St.Giles since 2018.

I feel a constant theme throughout my life is being overwhelmed by choice and all the possibilities that life can bring. I knew there was that love of wanting to support people.

Disability wasn't really a thing in my young life because my mum never saw the disability, she saw the person. It wasn't until my later primary school years I was really introduced to that idea that people who are different are considered to have disabilities. Society doesn't always have the same views - not quite as inclusive as my early childhood had been.

Studying occupational therapy at La Trobe allowed Vanessa to combine her passion for supporting people with her love of psychology, and seminal placements at Headspace and Eurella set her on her path; one revealing the power of a transdisciplinary approach, the other offering a glimpse of working in paediatrics. However in contemplating her future, Vanessa realised she wanted a different kind of life and as a new graduate headed to Tasmania and the Launceston General Hospital.

But less than 12 months on a "wonderful" mentor suggested a new path.

She said, "I can see that you have a passion for children, you need to go and pursue that." She said, "you need to contact St.Giles..." So I called and there was an OT position going. I got the position.

That was 2018 and the new graduate enjoyed strong support from the team of eight OTs, which was fortunate because things were about to change.

When I started the National Disability Insurance Scheme (NDIS) wasn't rolled out for the age group we were supporting. We were still working very much under the old government block funding. But with the change into NDIS, the growing demand and need for allied health therapists, as a team we reflected that we needed to change the way we were delivering services. Lots of collaborative discussions eventually landed on, for early intervention support, the transdisciplinary approach.

The transdisciplinary approach works in a key worker style where a family is connected with one key therapist. That key therapist, their main contact, will deliver the interventions, assessments, supports - anything that will help the child achieve specific goals set. Around that key worker you have the whole support of the allied health team with the different disciplines. There's a lot of collaboration and discussion.

We've probably been doing it now for about 18 months and we have heard from families how supported they feel. The model has been really hopeful for them.

The team have found it really fulfilling. We're learning so much, about not just our own skill set but from other therapists as well.

The other area that we've been able to track success and achievement in, is actually taking children off the waitlist, which is amazing. It feels really nice to be able to support new families entering the world of having a child with a disability or additional needs in a timely manner.

It's life changing stuff.

The transdisciplinary model is being embraced across the country with Vanessa and her colleagues collaborating with other organisations, all in the looming shadow of a pandemic.

I remember when I first heard about COVID. Myself, another OT and physio were making a trip down to St Helen's to support the community there, and we heard it on the radio - this idea of COVID.

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It's hard for me to talk about how it's affected me without actually talking about the significant impact it had on my family and friends in Victoria. I was isolated from my family for almost two years. There were little moments of joy where we were able to connect, but that was really hard. Whilst they're a personal support, they're a professional support system for me as well.

In some ways when I think about COVID, I can't just think about the negative impacts it had because it has really bought some beautiful things as well.

I had created this really beautiful community of friends around me here, while not being able to go back home. But actually, having to stay local and be here, it was a really lovely thing. And through all of that my partner and I have decided that Tassie's home now and bought a house! So, it feels really nice that throughout that period, we've actually committed to Tassie and feel like we belong in this community.

And I think because Tassie was an isolated bubble the community shone through. Just those connections with different people were strengthened because we only had each other here. So that was a really nice part of COVID.

And the St.Giles community shone too.

In the early days of COVID, while we figured out things like telehealth and zoom calls and all those things, it was quite challenging, but as we gained more confidence in telehealth, we were still able to support where we could.

We were all quite creative in how we were able to engage with the young people over Teams or the telehealth calls. There were interventions that before COVID I wouldn't have even dreamed about being able to deliver through a computer screen. But you just have to make it work. We've had some really nice outcomes.

I think another really significant part of what telehealth made us adapt to, was focusing on coaching the parent. So, where the child might not have been able to engage through the screen, I found I was able to have really in-depth conversations with parents or care givers. I've continued that in face-to-face appointments.

Other unforeseen benefits to the pandemic included expanded professional development utilising online opportunities and a leadership role for Vanessa.

I'm the early intervention transdisciplinary team leader - a pretty equal fifty-fifty split of being a leader in that clinical role as well as being a leader for other key workers within the team.

It has its challenges at times. I love supporting my team members and joining in with their successes and making things possible for them as well. Because whilst our focus is on the children and the families that we support, we as therapists, this is our career, this is what we've chosen to do and we need to build each other up in that as well so that we can make the biggest difference to our families. And I love doing that.

St.Giles is really an integral part of our community. Places like this need to continue, encouraging inclusiveness and diversity within our community. St.Giles does that so well.

Nadine Davies

Nadine Davies joined St.Giles in 2014 as a speech pathologist and is General Manager, Allied Health.

Growing up in the Adelaide Hills, one of Nadine Davies' greatest passions, which ultimately set her on her career path, was the Scouts.

I joined when I was about eight and continued until I was in my early 20s.

When I was about 15, a girl I knew through Scouts invited me to go along to a camp for children with disability. A disability organisation in South Australia ran a series of camps throughout the year and I ended up working as one of the paid carers for quite a few of those camps.

When I was about 19 or 20, I was involved in a Scout group for children with disabilities in Victoria. We took a group of Scouts, who all had disabilities, to Japan for two weeks.

Graduating with a Bachelor of Applied Science in Disability Studies from Flinders University, Nadine pursued her real passion, completing a Masters of Speech Pathology at Latrobe University in Melbourne.

In her mid-20s, with her Masters under her belt, Nadine worked in several schools across Melbourne, and it was then her work took on a very personal significance.

During that time, we also had a foster child who had cerebral palsy. So, I was learning what it was like to be a parent of a child with a disability as well.

After three years, Ballarat beckoned, and Nadine entered a very productive time personally and professionally. However ...

After having my second daughter, I was ready for a change. My partner grew up in Tassie and had always been keen to come back. So we moved to Launceston about seven-and-a-half years ago.

Nadine was appointed as St.Giles' senior speech pathologist for the north of the state, managing five speech pathologists in Launceston.

I really enjoyed it. In Launceston, people really had that sense of St.Giles. The change for me was that allied health at St.Giles included community health as well as disability.

From a speech pathology point of view, it's for children who are a bit delayed with speech, have feeding difficulties or are having trouble with their speech. It was using some of the skills I had from working with children with a disability, but some things are a bit different.

I found it challenging to start with because it wasn't something I was used to and I was having to think of different approaches to therapy.

About six months after I started, St.Giles looked at changing the structure of the Allied Health Team to make it statewide. When I first started, the north and the south were very separate. We had a senior speech pathologist in Launceston and one down in Hobart. The two services operated very separately. I was successful in getting the clinical lead for the speech pathology position. Initially, I did it in Launceston and then we moved to Hobart.

For the last 18 months I've had the role as General Manager of Allied Health; once again, a shift into leadership and a management role.

During that journey, the north-west Allied Health Team joined the statewide service and now Nadine oversees 80 allied health staff across Tasmania.

We do a range of different things and provide services right across the state. There's also the challenge of getting funding from different places. We still have our state government contract, but we also do a lot of National Disability Insurance Scheme (NDIS) work and we have some other smaller funding sources as well.

We've been at Gant Street, Hobart for about 11 or 12 years and I think St.Giles started in Hobart probably a year or two before that.

Like many Tasmanians, Nadine was grateful to be in the island state when the pandemic struck, but it still presented her, her staff and participants with many challenges.

Up until recently I have worked from home one day a week, so working from home was not such a new thing. I spend most of my time in Hobart but I manage the teams in Burnie and Launceston as well, so I'm used to working remotely. Having the children home from school for six or seven weeks was a challenge, but I was lucky to have my partner at home. It's interesting to think you're living through something that's a big thing in history.

For a while there, when we were in that initial lockdown, St.Giles moved to mostly providing services via telehealth. We still provided a small amount of face-to-face where needed. That was a challenge. I think some families really loved it and others didn't. Some people have continued to access those services via telehealth, but most of our families have a preference for seeing the staff who work with them face-to-face.

COVID's still a huge part of my work because I've also been part of our COVID Response Team since the pandemic started. More recently, we've started a COVID Clinical Advisory Group to look at the many and varied guidelines, and then provide advice to the COVID Response Team.

COVID's not having as much of an impact on our day-to-day business now but it's still a part of it. Every time, for example, we plan to run a group or every time a therapist does a home visit, they need to consider COVID and what the risks are. Our staff need more time between clients so they can clean everything, such as the toys and other resources they've used. It's been going on for so long now. It can be really fatiguing when you have to think about COVID every time you go and do something or think about doing something.

Nadine is very positive about St.Giles' future.

I think there's huge opportunity. There are challenges obviously but I see lots of positives. One of the things I love about working at St.Giles is the fact that we are really effective at delivering new and different services. We are innovative about how we provide allied health services compared to working for a government department. Our staff come up with an idea and then can go ahead and do it without having to be constrained by overwhelming policies or procedures. Clearly, I'm biased, but I think we have an amazing team of people so there's definitely a positive future.

John Dent

John Dent joined the St.Giles board in 2005 and was chair from 2012 to 2015.

Born in 1958 to Bill and Margaret Dent, John grew up on a farm at Oaks, just south of Carrick. He knew from an early age it wasn't the life for him, but ironically he still earned his living from the land, which eventually drew him to St.Giles.

From Hagley Farm School, John headed to Launceston Church Grammar School where he and his brother completed high school to year 12. As the end of school loomed, John began considering the future.

I knew I didn't want to be a farmer. I'd got sick of milking the cows by that stage. Mum and dad were at a parent teacher night and they got talking to Ted Pedley, who was a surveyor. Mum said, "Oh John's a bit interested in surveying". I don't think I'd ever expressed an interest in surveying, but she was always on the lookout to try and find a path for me. So, in the school holidays I did six weeks' work experience with Campbell Smith Phelps Pedley, which was Ted Pedley's company. After the work experience ended, I thought, "I'll give it a go".

Before I left home and in my second year of uni, I joined the local Hagley Club of the Rural Youth organisation. I was club president, regional president, state president, national vice-president and won a study tour to England. That was 1983.

When I was state president in 1982, that's when we started Agfest.

The iconic event originally at Symonds Plains moved to Carrick on a leap of faith and is a testament to John's vision.

I headed a group of people to look at a feasibility study for buying a property. We convinced the membership to go into debt for hundreds of thousands of dollars to buy this property, on the basis of Agfest being able to repay it over the years. I'm still on the Rural Youth advisory committee, a life member and service award winner. I help out whenever I'm asked.

During this time John married Jenny who he met through Rural Youth and they had two children, Olivia and Jack, born in 1992 and 1994 respectively.

Olivia, at about age four, had her two middle fingers on both hands seize up. She couldn't open them. We went to the doctor and she didn't really know. It was Felicity Wivell who was the doctor at the time and she said, "It could be arthritis". Felicity was the chair of St.Giles before me. She was our family doctor at that stage as well. Juvenile chronic arthritis was the diagnosis. We ended up doing a bit of physiotherapy at St.Giles.

My son Jack at about five years of age was diagnosed with autism as well. We had a little bit of therapy at St.Giles as well with Jack.

As a parent John understands the impact an organisation like St.Giles can have.

At that stage you get a diagnosis that is pretty daunting. You fear for your child. You want to do the best you can for them. There are a lot of emotions and a lot of things happening at the time you get the diagnosis. You just want to try and do what you can to help and assist as best you can.

My son has a National Disability Insurance Scheme (NDIS) plan. He finds it very difficult to go out, to mix and socialise and meet other people. But he is happy and he's safe. He's got a lot of things he does on the computer. My daughter went to university in New South Wales, in Sydney. She did a media degree. She got a job in Sydney when she finished, so she's living in Sydney at the moment. She's only just recently been diagnosed with the specific diagnosis of palindromic rheumatism.

The St.Giles connection deepened when, after using his surveying skills to assist the organisation, he was invited to join the board.

It was about ‘95 or ’96, around that time. I went through the ranks and ended up becoming deputy chair and then chair of the board, following on from Dr Felicity Wivell.

When I was chairman of the board, we went through a process of getting a number of government grants to buy the Hobart property and develop that.

He is proud of the support the organisation has enjoyed, financial and otherwise.

St.Giles has always been reasonably well off compared to a lot of other organisations. It’s always had a good amount of support and backing.

Sometimes we can get some grants for specific projects. That was the problem with the NDIS. It meant going from getting regular guaranteed funding to deliver a service to as many people as we could possibly deliver it to and needed it, to a service that we had to wait until people came in the door with a funding package.

For John adaptability is key to the organisation’s longevity.

It’s changed from its original aims. It had a school; it had live-in students boarding at the school. It had to close that as times changed. Once a family is helped by St.Giles then 99 per cent of the people who become involved in St.Giles seem to appreciate what St.Giles does for them and then become supporters. A diagnosis is not particularly nice. The whole family can be in a state of shock in a sense. So it’s word of mouth in the community that helps St.Giles gain its reputation. It’s something we strive hard for. We don’t take it for granted. We’ve always realised we can’t sit back on our laurels. We have to keep innovating and coming up with new ways of doing things.

And just like everyone else, John had to navigate the complications of COVID both personally and professionally.

At home, the main issue was we don’t go out a lot anyway. Jack said rather dryly, “Oh I’ve been socially separating for years. I don’t know what the problem is. Everyone’s just catching up to me. What’s the problem?” He’s got a bit of a sense of humour, in his own sort of dry way. Then, of course, Olivia’s been our main concern. We used to go up and see her every couple of months and she’d come down. She’s very susceptible. She’s basically been locked in her home for three months, just going out occasionally. That’s been the hardest part I suppose, from a family point of view, not being able to go and see her, or for her to come down.

Mark Deverell

Mark Deverell joined St.Giles in 2014 and was Manager Support Services until 2020.

Many children dream of being firemen when they grow up, but Mark Deverell didn't need to wait that long.

My father, Robert, born and raised in Burnie, was a fireman for 45 years and for a large part was District Officer for the Arthur Region, NW Tasmania.

When my parents divorced, I stayed with my father every second weekend and he worked that weekend and I slept at the fire station.

But during somewhat challenging high school years, a future path became clear.

I wanted to go to Year 11 and 12 and then I wanted to go to university and do nursing. That was my ideal career.

Not long into my Grade 10 I reached out to Umina Park Nursing Home and I applied to volunteer. Three days a week after school I volunteered for three hours.

I loved it. The oldies loved me. I loved being there. I got a lot of bullying at school from it though; it was hard to get your head around that sort of thing. My intention was to go to Year 11 and 12 but my mother was a single parent. She couldn't afford for me to go to college. I started having a conversation with the nursing home. I applied for a job and they put me on. I started on November 24, 1994 as a casual.

I was doing the same job as the adults and I was 16 years old. They were a little bit nervous because it's a lot of responsibility to take on for somebody so young. I think it was on my second shift, it was a night shift, and somebody passed away. I had to help get them ready.

There was something special about being there for a passing. Some people didn't have family and we made sure nobody died alone, unless they died suddenly in their sleep.

After five years at Umina Park, 21-year-old Mark moved to Launceston, landing a job at Aldersgate in Kings Meadows where he worked for three years. Personal challenges saw him change direction.

I'm glad they (challenges) happened in my life. That was the start of my disability career. When I moved back to the North West Coast I obviously needed a job, so I thought I might as well drop CV packs off to disability providers as well. I was contacted pretty much immediately by the CEO of Multicap and asked to go in for an interview as a support worker.

I started working in group homes. It was a little bit confronting at first because I was working with people who were my age, instead of working with people at the end of their life. Quite soon I really started to love it and could see that I was actually making more of a difference with someone who's got a long life ahead of them.

Mark split his time between Multicap and another disability services organisation, Optia, completing a Certificate IV in Disability through TAFE.

I spent 11 years with Optia and I became the North/North-West Regional Manager and then I went on to be the state operations manager.

His desire to learn and achieve kept pace with his career and he completed a Diploma of Community Services, an Advanced Diploma of Community Services and an Advanced Diploma of Management. A Graduate Certificate in Counselling, specialising in mental health through the University of Queensland followed as did a Masters in Disability Studies.

In 2014, the job as the Community Services Manager came up here at St.Giles and I applied for it.

Mark's initial role was overseeing the support services on a statewide level for an organisation in transition in the face of the National Disability Insurance Scheme (NDIS).

A lot of change occurred prior to me coming. There were some units of the organisation that were shut down because there was an awareness of the NDIS coming.

It was a really bizarre organisation when I started because it very much operated in silos. The Allied Health Team and the Support Services Team had absolutely no idea what the other team did or even who the other people were.

It was very difficult for a passionate, professional workforce confronted with the enormous change and politicisation that the NDIS brought to the disability sector.

I had many, many morning conversations around the struggles the NDIS was imposing particularly upon the allied health staff. Prior to the NDIS allied health didn't need to operate on a fee-for-service basis. If a family required some case management, they case managed, if the child required outside of their 12 hours of service delivery, then they would be given the extra hours. Then the NDIS put such a financial spin on it that a lot of our therapists, who had been here for a long time and worked under the case management model, really struggled with change. I struggled with that change as well.
What is the future for St.Giles?

Finding the right people can be a challenge, but St.Giles has applied a creative approach.

That's why I started running the high school program that we've done for the last couple of years. We started it through Beacon Foundation, trying to work out where our emerging workforce would come from. We went on a path to debunk (the myths about the nature of) support services work. We partnered with Queechy High School and offered them a program for some of the Grade 10 students who had an interest in some sort of human services or healthcare role post-Grade 10.

The school program was a smaller scale version of our Migrant Resource Program. We employ a lot of teachers, especially from Nepal; all great examples of transferrable skills.

And then there was the pandemic.

I think we've bonded as an organisation; we've become much stronger due to COVID. I think we're much stronger as an organisation in terms of flexible service delivery, our ability to react really quickly. We've lived it now and I'm so proud of the way St.Giles has responded; how quick we've been to implement things that needed to be changed. I think we've survived this extremely well.

Arthur Dobson

Arthur Dobson - Life Governor Emeritus came to St.Giles as a child recovering from poliomyelitis in the 1950s and was a board member from 1978 to 2007.

Arthur was born in St Margaret's Hospital, Westbury in 1946 to farming folk.

I caught polio in 1952 while in the Launceston General Hospital. I was transferred to St.Giles, because our family home at Hagley was a long way away from Launceston in the early 1950s. And, because it was a mixed farm with cows to milk, morning and night, seven days a week, I was lucky to see my parents about once a fortnight for an hour or two.

I have nothing but good memories of my time at St.Giles. Launceston was only small compared to the big mainland institutions for polio sufferers/disabled people. It just so happened that the head of the school, Mrs Nichols, was related to the Nichols family that owned the farm next door to us. There was a connection. There was a lot of connection around. The ill treatment people suffered in the mainland institutions didn't happen in Tasmania. Tasmania was a small community; everyone knew each other and (ill treatment) would get back to the families.

I was away from home for about two years.

During his time at St.Giles, Arthur received vital treatment before heading to school at Hagley.

Extensive physiotherapy was my main treatment and I was in plaster casts for quite some time. Then I spent a number of years in callipers. It wasn't until I got rid of the callipers that I was able to ride a push bike to school. The first year or so at Hagley, dad had to finish the milking in time to take us kids to school because I couldn't get there any other way.

I made what was considered to be a full recovery. Apart from the odd periods of weakness and suffering from what I realise now was fatigue, I lived a perfectly normal life ... until 1994 when I underwent major surgery. I suffered quite dramatically and that triggered off the late effects of polio.

I never completely disconnected with St.Giles. It must have been back in the mid-'70s, I was at a function at St.Giles and I was invited to chair the Jo Cook Memorial Trust, a fundraising trust in memory of a much-loved and long-time St.Giles resident Josephine Cook. They were looking for a new chairman for the Trust and some bright spark thought I could do it. Twelve months after I took that position, I was invited to join the board.

It was an association that lasted nearly 40 years and one which witnessed many changes.

The people were very friendly, but it was always the kids first. And that has been made very difficult under the National Disability Insurance Scheme (NDIS), because the funding is provided on a completely different basis. It's not easy to provide the service St.Giles always did.

The first major change in my mind was the deinstitutionalisation, when accommodation was discouraged and people with disabilities were put out in the community, quite often without the support they needed. It seemed ridiculous to me to have people that required all sorts of aids to assist with their living that could be provided in a place like St.Giles, where lifts and chairs and exercise equipment, all that could be provided for a vast number of people, but you couldn't provide that equipment in the home. It was very sad. So many people fell through the gaps. And whenever there was a change in government policy there were gaps and people fell through. I found that very annoying and very frustrating. A lot of older people in the community, older than me, still can't accept that St.Giles can't provide the services it used to. It does the best it can. It does a damn sight better than most organisations do, as far as value for dollar, but it's just the way the world is.

For Arthur one of the high points was the genuine care St.Giles provided.

The school was part of St.Giles up until relatively modern times. Everyone cared. Bernard, the groundsman and his wife Betty used to head off with the kids, a whole group of them, camping.

When Frank Vaughan was principal of the school he instigated a very active craft class, knowing that a lot of the students would never be academically capable.

I was one of the founders of the now-disbanded Post-Polio Network of Tasmania; I am also one of the Tasmanian representatives on the national body, Polio Australia.

With the coronavirus, most of the emphasis put on polio eradication in recent years has had to stop to provide the finance and facilities for fighting the coronavirus.

Now polio's spreading. More than 20 countries have polio outbreaks again.

This father and grandfather has focused on making life better for his community, with his characteristic straight-talking, no-nonsense approach.

I've always been interested in helping people with disability. I've been an outspoken advocate at different times. I'm noted for speaking my mind. I have always spoken my mind and if people don't like it, they should think about what I've said and why I've said it.

Help as many people as you can, I reckon.

If we helped each other more the world would be a better place.

St.Giles still does the best it can and in a very different climate (compared to 1937). It still puts the kids first as much as it possibly can. I have the utmost respect for the organisation.

Fiona Harris

Fiona Harris has been a St.Giles participant since 2008.

St.Giles forms part of some of Fiona Harris' earliest memories as she started at the St.Giles home when she was just four in 1978.

It was brilliant.

We had lots of fun things to do. Playing and lying in the electric chair.

Fiona also had physio every day of the week except in summer when she exercised in the St.Giles pool. But it wasn't all work - some watery fun was allowed after the hard yards were done.

Friends were a big part of Fiona's St.Giles' experience, connecting her with people from all over.

Some of them were from the North West Coast, from Burnie and Ulverstone.

And so were the adventures which took children as far afield as Hobart and Strahan.

Fiona also attended the St.Giles School in that time where her favorite subject was ...

Cars! All the cars ... all the cars I could find.

I did all my schoolwork first, then I played with my cars.

But this passion wasn't built on a whim - it was inspired by a chance meeting with a legend.

Peter Brock. 1987. Out in the pits at Symonds Plains. We got to meet Peter Brock and see his Commodore.

At 18, with no further need for physio - or physical therapy, Fiona moved from St.Giles into a group home on Hobart Road, a move she describes as "interesting".

While it was hard to make the transition from having support and help at St.Giles to suddenly being a little bit more independent, Fiona's two new housemates weren't strangers.

It was pretty good. I knew them from back in the day at St.Giles' School.

In 1996, aged 20, Fiona got a job at Self Help, a job she held for some 15 years, relishing her sense of independence.

I first helped in the recycling department, then I went into services, putting the things on calendars and we tagged Australia Post tags.

It was enjoyable work in a positive environment, helping her achieve all of those milestones considered important in growing up - a job, a home, friends.

Life was good, made even better by a trip to motor racing mecca.

Mum and dad took me up to Bathurst. That was brilliant - the racing and the museum.

And while COVID put travel on hold, technology helped Fiona pass the time, with the internet allowing her to connect with people and plan her next travel adventures.

To have a look around Adelaide and go to the chocolate factory, and on a paddle boat, the brewery.

Fiona also enjoys basketball and has been fortunate to be able to watch her team play.

That was brilliant, the Tornedos games, and I get in for nothing.

However, there's still the daily routine to manage.


HALL OF MUSCLE
OF TASMANIA
ESTABLISHED 1987
LBORO-HDT
Castrol
BRIDGESTONE
AVON
M300

Well, we all probably do the grocery shopping.

But support is always on hand for cleaning and cooking with meals chosen by the housemates including Fiona's favourites, spaghetti Bolognese and hamburgers.

One thing that falls squarely on Fiona's shoulders is the need for tolerance, as anyone living in a shared house will tell you.

Two of them are pretty good.

Learning how to 'duck and weave' people and understanding that you can't be best friends with everyone are crucial skills, skills Fiona has mastered through years of experience sharing her space with others.

Ultimately, through each phase of her life, Fiona has refused to let her cerebral palsy dictate her dreams or stop her living life on her terms, built, sustained always, by one vital philosophy …

You've got to have a sense of humor.
Absolutely.

Meryl Hudson & Judi Gorham

Meryl Hudson joined St.Giles in 1990 and works as a member of the customer service team. Judi Gorham joined St.Giles in 1988, working as a therapy assistant until 2017.

In 1970s Launceston, a teenage Meryl Hudson wanted to leave Year 10 at Prospect High School ...

Mum said, "Look, if you can get a job before everybody else is out looking for a job at the end of Grade 10, you can leave". So, I got a job at Clements & Marshall. I met my future husband there as well. I worked with him, up until the time he said, "We can't work together. You need to leave". So, I got another job.

In 1990, Meryl decided it was time for something different – St.Giles beckoned.

I started 'up top', which was the respite area for residents. My sister was a registered nurse here and she was doing night duty. I was looking for a change. She suggested, "Why don't you come and try a shift at St.Giles?"

I'd come in at 7 o'clock in the morning, get the children out of bed, ready for school, breakfasted, dressed, toileted. After school you'd take the children to the recreation room, or they'd have some programs that were put in place by the therapists. Then there might be involvement with teatime, bathing and getting them off to bed. That was interesting when I first started, especially the mealtime. I felt I got thrown in the deep end. I had some very solid boys with muscular dystrophy who were unable to do anything much for themselves. Three big boys, all in wheelchairs, all adolescent, and this was totally foreign to me.

I liked the time 'up top'. I started to relax with it a little bit. I didn't know what to expect, especially with children that were non-verbal - that was a new experience for me. When I was wheeling them to or from school, because they were at Newstead Heights, I'd just chatter away on the way along or I'd sing a song to the little ones, because I thought, "Well you're just the same as my kids at home".

After a short time, Meryl transferred to occupational therapy, which with two young children, was a better family fit.

That's how I first met Judi. The occupational therapists (OTs) ran a pre-school group. We had a teacher that was employed by the education department who would come in. So, children that were getting ready for going to kinder a year later would come in and we would have a pre-school readiness program.

Judi and I were the two therapy assistants (TAs).

The three-hour sessions could be challenging for children so young.

Some would be upset. We'd have children that didn't separate well from their parents. Some would come in and need their hands washed or their hair done, because they were so difficult for their parents at home.

Meryl's partner in care, Judi Gorham, has a similar background, leaving Hagley Farm School at 16 to work in administration, arriving at St.Giles just two years before Meryl, in 1988.

I stayed at St.Giles for 29 years. I worked the pre-school first up. I originally came to help out for a week while my friend was on holiday, and I just sort of stayed.

For these two former office workers, it was an incredibly rewarding and enriching time as Meryl remembers, an experience that just keeps on giving.

There was one child in particular, there were lots of kids, but just recently her father came in. I know him well. He works for St.Giles as a support worker. It was his daughter who used to come in; she wouldn't let her mother do her hair … Well, now she's still coming to physio and she's over 30 years old. She'll always give me a bit of cheek when she's here.

It is lovely when they ask you to a 21st birthday.

I know people who are from Launceston who bought their child to St.Giles, then thought they would receive a better service interstate. They would move to Melbourne and they were there probably 12 months or 18 months and they returned to St.Giles because everything's under the one roof - speech pathology, occupational therapy, physiotherapy, seating clinic.

I think a lot of the time the therapists, although they are trained as OTs, physio, speech, a lot of their role included social work as well.

I remember Matron Sifleet when kids had not long to live, she'd sit with them for days and nights and just hold their hands.

While Meryl continued working specifically in the realm of occupational therapy, Judi worked across therapy teams where her creativity and dexterity came to the fore.

I did everything.

When I was working for OTs, I did a lot of craft sort of work. For the physios, I did sewing work, making straps and braces. The physio or OT would make a little paper pattern, then I transferred it to neoprene with a little button or clip.

Judi also created an extensive archive which recorded any media involving the staff or children of St.Giles, a time capsule of success and personal triumph. But the pandemic put an end to many of those journeys for some time as Meryl recalls

Clients were very limited. I don't think we had any face-to-face clients. It would have only been the very rare case. We went to Zoom consults.

Everything was bare of magazines and no more toys. Even the rocking horse that's been here forever, he's buried downstairs for the minute.

It was a bit like a ghost town really, a lot of staff were working at home.

Despite all those COVID challenges Meryl's mantra remains the same.

I'm passionate about St.Giles and I always have been.

Gerard Lane

Gerard Lane is Artistic Director of Studio Space Inclusive Arts.

Gerard discovered his passion early in life.

I found my love of performing in high school. Performing in front of people and hearing them laugh was addictive.

I got into Performing Arts at Monash University, majoring in drama. I set my sights on the Victorian College of the Arts. I really enjoyed Monash University and was doing lots of theatre outside.

In between, I auditioned for the VCA and got into the acting course in 2004. I had three years at Monash and four years at the VCA. It was hard to get in and it was hard to stay in.

As with all performers, Gerard's goal was to 'make it' so he found an agent and embraced the roundabout of auditions and performance.

My wife started working at Stage Left in Melbourne, singing, dancing and acting for young kids. I became a drama teacher. For three years, I did their holiday programs, directing musicals.

But it was his knowledge of art, or lack of, that eventually brought Gerard to Tasmania.

I went on *Who wants to be a millionaire?* I answered the first three or four questions and then got, "What's the painting in our Parliament? It's what colour poles?" I'd never heard of it. So, I passed and ended up back in the chair with two questions to go. I got a question about Shakespeare's Othello, then a question about Radiohead and won $541,000.

Alana was from Tassie, so we thought we'd move back.

Soon after I arrived, I did shows with Encore and Three Rivers Theatre companies. Through this I met Sally Crates who was working to start a theatre company catering for people with a range of disabilities, providing them with opportunities to learn performance skills and perform. I went with her to St.Giles and then Manager of Operations Mark Deverell pretty much said, "Yes. Let's go ahead and do it". I developed a pilot program in 2017. We started with four students and had our first performance in December of 2017 at Launceston College. By then there were about a dozen performers.

We did a show called *Channel Surfing* and I wrote a Christmas show called *Sleigh you think you've got talent?* People made their stage debuts there and they've been with us ever since.

The following year we added dance in a partnership with Melissa Wimmer's School of Dance. I booked the Princess Theatre, and we did our first Studio Space Showcase in 2018.

I started using that Stage Left model that was open to people that didn't necessarily identify with a disability and started a not-for-profit version of the Saturday school. I used to try and create an inclusive wheel, so people with a disability were performing with people without a disability. They were working together, meeting new people, and expanding their community, making connections. It's an inclusive theatre company.

We aimed to build confidence, as well as focusing on speech, communication, those kinds of social goals. Drama training is training for life.

We've performed at Junction Arts Festival, at The Tamar Peace Festival and we do outdoor events. We've worked with artists Carmencita Palermo and Ralf Haertel on a project called *Re-Embody*. It was an illumination performed at night-time, moving around to music.

I had this dream we could create a piece of theatre and tour it around Tasmania, take it to Melbourne and on to the Edinburgh Fringe Festival, an inclusive event.

We were working towards creating a piece about the myth of the Roman god Vulcan, the god of fire, because he identifies with disability. At the time, when we started to conceive the idea, Australia was being ravaged by bushfires. So it was topical and something we could access from our own points of view as Tasmanian Australians who identify with disability, looking at the ritual of fire and how it relates to people's lives. We were just about to start our fundraising when corona hit. We've been continuing to rehearse and monitoring what life is going to be like post-COVID. We did get a grant from the Spirit of Tasmania to take our show to Melbourne. They gave us the funding to take two cars and our actors. So we'll do a Melbourne season.

Project Vulcan is a capacity-building and professional development opportunity for our actors with disability. We auditioned our actors and now have a core of four. What we create will be created from their ideas, not mine. The real magic is going to come from who we've cast and how they perform on stage, from what they want to do and what they want to create.

For Gerard it's about artistic excellence where disability is not the central focus but rather the students' point of view and their amazing contribution as artists.

I feel Studio Space is something that makes the organisation special, if it wasn't already special enough with the amazing work that people do in this building. The amount of good that this organisation does is almost overwhelming.

Mike Lichtendonk

Mike Lichtendonk joined the St.Giles board in 1992
and was a member until 2021.

Mike came to Tasmania from Holland in 1952 and settled with his parents in Ulverstone. A head for figures made banking a natural career choice, and after finishing school Mike joined the Commercial Bank of Australia which eventually became Westpac.

A Fellow of the Bankers Institute of Australasia, Mike's career took him around the state, from top to bottom, ultimately landing him in Launceston as commercial manager. Along the way he married and he and his wife, Cathy, had five children.

When it comes to St.Giles 1992 was the watershed year for Mike.

Jeff Turner invited me to join because managers from the bank, the bankers for St.Giles, were invited to join the board.

The board was varied. We had builder Jack Luck and Mary Mack, the original physio here. We had a representative from the CWA (Country Women's Association) knitting even during the board meeting.

They were basically all professionals; quite a few accountants over the years and solicitor Don Stewart for many years, as well as Robert Pearce, accountant Malcolm Wright, Ron Horne, Michael Morrison, Rodney Loone, Gail Bendall, Felicity Wivell and Ian Wright. Martin Rees and Arthur Dobson, well, he brought practical experience having lived it.

I was treasurer for a couple of years and on a couple of committees.

It was interesting. We had the kids in the home and sometimes they'd take us in to say hello.

We learnt about disability and what we could do to help the kids who had disabilities. I was always interested to see how cheery they were in spite of the issues they had. When you've got kids of your own you've got a soft spot for those that are struggling a bit.

Most of the staff were here because they wanted to be. It wasn't just a job. They had empathy with the kids and felt for them.

Mike also played an active role in some of the most significant transformations St.Giles has undergone including the development of the group home model …

We got some government funding, if I recall correctly, and of course we contributed. Then we purchased the site in Hobart, Gant Street, and completely revamped that.

…the evolution into a statewide body and the arrival of the National Disability Insurance Scheme.

That was a huge issue to start off with because I think the people running it didn't know what was going on. But Ian Wright did a lot of work and St.Giles was up to speed with it. I think even other homes were seeking information from here. It has benefitted St.Giles. We've gone from block funding to individual funding so you have to charge for services. With the block funding a lot of the things could be done without charge but now that has to be done in order to cover the costs.

And of course there was a culture shift. But in the last couple of years things were improving.

Andrew Billing's been great. And Ian Wright was too. It has worked well. You've got to be firm and set direction but you also have to be sensitive to the needs of the staff and the clients. And be visible. Danielle's been great at that.

Mike believes St.Giles' main strength has been its ability to meet its commitment to the community and the consistency of its care.

The focus has always been on kids with disabilities, although it's now expanded. And it's great we can provide a wheelchair to keep someone mobile. It gives you a real kick to see the smiles on their faces when they've achieved something.

There's been a lot of change and we've had to change. We've had good support from the public and parents obviously as well.

When COVID arrived it changed the way St.Giles business was done, but Mike took it all in his stride.

It impacted our board meetings … we did some Zoom meetings.

As a board we discussed the protocols and the strategies and looked ahead to be prepared in case something happened - what would we do? A lot of that was encouraged by the board and done by Andrew and the team.

Andrew would keep us informed. We had regular reports and had a duty to protect our staff for their clients' sake and their own sake. The clients were very vulnerable, with some of the other issues they had. We had to do that, and the staff did really well.

COVID didn't worry me. I don't live in fear with that sort of stuff. So it didn't have a huge negative impact. My wife and I have both had COVID. We've got grandkids and it affected the school greatly, but personally it wasn't a big issue.

It did make it difficult to go to the doctor. You had to do your consultation online or over the phone.

We were planning to take the caravan interstate in 2020, but we didn't end up doing that because of COVID. Then last year we headed north as high as Townsville, but inland. In the various areas we went, some had more issues and you had to wear masks. You just have to use common sense. You have to be careful.

It did impact us when we wanted to come back with the caravan. If we went through New South Wales we would have had to quarantine in Tassie for two weeks in a hotel. That would drive me ballistic.

Thus began an epic journey through the Northern Territory, South Australia and Victoria to the ferry.

Every time you had to get a pass from the government to get through the various states. As soon as you got on the ship, straight to your room and you weren't allowed out.

But as with that trip, Mike has not let a little pandemic slow him down …

I'm on the board of the Christian School. I'm on the Finance Committee and I was treasurer for a few years. I'm on the Board of Management of the church and co-treasurer at the church. Last year I was President of Lions. I've been in Lions for 40-odd years. I'm on the board at Lions and then you've got committees.

I've got plenty to get on with. I do a bit here and there. I do a bit of gardening and catch up with friends. And we've got seven grandkids here. Sometimes I say to Cath, "How did we have time to go to work?"

Lachlan Moore

Lachlan Moore was supported by St.Giles' therapy team during childhood and adolescence and is studying at the Australian National University.

I was born at the Launceston General Hospital in 2001.

My mum is from Launceston. My dad grew up in country New South Wales. He moved to Launceston to attend the Australian Maritime College.

He's worked away on ships as a marine engineer all over the country and internationally as well. He's always been a fly-in fly-out worker.

I have a sister, Sarah, who is 13 and in Year 7.

Mum's been a primary school teacher. She works typically either one or two days a week because it's a lot of work parenting two kids, especially when one has cerebral palsy. I might be equivalent to two kids.

Cerebral palsy impacted everything in my life because it's a disability that makes it harder for me to speak clearly. It impacts my mobility and even more so my fine motor skills. When I was in primary school, I always had to use the laptop to do schoolwork. I'm very fortunate to live in the digital age. I guess socially you're always aware when you meet new people that you look different and sound different. It can be a bit of a barrier. And it might take people a while to understand, "Oh ok, just because he walks and talks slowly doesn't necessarily mean that cognitively I think slower". That's a barrier, but most people were very patient and understanding.

Obviously, a typical primary school kid is very active. I always found it hard to participate. That probably changed who I hung out with. I always required a teacher aide with me in primary school. I probably got more used to talking to adults, like the teacher aides. I think sometimes I forgot it's even more important to try and socialise with people my age.

I feel like I've always been half a child and half like a 50-year-old. I've always socialised more with adults and felt more comfortable around adults. But conversely my disability means I've been sheltered from a lot of things. Physically I've been less independent in some ways earlier on. That has made me maybe a bit immature in some ways.

Lachlan's connection with St.Giles began when he was between three and six months old, and included physiotherapy and speech therapy.

I'd probably go there at least once or twice a week and even periodically since then because I've had general physiotherapy in terms of strengthening my legs, my upper body. In Year 7 and Year 9 I had two major operations on my legs. They both required about a year of rehabilitation.

I don't think I ever felt, "Oh no, I have to go out to St.Giles". I don't really think I thought that other kids without a disability don't have to go there. Everyone was so friendly and helping me. I think I knew it was beneficial. I was always happy to go.

It gives every child the opportunity to have the therapy that they require.

When Lachlan was 15, yet another opportunity presented itself and he seized it with both hands.

In Year 9 a few classmates and I were encouraged to enter The Frank McDonald Essay Prize.

I won that and my friend, probably my best friend, he won too. My teacher, Dr Clements, was one of the teachers to go overseas with us. So that was probably the highlight of my life so far and I've had an amazing life!

I researched a relative who served in Gallipoli who was injured and then died in the Battle of Fromelles. I got to drill into his story and write the story of his life. It was so rewarding. We went to the memorial at Fromelles, and I got to read out the letter I had written on my reflections. On top of that, the cohort on the trip all bonded and got along so well. I feel like I never really thought much about Anzac Day or about war. Winning the prize had given me a whole new perspective on war and ultimately how costly war was. It probably also gave me a lot of confidence and independence, travelling overseas without my parents. That was a big thing; I was only 15 years old. It was beyond incredible.

We went to Villers-Bretonneux. That's a feeling I will never forget. We had the dawn service there and we got to lay a wreath which was incredible. We travelled through the Western Front, so France and Belgium.

It definitely gave me a much bigger appreciation for history and even politics.

It was politics that proved his passion and Lachlan is now studying political science at ANU.

It was scary to think about moving away, especially with a disability. There are so many unknowns and challenges. I think mum and dad made me go, "No, I can do this. I've got in to ANU. This is what I should do. I just have to give it a go!"

I guess politics is, I think, one of the most effective ways you can make change. I think I've always been fascinated by what drives people to get into politics; more broadly just how people think about the world, what is important to them that shapes their view of the world and of life and politics.

Ultimately Lachlan embraces a life lived in two worlds.

I have about six really close friends that I really cherish. They are just wonderful people. Then I have a lot of other friends too. I'm very fortunate to have some really close friends. We can just laugh and do things, talk about life - all sorts of things. I'm very blessed. But then most people around me are like that. I am the disabled kid. I always have been and I'm comfortable with that identity, but I don't think people around me see me as that. They just see me, Lachie, the weird teenager that I am.

Michael Morrison

Michael Morrison - Life Governor Emeritus joined the board in 1986 and was chair from 1997 to 2000.

Michael's parents met in New Zealand prior to WWI while his father was on a wool-buying trip for Patons and Baldwins. Michael was born in 1934 and grew up in Halifax, Yorkshire.

When he finished school, Michael's choice to follow his father into the wool business set him on the long road to Launceston and St.Giles.

My father was a wool buyer. He used to buy for the Patons and Baldwins factories.

Michael qualified in wool buying, wool sorting and wool classing, and started work in 1951 in Darlington, County Durham, but six months in, his country called and with a promise of a job to return to, he joined the army in 1952 to begin National Service stationed in Malaysia.

Michael returned to the factory and in 1956, became an assistant manager of the wool sorting department and married Grace Frazer, a Darlington girl who worked in the factory office. Children Diane and John arrived and in 1961 Michael accepted a managerial appointment in Tasmania.

I was lucky to be in the right position at the right time in 1961. The chairman of the board sent for me and said, "Would you and your wife and two children be prepared to fly straight out to Launceston to take over the wool manager's job?"

I thought it was wonderful. Grace was brilliant really, she said, "I'd love to come".

We arrived in Tasmania in January 1962.

We were really thrilled. Patons and Baldwins had a house for us to rent out at Youngtown. Then they helped us buy a house up at Trevallyn. Diane was four and John was two.

As wool manager, 28-year-old Michael travelled to New Zealand and all Australian states, buying wool for the factory.

But Michael's position opened other doors.

When I first came here some friends said, "Come along and join the Junior Chamber of Commerce, the Jaycees". I joined them and became president in 1967.

A friend of mine was Vice Chairman of the Board of St.Giles and he invited me to be part of the board.

That was about 1984.

It was an interesting board. Malcolm Wright was the chairman, and had quite a relaxed manner, nothing too official. Miss Mack who was a physio, she knitted her way through all the board meetings. They gave me the job of looking after fundraising and I enjoyed it. The idea was we'd hire halls and have exhibitions, card nights, dances, anything social. They had a fundraising professional on staff but from the board point of view, she reported to me. I really enjoyed it. It was good fun.

I did that for about four or five years and then in the late 1980s I became the treasurer of St.Giles, until I became vice chairman and then chairman around 1999.

My wife Grace developed a brain tumour around 1997. She passed away in 2006. So, while I was chairman, I had the problem of my wife being very sick and being treated. It wasn't easy.

There were some very interesting characters there besides Miss Mack. There was Matron Sifleet - she ran the home. When I first went into St.Giles there were children boarding, as it was in the old days, in the very beginning when it started with infantile paralysis and polio. There were dormitories. She was a very strict matron. She was very good, well respected and in the 1970s and '80s she lived on the spot. St.Giles was her home too. This is when children were at St.Giles and the school was running. While I was on the board it was all changed, with funding for group homes and it developed from there.

I finished about 2003. Gail Bendall took over from me. I kept in touch with St.Giles until 2010 because I built a house nearby.

It was really the community that supported it, whilst the government gave us grants. That's why I had something to do with fundraising; we did rely on the community to raise money. Once you said, "Oh I'm supporting St.Giles" most people around the city gave us a lot of support.

While I was on the board, Michael Sertori was the chief executive and Geoff Turner before him. We had group homes and in the early 2000s, we got the centre in Hobart. So, we spread our wings right across the state. Group homes were a major thing. Once the children had left, there were no boarders; we just had the group homes. If you said you were involved with St.Giles, then people would say, "Oh that's a wonderful thing". That was the reaction of the public. I think it's still like that today.

I was very proud when I was on the board. I must say Coates Patons allowed me the time, even though I was in a managerial role.

After retiring from Coates Patons in 1992, I was able to give more time to St.Giles.

I must tell you about the biggest thing that happened while I was chairman and this is why I saw that St.Giles was held in high esteem. For the Olympics 2000 I carried the torch into York Park and lit the cauldron, as St.Giles chairman.

I've still got the photograph of the front page of The Examiner of my running in with the torch. I didn't know that I was to take it in. I lit the cauldron on the stage at York Park in front of the Mayor. That was not because of Michael Morrison but because I was chairman of St.Giles.

Joseph Murray

Joseph Murray came to St.Giles
soon after his birth in 2005.

I don't remember too much from when I was a kid, but I remember spending most of my time at home, sitting on the couch watching TV. I couldn't do much. I remember having people monitor me in the playgrounds at school. I had a helmet so I didn't crack my head open. I had difficulty walking as a little kid. I had a splint on my left hand for a bit.

After attending St Thomas Mores' Primary, following in the steps of big brother Connor, Joseph went onto St Patricks College where he enjoys maths, and has been involved in many school activities including house camps.

This year all my teachers have been awesome.

I've been on one camp where we were in groups and did activities for about three days. It was Camp Banksia.

We had Nagle Rochester boys on a solo camp - just us in a tent by ourselves, just for a couple of days.

It was not fun.

The camp involved 24 hours alone with no devices or books, just thoughts. No easy ask for a teenager. Added to this was another task - a letter to his Grade 12 self.

Joseph drew on the many experiences he has already had in his young life, experiences that came with a true sense of achievement, including his time at St.Giles, which began when he was just four weeks old.

Joseph had physio and speech therapy with some occupation therapy when he was younger, and for mum Meegan the true scale of the help her son has received is evident.

He wouldn't be where he is now without it.

As are the benefits of centralised, specialised support and expertise.

That is a positive because then the physios can say, "Oh I really think you need this" or "I think you need that". Or if you start with an occupational therapist (OT), they'll branch you off. That's what's been good about St.Giles. Joe's seen physio Tracy Redman since he was four weeks old.

Tracy was the one that pushed for Joe to first have his operation. No doctor here in Launceston would operate. They said he wouldn't walk. She even referred us to someone in Hobart and he said the same. And she said, "No, I think we still need to push a little bit further". He had bilateral hip dysplasia. So, we needed an open hip reduction. She referred us to a surgeon at the Royal Children's Hospital in Melbourne. We don't have paediatric surgeons here in Tassie. The Melbourne surgeon looked at Joe and said, "Why wouldn't I do an operation?" Four or five weeks later we were at the children's hospital for a couple of weeks.

He was 15 months old. Technically he really should have had the operation at six months of age. You can imagine how far that put him back in being able to walk. He didn't really walk until he was nearly two-and-a-half and that was in a little A-frame.

He was in plaster for about three months, pulling himself along the floor.

We are so lucky to have St.Giles because, although the mainland has all the specialised surgeons and doctors, to have a place like this is very rare.


ALA Partners
Emma's Dairy TASMANIA
ROUTLEYS
BalfourBurn
CONQUER THE CLIMB

We still get our physio with Tracy. She knows Joseph, she knows what's happened to his feet and what issues he has with that. We come for regular two- to three-monthly check-ups, so Tracy can monitor his progress and give him some ideas. Joe now sees an exercise physiologist once a week. He has personal training sessions, which has helped.

Joe's physical support is matched by the help he receives at St Pat's with individual learning plans and gets extra time on some tests. If there is essay-type writing, he gets a scribe.

I can type, but most of the time I get a scribe. Next year I want to do really well in the arts and English so I can do level three subjects in Year 11 and 12, so I can get an ATAR and have a chance of getting into uni.

I'd like to be a drama teacher or just an English teacher.

As with thousands of other students across the country, Joe had to navigate online learning during COVID.

It was difficult to understand but easy, as in we got better marks. We got better marks in the online learning. I got stuff in on time. I re-did some of my assessments.

Every morning I got up to home group, got on a call for about 10 minutes, got off and waited for my next class and we'd sit at the dining room table, and we'd just do the work.

Meegan enjoyed it too.

I got taught how to do algebra again. I really enjoyed it, because I used to sit in the background and listen to the lessons so I could help Joe when he had to do activities.

The majority of their classes would go for 15 minutes to half-an-hour. They'd get told what to do and had the opportunity to ask questions and then they'd go off and try and do it on their own. I'd always say to Joe, "OK this is the period that you can't stop. You need to work on that until recess". Then we'd try and have recess. Most days you'd finish school by one. Unless you had an afternoon class you had to pop back online for.

Joe's lengthy involvement with St.Giles has given him some unique opportunities within the organisation including participating in the fundraising event Walk With Me.

Probably the first time would have been 2011 or 2012.

I got an Ambassador Certificate, saying that I was an Ambassador for St.Giles.

I was the face of St.Giles.

There was an ambassador from each state. I was the Tassie ambassador. We climbed the Westfield Tower.

We went in the elevator up to the top and put on a suit, and were buckled onto a railing, and you walked up some stairs. It was like a hundred and something metres off the ground! Above the clouds!

As if that wasn't enough, the group also enjoyed lunch at the Governor-General's residence Admiralty House, located near Kirribilli House.

I got to meet Justice Crew and Guy Sebastian was there. But he wasn't that popular back then. It was when people knew him, but he wasn't, "Oh my God" popular. I met a few people.

Those 'few people' also included tennis superstar Dylan Alcott whose achievements have made so many rethink how they view people with disability.

Joe's story too shows that with an unquenchable spirit and the right support, life can really hit the heights.

Keryn Parkes

Keryn Parkes worked as a physiotherapist at St.Giles
from 1998 until 2019.

Growing up in 1950s Gladstone, Queensland, Keryn describes her childhood as "marvellous, free and easy".

On the television, there was a program on speech pathologists working with hearing impaired kids. I thought, "Gosh, how interesting".

Keryn completed a Bachelor of Physiotherapy at The University of Queensland.

I got to spend time in the intensive care unit of the Royal Brisbane Hospital. There I saw my first iron lung, a proper iron lung ventilator.

In the Stroke Unit, which was attached to the Spinal Unit, physiotherapists, occupational therapists and speech pathologists would spend a lot of time together with the patients.

During a strike by psychiatric nurses in all Southeast Queensland institutions, she volunteered at the Challinor Centre, Queensland's equivalent of Willow Court in New Norfolk, with around 4500 residents.

In those days, people with intellectual impairments were combined with anybody who just didn't fit a pattern and they ended up in these enormous institutions.

There were two dimensional adults. People who had profound cerebral palsy, but they had been on their back on a solid bed all their lives. So, they were about a metre square, all curved and contorted but really only 20 centimetres deep, if that. The force of gravity had just flattened their bodies."

After graduation I was given a job at the Challinor Centre. At that stage they were emptying out these huge institutions. They were having to assess everybody there before deciding on community group home placement for them. Challinor really set the scene for what you never wanted to see happen.

Stints in Hobart, Brisbane and Burnie followed.

I worked at the Royal Hobart Hospital. There was an absolutely brilliant senior physio there called Beryl Haines. There was a multi-disciplinary approach, which was terrific.

They had highly experienced people working there. Research in cerebral palsy and paediatrics was taking off and so they were involved in early research around casting and gut problems in people with cerebral palsy.

We moved to Melbourne in late 1992.

I got a job with the Early Intervention Service at Sydney Road, Brunswick. I was smack bang in the middle of the Turkish, Lebanese area. We provided service all the way out to Broadmeadows. It was like the Central Assessment Clinic except the cracks between the other available services were probably even greater. Kids could not get in somewhere because they didn't quite tick all the boxes.

The work was fascinating; working with interpreters, having to take into account the cultures of people when you work with them. You can't just barge in and say, "This is the way to do it". I drank an awful lot of coffee! Marvellous Lebanese coffee. I'm surprised I slept! That lasted until 1994. Then my husband took a job at the Launceston General Hospital. I was very happy to come back to Launceston.

And to St.Giles ...

The building was totally grey. The inside was grey Besser brick.

However, it really honestly did provide some of the best paediatric training you could get anywhere. Because even though it was in a little backwater, senior physio, Maureen Johnstone was very, very professional, reading every available journal and attending conferences and she was really good at passing on information.

Within a year there were changes. Most definitely Maureen was instrumental in my skill improvement and my enjoyment of working at St.Giles.

The other thing that was fascinating at that stage was that St.Giles still had its accommodation, called 'Up Top'. There were kids who lived in during the week and went home for the weekend. One of the things that struck me, even though if we needed something we could probably get it as long as somebody could make it, was that there really was not much money around, so you made do. You found a way to do something that did not cost a lot.

We had a hydrotherapy pool, which was small. It's up under one of the offices in the building now, but from a concept of how people made do, there hadn't been a hoist. What they had was a car hoist on a rail with a chain to pull. There was a plastic and metal garden chair with bolts put through it, so you'd transfer somebody on to this garden chair, tie them on, attach the car hoist, crank them up with the chain, push them over to the middle of the pool and lower them down!

Those early days for me were good fun. Maureen Johnstone had worked with a previous senior physiotherapist, Maxine Green. She'd been the senior physio there for years. Maxine was larger than life. She also was a physio who looked not just at the child, but she'd look at the family, she'd look at all the other needs.

She worked really closely with the OTs and the speech therapists. I think Maxine, Maureen and Thora Fotheringham, former senior occupational therapist, had set the flavour of the allied health people who were employed there.

On the National Disability Insurance Scheme (NDIS) …

We had flexibility before the NDIS. There would be sessions when I would do two per cent physio and 98 per cent soft shoulder and social work. But you can't do that now. Now, you're having to bill for all your time. You've changed the emotional or relational dynamic.

I think the NDIS is absolutely brilliant for older kids. I see these young people who I'm working with now in their 20s and 30s and they're out having a life. That is joy. But I see the losses early on with the diagnosis; the lack of support for the family; the feeling that they are expected to know what they need.

Having more social workers would help. Having block funding available for flexibility up until the child is seven; even just having admin support for allied health staff for NDIS paperwork would help.

Part of the problem for St.Giles too is it has been seen as an organisation that could provide 'everything to everyone'.

Penny Price

Penny Price worked as an occupational therapist at St.Giles from 1998 until 2016.

Born and bred in Launceston, Penny Price and her siblings often dreamed of far-off places, but ultimately it was her time right here at home that shaped her.

Mum and I went to a careers evening and occupational therapy seemed to tick all the boxes. It seemed to be holistic and comprehensive.

In true Tasmanian style, a family friend, an occupational therapist (OT), helped lay the foundation for Penny's chosen career while she was still at school.

Thora Fotheringham was one of the most amazing women, a pioneer of OT from the Second World War. Thora was working at St.Giles as an OT. Through her I was able to get some voluntary work. I used to spend an afternoon after school once a week at St.Giles. Then I knew I wanted to be in paediatrics. I applied for a bond/cadetship/scholarship with St.Giles, and was successful. I was bonded to St.Giles for three years. It was a big thing because it meant I would need to come back to St.Giles after I qualified. At the time it didn't seem a problem, heading off to the big smoke. Why would I ever not want to come back? I loved Thora and St.Giles.

Penny headed to Melbourne's Lincoln Institute for what was an intense and inspiring time.

I remember going to Preston and Northcote Community Hospital and working with a wonderful paediatric OT. She was a Bobath-trained therapist. I remember home visiting a lovely lady who'd had a stroke and working with her to find the best way to help her be independent and support that independence. That was very powerful.

More placements followed - a rehab centre, the Children's Hospital and Austin Hospital-confirming Penny was on the right path. Then it was time to come home.

I started in 1975, full-time as a graduate at St.Giles. Thora was a phenomenon. She taught me so much. She was way up there with any of the theorists and the practitioners I'd been exposed to in Melbourne. Thora asked Mary O'Byrne if she would come and play the piano. I remember a child, who really couldn't maintain an upright stand, let alone take a step, on my knee, and while Mary was playing, this child stood and all I needed was a finger in the back - the power of music.

When I started at St.Giles the children were residential. They came from Burnie, Devonport, Ulverstone and Scottsdale. Some were very little. I have fond memories because it enabled us to do the practical side of therapy. We could work with the children up in the dorms for things like dressing and communicating. Bathing involved support for the nursing staff with equipment and manual handling. We would have a roster and we'd be at mealtimes, to work with the ones who needed a lot of help eating. We'd assist swallowing, spoon control and independence, posture, proper seating ... all of those things.

One image I have working at St.Giles in that first year, I was on lunch duty and in the corridor, four kids were coming down the ramp laughing, one was on crutches, one had a walking frame, one was in a wheelchair, one was pushing. They were having a race. It was a very powerful image; these young children, away from their homes because of their disabilities and having fun. Later, I saw so much isolating in integration. I always lamented that lovely seamless ease of children, having a race, having fun and being included.

At the end of 1976 while travelling, Penny met her Sydney-based husband-to-be. She returned to St.Giles for her final year, but Sydney's call was too strong. She got a job at the Spastic Centre in Mosman. Twelve years and two children later, Penny and family returned to Tasmania and, after adding another member, in 1993 a chance encounter took Penny back to St.Giles.

It had changed a lot; therapists working in teams, more staff, more equipment, seating clinic, social workers on board, more admin staff, more outreach, visiting schools all the way to Bridport, Scottsdale, Georgetown, Campbelltown. We noticed a change from the physical disabilities to behaviour, to autism. We were seeing less cerebral palsy, less Down syndrome, less spina bifida, less muscular dystrophy; it was a very different caseload.

There were a whole lot of new treatment techniques, new assessment tools. We went to numerous workshops and courses. St.Giles was amazing like that. We were very lucky to go interstate for professional development. We were always learning from each other.

St.Giles gave me amazing opportunities to upskill and understand what happens in the disordered world of someone on the spectrum. We are all on that spectrum. It just depends where you sit as to how successful you are navigating the world. One sadness was the number of times I said, “Gosh I wish I had a magic key”. You could make things easier, but for some it was always going to be a very difficult journey.

It became a bit fractured with the arrival of the National Disability Insurance Scheme (NDIS), the confusion that surrounded that, the changes in the way we worked. I think I enjoyed the best days of an extraordinary community-based centre.

It was a family environment. We were very much empowered to make choices about who we saw, where we saw them, how we saw them and how much support we offered. I’d have no idea where each new meeting with a family, each new situation, would take me; what I could learn, what I could offer them. What a privilege. I never took it for granted. The parents would trust me with their child; to hold, to work with, to offer ideas, to visit their homes and schools, to change the way they were doing things. I thought that was an extraordinary and humbling experience.

I’m eternally grateful to St.Giles and my time there and the era I was there and the people I met. It made and shaped me. I learnt so much.

For Penny, COVID too was a time of humble gratitude.

I’ve said once I put survivor guilt aside, (I’m ever mindful of the impact on a lot of people, those queues outside Centrelink, the people with their mortgages, the stresses on marriages and relationships) I’m lucky. Our daughter and partner are back from Myanmar and we’ve been able to spend some wonderful time with them. Living in Tasmania has been wonderful. I really ache for some. It has been very tough, but we’ve been very blessed.

Tracy Redman

Tracy Redman worked as a physiotherapist at St.Giles
from 1998 until 2021.

Tracy can't remember why she decided to become a physiotherapist, but by Year 9, her mind was made up.

I can't really pinpoint why, what triggered me. I remember reading a book and the main character in the book was a physiotherapist who worked with children who had disabilities. I think I always had an interest in how the body worked, anatomy and science.

In fourth year, I did a placement in Launceston at the LGH. I came down from Melbourne because there were not enough hospitals in Melbourne (for all the student placements). That was the first time I'd been to Tassie.

I moved into paediatrics because when I first started working as a physio, I was at the LGH and decided I really liked working in paeds.

I was at the LGH until I moved to St.Giles in 1998, the time St.Giles began to directly employ therapists.

It was very grey! The building was much smaller. It was all grey brick inside. I think we had two computers for everyone at the time.

And the babies' area, where we saw the younger children, was just a big area that had mats on it and curtains in between so there wasn't much confidentiality as such. But we were making the most of the space that we had.

On cold mornings we'd have to cancel clients because the heating was terrible. But at the same time, we had an amazing team.

Straightaway, I knew that I'd just walked into a place where they had an amazing amount of experience and staff that had years and years of experience so willing to share that.

At the time there was only one speech therapist and she was about the same age as me.

But other than that, I think they were largely an older population of therapists who'd worked in the area for quite a while.

There was Maureen Johnston. She was the senior physiotherapist at the time - amazing lady and amazing mentor.

One of my first clients was 16 or 17 at the time. He would come from the (St.Giles) home. He was one of the last people at the home. He would come over three times a week, first thing in the morning to have his stretches done.

I'd hoist him down onto the mat and we would go through a series of stretches. He had quite severe cerebral palsy.

Tracy's work is very much about the long-term when it comes to treatments and relationships with participants.

Obviously, improvements can be slow for a lot of those kids. Sometimes you're celebrating something that's taken two years to achieve. Some of the clients I see now I've known since they were five weeks old and now they're 20.

I think it is having someone that they (parents) can just contact and go, "This has happened. Is that ok?" - to know that you'll understand how that impacts on their life because you have a long-term history of understanding how their family functions and how that child fits into their family.

In some families you kind of feel like one of them sometimes; other families find it a bit of an invasion.

Then came the National Disability Insurance Scheme (NDIS), a blessing for some ...

When I started here, it was only until age 18. Clients would turn 18 and we would say they fell into this ‘abyss of adulthood’ where there were minimal services. There are very limited rehabilitation specialists for complex disability in adults.

The NDIS has been a very positive thing for a lot of those clients who really fell into this ‘abyss’.

All of the evidence says the earlier you start the better, and I think it’s harder (within the NDIS) because you have a parent who’s going through that process of knowing something is wrong.

Before the NDIS we had a lot of capacity to support a parent and really build a relationship with them.

Ultimately there is a sense of battles won and on-going.

St.Giles is an amazing, unique organisation in that it has been very much embraced by the community, because it was started by the community and has been so well supported by them over the years.

We have fought over the years with this idea that spastic kids go to St.Giles and you’ve got to have something wrong with you to be going there.

And as we’ve moved into seeing a lot more or supporting a lot more kids that otherwise have typical development but just might need a little bit of support, that stigma and that sort of stereotypical idea, that it’s only certain kids that have disabilities, has been a little bit difficult to overcome.

I have had teenage kids with cerebral palsy that were teased at school because they were told “only spastics go to St.Giles” and so the teenagers have refused to come here again. So that sort of thing can be a little bit of an issue, that it was seen as a centre for special children.

More recently I guess there is a perception that we have long wait lists and there is not much point putting your name down at St.Giles because you might have to wait for a long time.

I think that some families have the capacity to take on board some of the complex requirements of NDIS and others do not. I think the NDIS has been amazing for a lot of people that can navigate that system.

Joseph Reynolds

Joseph Reynolds was a participant at St.Giles
in Hobart from 2013 until 2021.

Joseph was born at the Royal Hobart Hospital in 2003. He lives with his parents, Tim and Marion, and two younger siblings, Daniel 15 and Anna who's 10.

He has many positive memories of his childhood.

Learning to drive a power chair in an adult-sized chair when I was four, being invited to speak at the NDIS conference in Brisbane when I was 12 and having lots of cousins around my age so every family gathering was like a party when I was young.

I didn't like high school as much ...

But I loved college.

And then there was St.Giles.

My first interaction was when the organisation took over from Calvary Rehab, and up until recently provided all my physiotherapy, OT (occupational therapy) and speech therapy.

There were a couple of therapists who impacted me enormously, even though they were not assigned to me as therapists. Therapists like Jess Farmers, she was assigned to me off and on over the years. Peter Hockley was one of the key people who assisted me on my AAC (Augmented and Alternative Communication) journey and Robyn Sheppard. She wasn't one of my main therapists but was a good resource for complicated questions due to her years of experience.

St.Giles assisted me tremendously, especially when I was younger, and has prepared me for the future. If it wasn't for the organisation and excellent therapists, I'd never have developed essential driving and communication skills that will assist me into the future.

It's a future Joseph pictures clearly.

This year I'm studying graphic design at TAFE and hope to start working in the creative industry over the next few years. I'm also hoping to move out of home eventually.

St.Giles' holistic approach has meant that Joseph's family has been part of his journey from the very beginning according to Joseph's mum Marion.

St.Giles has been pivotal in assisting us navigate life with a child with a disability. The provision of excellent therapists, equipment to trial, hydrotherapy as well as specialist services has shaped Joseph into the young man he is today. It has also been an access point to further supports - a paediatric rehab specialist, Royal Children's Hospital clinic and orthotics.

For me as a parent some of the most significant therapists have been those with whom we've built long-term relationships. People such as Liz and Brett at the hydro pool were firm favourites of Joseph's and the regular (often weekly) contact built community. Peter Hockley and Jess Farmers continue to celebrate his achievements and challenge him to excel.

Opening up options for communication was a significant milestone in Joseph's development. I remember Dr Peter Flett commenting in one appointment that communication was more essential than physical skills, and for Joseph this is true.

Thanks to the options we were able to trial, and the input of speech and occupational therapists, especially Peter Hockley, Joseph is an independent communicator and now fully participates across the community and in his course at TasTAFE, having completed his TCE.

Hydrotherapy was definitely one of Joseph's preferred therapies, which he continued until the Glenorchy facility closed.

Another significant development was Joseph learning to drive his power chair. This was made possible by a practise chair and therapist supervision, and meant that when Joseph obtained his own chair, he was already able to drive. In learning to drive I think we explored every centimetre of the St.Giles site at Tower Road while Joseph practised.

I also remember Joseph (and younger siblings who sometimes came to appointments) being formative in the education and development of therapists - sometimes it seemed to be a mutual benefit as they adjusted and got creative about therapy and how it needs to fit into family life. I recall one young therapist commenting on the benefit of observing neurotypical child development (watching Joseph's younger brother as a baby and toddler), as they had no kids of their own and often only saw those with developmental challenges.

As with many Tasmanians, the spectre of COVID caused and continues to cause disruptions for the Reynolds family ...

For Joseph COVID challenged his academic future and his role as an advocate.

COVID impacted Grade 11 as we had to learn from home for about six weeks. It also has affected the national AGOSCI (Australian Group on Severe Communication Impairment) Conference which was postponed. It's frustrating especially for me because I'm a keynote speaker.

And mum Marion is still navigating the barriers it has placed on Joseph's continued progress.

COVID changed the amount we accessed services. For us it coincided with the shift away from St.Giles towards adult therapy.

One sad result of COVID was the closure of the hydrotherapy facility. Unfortunately, we have been unable to find somewhere else with the combination of access and warm water that the Glenorchy pool provided.

We have accessed less therapy since COVID hit but have still been able to access essential services.

Despite the changes wrought in recent years, Marion is grateful for the unified approach that set Joseph on his path to adulthood.

St.Giles provides a hub - especially for those with more profound disabilities. We have appreciated the integration of therapy across all areas - the fact that the OT knew what the physio was working to achieve, and the speech pathologist worked with the OT which meant that we received a comprehensive and complimentary service.

Robyn Sheppard

Robyn Sheppard was a physiotherapist at St.Giles in Hobart from 1995 to 2022.

Robyn's family on her mother's and her father's side were in the shoe business, but she was destined not to follow in their footsteps.

We went to Methodist Ladies College in Kew. I was going to do nursing. As a child I used to get quite bad eczema and the dermatologist at the Alfred Hospital, where you went to do nursing in those days in Melbourne, said that he would ensure I wasn't allowed into nursing. I didn't know what to do.

I wanted to do something in the allied health field. I got into both occupational therapy (OT) and physiotherapy and when I literally tossed a coin on the beach, it came up with physio. So that's why I became a physiotherapist.

In 1969, I left school and got into physio at the Lincoln Institute. When you got into physio you did three weeks of nursing practice at Fairfield. After the initial three weeks, you started on anatomy and physiology. It was a bit of a shock for a girl from a single sex school doing dissections of dead bodies. I wasn't 18 at that stage.

Because there were only 50 in the year, the placements in final year were really good. You had 18 weeks at a major hospital for all the acute subjects. Then we had three-week placements. We weren't pushed to be specialist like they are now. We'd had a taste of everything when we came out with a diploma. I went back to Lincoln Institute in 1978 when I upgraded my diploma to a degree.

I liked and really wanted to get into paediatrics. I had a job interview at the Royal Children's Hospital. I was the only new graduate at the Children's Hospital in 1972.

In my second year, I worked at Yooralla Carlton, just off Lygon Street. It was a school for kids with disabilities, with the same sort of foundations as St.Giles. It was charitable initially and built to manage those with polio and other disabilities.

At Yooralla we had two little rooms with five full-time physios. The school didn't have any green grass - it was just bitumen - inner city stuff. There were a lot of children who had had heart surgery, polio, head injuries, spina bifida and arthrogryposis, which you don't see now nearly as much. It was like a family. I learnt a lot from the other physios who were there.

We had a wood-working area where we made backs to support kids sitting in wheelchairs. We didn't buy a piece of equipment; we made it, or you found a way of making something else work.

In 1975, the Children's Hospital transferred the management of physiotherapy and the allied health people to Yooralla, the new school at Glenroy. They built a purpose-built building with an accessible hydrotherapy pool and classroom pods in five areas for different age levels. We had riding for the disabled as well, with a couple of horses that staff had to exercise. We had to catch them, saddle them up and ride them.

In 1995, after 23 years in paediatrics in Victoria, Robyn moved to Hobart.

I'd had two kids by that time. We lived at Bacchus Marsh, and it had a country town feel. We had chooks and goats, dogs and cats. It was a lovely area. It only had 5000 people when we moved there. By 1995, there were over 30,000. I got to that point in my life and thought, "I need to go somewhere else. I don't want to be at this one workplace for the total of my working life".


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I'd been talking to Di Langdale down in Hobart about progression within physiotherapy. They were looking at progression for the company she was working for - Rehabilitation Tasmania it was called at that time. I saw an ad for a clinical lead down there and applied for it. She flew myself and my husband down to have a look and I was interviewed. She got back to me just before we were about to fly out, offering me the position.

After years of professional upheaval with major changes to the rehabilitation landscape in the south, the government offered the southern children's services contract to St.Giles.

It was 2008-09. I've done 10 years with St.Giles.

St.Giles then bought the land off the Brotherhood in Lenah Valley, and had the current, purpose-built children's rehabilitation constructed. I was still the clinical lead, and we had involvement with the architect in planning the building, but we were all really concerned about storage and rooms. The office space is quite crowded.

Allied health staff grew but as people have left we haven't necessarily been able to replace them. Getting staff in Tassie, particularly paediatric staff, is very difficult. Occasionally you get a student, but now in the allied health schools paediatrics, particularly in the physiotherapy course, is very much an elective component. Physio was stable for quite a while but then it changed quite dramatically.

The older staff have packed up and left and when the National Disability Insurance Scheme (NDIS) came in, other staff have taken the opportunity and moved out into private work with different providers, because essentially St.Giles is an NDIS provider now. Others have retired or moved on. There still is quite a dropout rate of physios after about five or six years. It's rare to find people that have stuck at it for as long as I have.

For Robyn, COVID had some unintended beneficial consequences.

I came back from a conference in Perth when COVID was first hitting, and I got back to work and just hid myself in the back room and was working away there. By the end of that week, because of my age and my lung disease, I had been told that I should not be at work. I learnt how to Zoom. I managed seeing some of the public and some of my other kids that are simple, not complex, but for clinics and assessing, you really need to put your hands on, so those things we couldn't do as well. It was good coming back in and being able to see some people.

I found I was ringing long-lost friends every night just for a chat because I missed talking to people, the collegiality of that. I caught up with a lot of old friends that I hadn't spoken to for years. I also found that I was getting a lot more work done.

Don Stewart

Don Stewart – Life Governor Emeritus was on the St.Giles board from 1979 to 2001 and chair from 1994 to 1997.

Born in 1943, 78-year-old Don Stewart, a lifelong Launcestonian, dedicated his life to the law, graduating from UTAS Hobart in 1965 and practising for 45 years, ultimately as a partner at Archer Bushby.

This legal expertise made him an invaluable asset for St.Giles.

I can't remember the exact year, but from about 1980 when I went to the board, they were looking for younger members. I never acted as their solicitor, but they wanted an independent legal practitioner. I was asked if I'd go on the board, and I happily agreed.

The chairman was Malcolm Wright. He'd just taken over from a chap called Clarry Clephane, who was also highly regarded. Malcolm Wright stayed as chairman for many years and was replaced by Ron Horne.

Ron was an accountant by profession. He had a great interest in the issues involved at St.Giles; the paediatrics and the support for those young men and women who didn't have normal lives, generally speaking. He had sensitivity a lot of us didn't have to that extent. He also applied his mind to the changes needed. He would have known the staff far better than I did. I think he was well respected. He was a good man.

Tom Room was the patriarch around the board table and highly influential. He was treasurer 1944-1964, Chairman of the Board 1964-1968 and President of St.Giles and the Mayor of Launceston in 1976-77. (The Mayor of Launceston holds the honorary position of President of St.Giles). In 1987, he was honoured as a Life Governor Emeritus.

We also had Jack Luck on the board. He was the building man. Jack Luck not only offered his advice, but often just sent his men to do work. I liked Jack particularly, because he was an old-fashioned man; he said things as they should have been said.

The architect Jack Newman was on the board. He was involved in the re-development side of the business. He put a great deal of time into the support of the structural side of St.Giles.

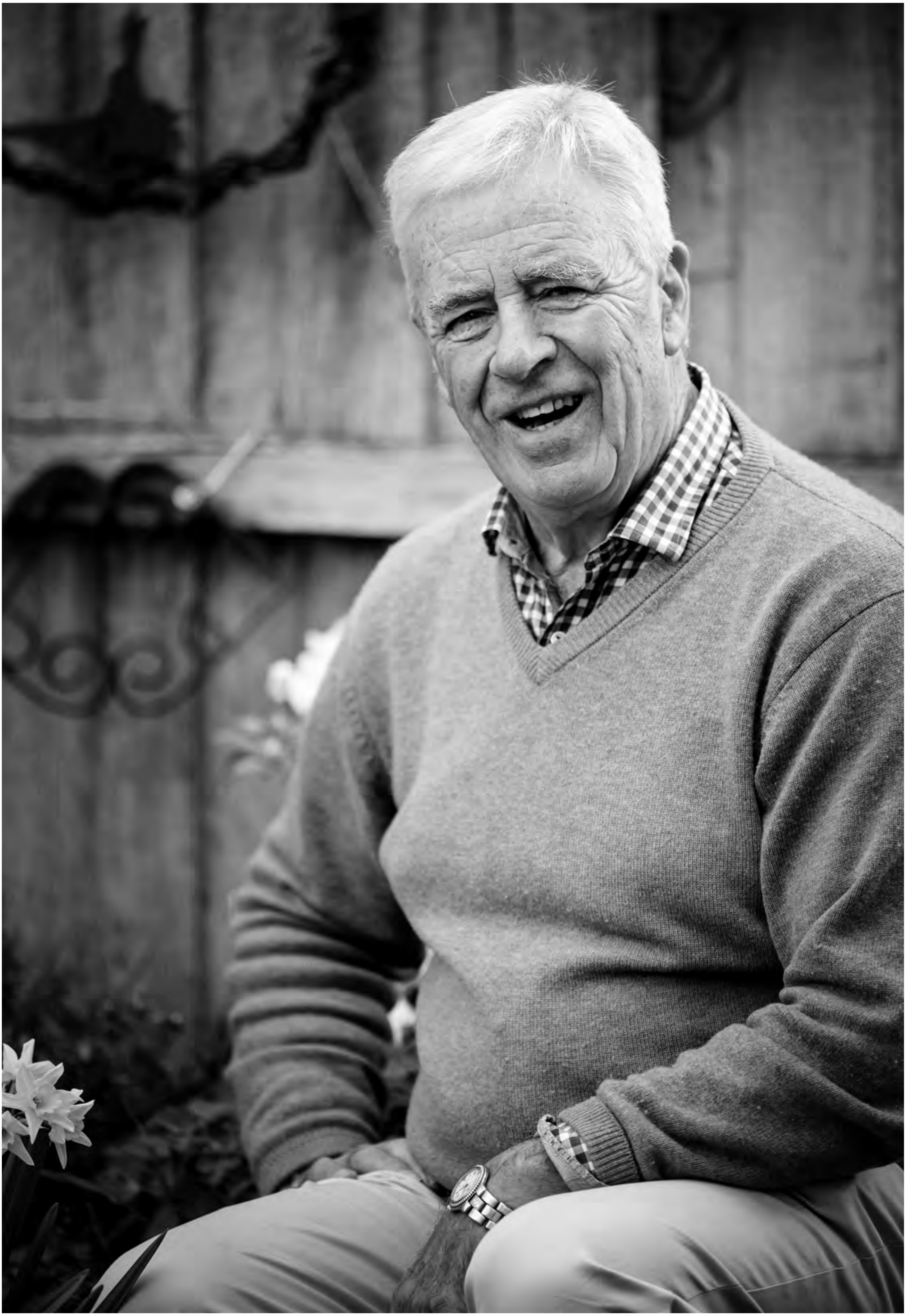
We also had quite a few former nurses and support staff on the board. I remember Mrs McCarthy and the very well-regarded physio Miss Mack. They were there to advise as to how they thought the home should be developed and to articulate the needs of the children. We also had Matron Sifleet, who lived on the premises and was highly regarded. She retired in 1990 and Gail Davis took over.

Another staff member, Bernard, would occasionally come to board meetings. He made special wheelchairs for those whose bodies didn't fit the standard wheelchairs. The kids loved him because he made them comfortable.

St.Giles started with support for children with polio, but it soon moved to a more general medical side. And when electronics and computerisation came into wheelchairs and so forth, that was a huge benefit for a lot of those kids. I remember one young man, Tim, he managed his own wheelchair and learnt to speak through a computer.

The other board member who I can't forget is Arthur Dobson. Of all the board members he was the most valuable, because he had lived it. He was sensitive and intelligent. Arthur was a strong character. He often pulled the board members into line and said, "No, you've got the wrong slant on that".

It was during Don's time that St.Giles moved from residential to "attendant" care as he puts it.



It was substantially forced on us. Some families were very good, some parents struggled to cope. Once children moved out, a lot of the people lost their jobs. We went through a strategic plan, probably in 1990.

We also took advice from Jeff Sayer, an expert we employed, who said, “You’re going to have to change what you’re doing … all these things depend on funding and the funding areas are changing”. We went to a new model, which is approximately what St.Giles now has.

I was quite involved in some major decisions. A lot of the young men and women were reaching adulthood and St.Giles had a policy that we didn’t keep children beyond 18 years of age. So, what do you do with the ones that have no support from that age? We had group homes in Blaydon Street and David Street, both established in 1986, and the Tom Room Units at Mace Street established in 1982. This was the first facility to provide living accommodation for adults who had left St.Giles. At St Helen’s we had Clarry Strochnetter House. I’m sure there were others. So, they were established, and they were ‘in home care’. They gave people security and some independence. The majority, I think, went back to their family homes and that was what the attendant care was for, to give those that were looking after them some support.

It was an unusual body, St.Giles, because it was autonomous, although obviously we were government funded, we were in charge. We had our own independent board. It has its own independent thoughts about how it should operate. I think it gets a lot of community support because of that. It went off to Hobart and to the North West Coast and so forth. It’s so well regarded in those areas too.

Don spent 22 years on the board of St.Giles, from 1979 to 2001, staying on a little after he retired as chair in 1997.

We wanted to get a good turnover on the board for new ideas and varied representation, which we achieved.

Gail Bendall and Michael Morrison were also marvellous on the board. Gail was chair after me, then Felicity Wivell, John Dent and Robert Pearce.

It was also during Don’s time that the organisation took on a new identity, changing its name from the Crippled Children’s Aid Society to St.Giles, after the patron saint of people with disabilities.

That was a very important thing for various reasons, not the least of which was the children didn’t like the crippled bit. It was a big move to change the name, but common sense said that, in the end, another name was appropriate.

And it seems the Stewart family has ridden the COVID wave.

My wife and I ran a shop called F & W Stewart. Fortunately, not knowing COVID was coming Heather and I sold it in November, and settled in January last year. How lucky was that?

COVID has particularly affected my daughter, because she’s supposed to be in Indonesia with her husband. But for myself, it hasn’t affected me much at all.

Erin Stuart

Erin Stuart joined St.Giles in 2019 as a
Learning Intervention Specialist.

After a childhood spent in the great outdoors, it seemed only natural Erin was drawn to a Bachelor of Physical and Health Education. Following a teaching stint at Pennant Hills High School in NSW, Erin met her future husband while travelling across America. They headed back to the UK.

After my first Christmas in England, I landed a job at an alternative provision centre, a really small school for children excluded from the system because they have been expelled from too many schools.

I enjoyed the creative aspect of teaching, trying to adapt my lessons to make it interesting for kids with low literacy, that have so much going on at home they need success at school. I had a group of 11- and 12-year-old boys with pretty horrendous backgrounds. I taught three of those six kids to read. I remember one day one of the kids came running down the corridors. We had quite a few lockdowns for safety reasons. The school thought he was coming to hurt me, so they locked the school down. When I came to talk to him through a sealed door he said, “I read. I read. I read the book by myself!” That was just beautiful, one of the highlights of my career.

It was kind of my stepping stone into where I went next with special education.

The couple returned to Australia via South America, flat broke and needing a job. Again Pennant Hills High beckoned.

There was a support unit that operated within the mainstream school. I realised I had found my niche within teaching. It had four or five classes ranging from mild intellectual disabilities to quite severe autism and cerebral palsy. I spent six months doing relief there and started thinking, “I think this is what I want to do”.

I decided, on a whim, to apply for a special needs teacher job in Broken Hill. So Jared and I went way out west. Similar to the centre in the UK, a lot of the students with special needs were from trauma backgrounds with significant mental health problems.

Two years on, 27-year-old Erin was appointed head teacher, studying for her Masters but now responsible for a support unit of 35 children, 12 staff, including teachers and teachers’ aides and overseeing a huge period of change. This all took its toll, and two years later she needed to move on. After numerous holidays in Tasmania, it seemed the logical next step.

I started looking for work. I knew I needed a break from teaching, as much as I loved it.

In 2019, I stumbled across St.Giles. Their values aligned with mine, so I emailed my resume. Originally I started as a part-time allied health assistant and part-time teacher, but nobody really knew what a teacher at St.Giles looked like. The first couple of months I partnered with the ASELC (Autism Specific Early Learning and Care Centre) supporting them. I was doing allied health assistant programs with the physiotherapists in the pool and the groups. As I found my feet a bit more, I realised I could do some intervention around regulation and literacy. I got the Together Exploring Social Skills (TESS) group up and running soon after.

It is a group for females nine to 14 years of age. We focus on making and maintaining friends, navigating social conflict, mental health, changes during puberty, independence in daily skills, as well as creating a space for a shared experience. We try new activities like sport, dancing, yoga and arts and craft and cooking. It’s a platform so the girls have this shared experience and they’re able to interact about that experience, providing the basis of a friendship group.

The group has been really successful and I've had interest from schools wanting that kind of program.

We've got a TESS junior group now as well, for the younger girls.

Work is currently underway to develop a similar group for boys, and Erin's passion for literacy continues to shine.

I'm working closely with one of our occupational therapists in the south to build a new school-aged service which will have a literacy and learning team component. We're looking to be able to provide more literacy support for kids with disabilities.

We are also hoping to be able to run some literacy education groups for parents. I've run a literacy group in the north which included a lot of parent coaching, supporting the parents to assist their children to develop their literacy skills. I'm also linking in with a lot of local schools to provide some more educational support for students living with disability.

I've enjoyed working with the Allied Health Team at St.Giles. When I started everyone was so keen for me to learn. Even though I came from a slightly different professional background, I felt really welcomed into the team.

In the future I'd love to see St.Giles pairing up with other parts of the community to help our participants even more. I think St.Giles could help the Tasmanian community be more inclusive, particularly with community activities, ensuring kids living with a disability and their families can go to dance classes and sports groups, without having to come to St.Giles to do it, but having support from St.Giles at those community groups.

For Erin, COVID had positive and negative impacts, professionally and personally.

Particularly when COVID first kicked off it was quite challenging to navigate as we had to move a lot of our services to telehealth. The TESS Group is a great example. We ran it via telehealth, but we lost a lot of participants. They found it really hard to interact over telehealth, particularly for a group that's focused on building social skills and positive relationships. When we're not together, that's really hard to do. For some of the participants there was some positivity with COVID because they were completing sessions in their own homes, with their own toys, so they didn't have to transition to the car, and transition to St.Giles and transition to the room. It was a safe space, so for some of the clients it was actually not terrible.

On a personal note, having all my family live interstate has been quite challenging. I've missed my family a lot. And we also got married in the middle of COVID. As soon as the borders shut, we got to elope. We managed to have a really nice, small ceremony with both our immediate families at Cradle Mountain.

Claire Tonks

Claire Tonks joined St.Giles in 2007 and is
General Manager, Support Services.

A seemingly idyllic childhood set Claire Tonks on a path which led her almost inexorably to St.Giles.

Growing up on a small hobby farm at Bridgenorth, the youngest of three siblings, her early life was one of running free in paddocks and doting on animals.

But at age eight, life changed when her mother became a paraplegic.

When she had her accident, she went to Melbourne's Austin Hospital for nearly a year. So as an eight-year-old I guess I grew up quite quickly.

I guess I've grown up exposed to people with a disability. Probably that's where some of my interest came from.

It was an interest that manifested itself very early.

I went to Exeter Primary School. We had two children who had cerebral palsy - one boy in my class and a girl; she was a fair bit younger. The school asked if there were any Grade 5 or 6 children who would help this young girl in the recess and lunch break to give her some support. I think I was in Grade 6. So I used to do that with a friend.

Later at Launceston College, Claire's innate capacity to care again came to the fore.

I did my work experience (in high school for two weeks) at what's now called Northern Support School (then St George's Special School) which I really enjoyed and because college used to finish early, I used to go out to St George's and volunteer at the school.

I liked being with the children; they really enjoyed the company of people. I felt it was quite rewarding because you could see some growth in what they were doing at school. It felt like you were having a positive impact in some way.

It was during this time Claire discovered St.Giles.

I finished Grade 12 in 2000, but began volunteering in 1998 or '99. I was given a volunteer award in 2002 by St.Giles, when they had their 65th year anniversary celebration.

Amazingly, some volunteers Claire met then are still part of the St.Giles family today.

Claire went on to university in Launceston to study education, specialising in early childhood, before making a move to Queensland in 2004. But the call of family was strong and she returned in 2006.

My mum was slowly deteriorating with her paraplegia, and I took leave without pay for the first term of 2007. Coming back, I thought, "I can't live off nothing. I'll go and work at St.Giles". They offered me a position as a support worker which was up in children's respite on McKellar Road.

There were some lovely mothering staff, who took me under their wing and taught me everything I needed to know.

With her term of leave without pay coming to an end Claire had to decide what to do. Return to Queensland or stay in Tassie? Fulfilling work, family and friends won out.

After a couple of months Claire became a team leader and temporarily coordinated respite.

The team leader worked on shift, mentoring the team, planning activities for the kids, making sure we did the after school activities, balance checks, running the day-to-day management of the house. The coordinator used to do all the bookings, had contact with all the families and bigger operational tasks. I also managed in-home support for the children. Back then we had block funding, 121 hours for the whole state, providing in-home support to children. I had to divvy out those hours to families.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I also still worked a couple of shifts up at respite with the kids as well.

Claire was then appointed as 2IC in support services which evolved into operations manager.

I did and still do enjoy the operational side of the role. Making sure the services in that programme are running well and everyone's happy and receives a good service. I still had a lot of contact with the participants. If there was a concern or a complaint back then it would come through to me to work with the coordinator and the families to resolve. Most of the time I'd get a good outcome and it was nice to see people satisfied.

The organisation has grown significantly in that time which Claire attributes largely to the National Disability Insurance Scheme (NDIS).

Once we went from the block funding, we didn't have 121 hours anymore. It was whatever package families were able to get within their NDIS plans. Also, we've gradually built more supported independent living properties.

The NDIS bought about a change in how we had to deliver services.

With support services we grew from just having coordinators that did everything, to having teams. We now have the rostering team, the client and family services team and the support operations team. I was responsible for that day-to-day overseeing. As we kept growing it became too much for one person, so I changed across to staffing and development and started doing some of the quality work, which is what I'm doing now.

Because the organisation has become an accredited service provider, there are a lot of requirements that we have to comply with. Also under the NDIS there are standards we have to comply with for auditing. We have to go through this to keep our registration as an NDIS provider.

Now my role is Senior Manager Quality & Risk, predominantly around quality, compliance and risk within the organisation. We do internal audits; we have to arrange and manage the external audits. We are responsible for looking at policies and procedures. We do the risk work, including monitoring hazards.

There is lots of continuous improvement being undertaken right across the state.
We travel to do the internal audits. The nature of the role allows it to be based in Launceston but have oversight of the state.

It's an incredibly varied position and no two days are ever the same - from a mountain of daily emails to operational and governance meetings, action plans and tasks like typing up audit reports, analysing data. COVID-19 added an additional layer of complexity.

And all of this is achieved as a mum of two youngsters, due in large part to St.Giles' willingness to embrace flexibility and the importance of the work-life balance.

One of the amazing things about St.Giles is that they are very family friendly.

There's a big focus presently on culture change and having a really positive culture. I've been here for a while and there have been ups and downs as there would be for any organisation. At the moment it's the best environment I've worked in.

George van Dijk

George van Dijk was a participant at St.Giles from 2003 to 2022 and a member of Studio Space Inclusive Arts.

I've been in the paper five times and the news twice - five times in The Examiner and two times on Channel 7.

To describe George as an extrovert is selling this young man seriously short.

Born in 2002, the youngest son in a rough and tumble family of four boys, he has also been part of the St.Giles family for most of his life.

I was referred to St.Giles right from birth, but I didn't actually go straight there. I came here from 2002 right through 'til Nov 6, 2018 so a record 18 years. Toward the end of 2005 I started going on to a K walker. I started schooling from September 8, 2006.

I grew up in a town called Evandale, Tasmania. All I remember is growing up in Evandale, then moving on to Newstead and then moving on to Mowbray and then moving on to Westbury.

I went to Melbourne for my first surgery on November 11, 2013 at 11am, which was Remembrance Day. The last surgery was for Botox in March 2017. I've been flying on planes since 2005. I went to Melbourne between 2013 and 2017. I went there five times for five different surgeries.

These surgeries were performed on George's ankles, feet, hamstrings, and in 2013 his femurs and hips.

The surgeries were successful, but it always kept giving me a step backwards in the walking process.

I was told if I did not have the surgery, I wouldn't have been able to walk by the time I was 18 in 2020.

Up until the end of 2018, physiotherapy and occupational therapy at St.Giles were regular parts of George's routine, but now Studio Space is his raison d'etre.

Studio Space is a theatre company founded on April 1, 2017 at 4pm. It started off at LC (Launceston College), then moved to St.Giles, then went to TasTAFE and then went to the Baptist Church for a bit. The Wednesday class has been transferred back here to St.Giles until we hopefully secure the Newnham Campus Lecture Theatre. Rehearsals are $130 a week. The point of Studio Space is that it can be accessible to anybody with or without a disability and you can have a friendly chat to the director Gerard Lane.

I did not start at Studio Space until Wednesday, November 17, 2017.

And while George's prodigious memory has been a boon for his theatrical exploits, the experience of being part of a performance group has helped him overcome some major barriers.

I've learnt how to cope with loud noises. I've always asked Gerard, if a noise is a little loud for me, because I always talk to him about that before we start our next performance. He has the volume down at my level, so I don't get a fright every time.

Recently added to the Studio Space repertoire is Project Vulcan which began in 2020 with George in the title role.

We tell the story about the Roman god of fire, Vulcan, who was born ugly. His mother Hera threw him off Mt Olympus because his face was red and he broke his legs and he ended up in a wheelchair for 18 years. Bacchus, the god of fruitfulness and vegetation and wine and ecstasy, played by Gerard Lane, comes back to try and fetch me and take me back to Mt Olympus. I vow to never return because of the painful things Hera did to me. Bacchus speaks French because wine is from France.

Also on this budding thespian's resume is the 'Rocky Monster Show' performed in May 2021 after being postponed due to the pandemic in 2020.

I played old man Adam. One of my lines was: "Doom I tell you I went into the castle grounds a month back gathering wood and I ain't going back again. I seen, I seen it". And then I say, "I seen something nasty in the woodshed. Doom. Doom. 'Tis naught but doom".

During COVID the show went on with the company finding unique ways to connect with performers during rehearsals.

It didn't affect it too much; the only thing we had to do was move rehearsals on to Zoom video communication.

George's energy and enthusiasm ensure he is an asset to any theatre troupe, but a lack of suitable spaces made it difficult for performers like him.

It was the only theatre company that was accessible to me. I was going to be part of the show on September 28, 2020, at the Princess Theatre but of course I wasn't allowed on stage because Gerard only selected 12, 'cause of the social distancing rules and also to factor in that I've got cerebral palsy … and there's a lack of access onto the Princess Theatre stage.

Fortunately, there are many other doors opening for diverse companies such as these as Project Vulcan hit the road travelling to Melbourne, and in 2023, the Edinburgh Fringe Festival.

George's love of the stage began back in 2017.

I went to the theatre in Launceston to see what the stage productions are like. That inspired me to join Studio Space.

In addition to his theatre rehearsals, George has regular physio, works on catalogue distribution and is actively looking for a job or a volunteer role.

Regardless of the path he takes, creativity is the dominant force in his life.


st giles