

Healthcare that Counts Project Forum Evaluation

Dec 2018

Bronwen Mander
Rhani Dean-Talbett



CHILDREN AND YOUTH
AREA PARTNERSHIP
LODDON

Funded by
DHHS

Contents

1. Introduction and background	2
2. Summary	2
3. Analysis.....	3
3.1 Attendance	3
Table 1. Category of organisations represented at the Forum	3
Table 2. List of organisations represented at the forum.....	4
Graph 1. Positions of forum attendees	5
3.2 Benefits from attending the forum	5
3.3 Use of technology for panel questions.....	6
3.4 Requests for support to implement the framework	7
Table 3. Requests for support to implement the framework and improve services for vulnerable children and families; and other comments	7
4. Common themes.....	7
5. Outputs.....	9
4.1 Resource packs	9
6. Forum Approach/Structure.....	9
7. APPENDICES	10
Appendix 1. Requests for support from attendees who completed the evaluation form	10
Appendix 2. Other comments from attendees who completed the evaluation form	11
Appendix 3. Poll Everywhere questions.....	12
Appendix 4. Forum agenda	15

1. Introduction and background

Healthcare that Counts provides the system framework to identify actions to guide health services to identify and respond early to protect children from harm, incorporating the child safe standards.

Some health services have good practice and considerable experience in implementing aspects of the framework with the release of the *Child Safe Standards* (2016). However, many are not aware of the framework, nor the requirements to fully implement it.

Whilst the scope of the HCTC Loddon area project covers six organisations, we are committed to the building of staff expertise and organisational capacity in identifying and responding to vulnerable children and families across the broader Loddon area. Thus, this forum supported the intention of the *Roadmap for Reform: strong families, safe children* on early intervention, prevention and sharing responsibility.

The forum aimed to bring together executives and managers from a diverse range of health services and Department of Health and Human Services (DHHS) representatives from across the Loddon area, to share and spread knowledge and identify challenges and issues; and to demonstrate how the *Healthcare that Counts* framework supports the implementation of the Child Information Sharing Scheme and the *Child Safe Standards*.

Health services across the Loddon area were identified and invitations sent to managers and executives.

The Project Coordinators were supported by the project Working Group and Steering Committee to plan and organise the forum. DHHS representatives provided invaluable input, notably Fiona Gallagher, Senior Program Officer Child Health and Wellbeing Community Based Health Policy and Programs and Sarah Bysouth, Acting Manager for DHHS's Population Health and Community Wellbeing Loddon Area North Division.

The forum was held at Fortuna Villa, Bendigo.

2. Summary

Objectives of the forum were largely met, as follows:

- Bring together health service executive and quality services managers from a diverse range of health services with DHHS representatives from across the Loddon area.
- Highlight the responsibility of primary health services in responding to vulnerable children and their families.
- Demonstrate the impacts on vulnerable children and families when indicators are overlooked and how early identification and effective response can change long term outcomes to children at risk of child abuse and neglect.
- Canvass the challenges and issues related to identifying and responding to vulnerable children and families and reporting children at risk.
- Build understanding of referral pathways and how health services can better work with Child Protection and Family FIRST.

The forum met most of its expectations in the following way:

- The number of attendees was within the anticipated range (40-60 attendees).
- Attendees represented a range of organisations across the Loddon area.
- Feedback indicated that the forum was highly successful in improving people’s understanding of the *Healthcare that Counts* Framework and their roles within it.
- Speakers were of a high calibre and highly regarded.

The forum did not meet expectations in the following way:

- Despite the forum targeting executive and managerial levels, only half of the attendees were in this category.
- Only a third of attendees were from health services.

3. Analysis

3.1 Attendance

Fifty-six people attended the forum, representing 25 organisations across the Loddon area: Bendigo (26), Boort (2), Castlemaine (4), Echuca (7), Heathcote (1), Kyabram (1), Kyneton (5), Melbourne (5), Rochester (3), unknown (2).

Table 1. Category of organisations represented at the Forum

CATEGORY OF ORGANISATIONS REPRESENTED	No.	PERCENTAGE
Aboriginal Co-operative	1	2%
Community and Learning Centre	1	2%
Community Health	8	14%
Family Services	1	2%
Hospital	5	9%
Integrated Health	4	7%
Local Government	5	9%
Local learning and employment network	1	2%
Non-Government Organisation	7	13%
Primary Care Partnership	6	11%
Rural Health Service	2	4%
Sexual Assault Service	1	2%
Victorian Government	14	25%
Total	56	100%

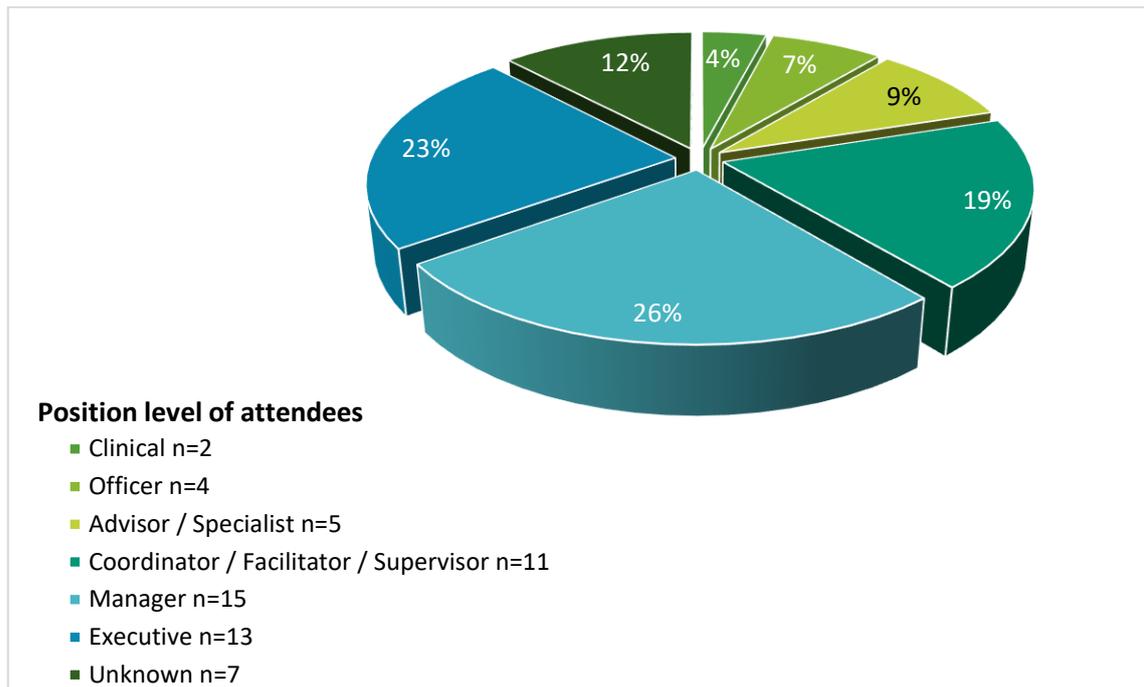
One third (19) attendees were from health services (Table 1). DHHS was represented by 11 people. The three Primary Care Partnerships within the Loddon area were also represented. See Table 2.

Forty nine percent of attendees were at executive or management level in their organisations. See Graph 1. Only two CEOs attended the forum.

Table 2. List of organisations represented at the forum

ORGANISATION	SUBURB	No.
Anglicare Victoria	Bendigo	1
BCHS - North Central Victoria Family Services Alliance	Bendigo	1
Bendigo and District Aboriginal Co-operative	Bendigo	1
Bendigo Community Health Services	Bendigo	4
Bendigo Health	Bendigo	3
Bendigo Loddon PCP	Bendigo	2
Boort District Health	Boort	2
Campaspe Cohuna LLEN	Echuca	1
Campaspe Primary Care Partnership	Rochester	3
Campaspe Shire Council	Echuca	3
Campaspe Youth Partnerships	Kyabram	1
Castlemaine District Community Health	Castlemaine	2
CatholicCare Sandhurst	Bendigo	2
Central Victorian Primary Care Partnership	Castlemaine	1
Cobaw Community Health	Kyneton	1
Department of Education and Training	Bendigo	3
Department of Health and Human Services	Castlemaine (1) Bendigo (5) Melbourne (3) Unknown (2)	11
Echuca Regional Health	Echuca	3
Haven; Home, Safe	Bendigo	4
Heathcote Health	Heathcote	1
Kyneton District Health	Gisborne	1
Loddon Campaspe Centre Against Sexual Assault	Kyneton	1
Macedon Ranges Shire Council	Kyneton	2
MacKillop Family Services	Melbourne	1
Royal Children's Hospital	Melbourne	1
		56

Graph 1. Positions of forum attendees



3.2 Benefits from attending the forum

Less than half (45%) of the attendees completed the forum evaluation form.

Feedback indicated that the forum was highly successful in improving people’s understanding of their responsibilities under the framework and how health services can better work with Child Protection and Child FIRST (see Questions 1 and 2 below). It is noted that 16 percent of respondents did not gain improved understanding of their responsibilities (Question 1). One attendee noted that this was because s/he already had a good understanding.

One hundred percent of respondents felt inspired to identify barriers and enablers to implementing the *Healthcare that Counts* framework in their organisation (Question 3).

A fewer number (72 percent) believed their understanding of the importance of cultural safety and inclusive practice in supporting vulnerable children and their families had improved (Question 4).

All respondents but one (94 percent) found the panel format engaged them in discussion around identifying and responding to vulnerable children and their families (Question 5).

Respondents highly praised the calibre and presentations of the speakers (Appendix 2).

Note that some respondents did not answer some questions. Percentage are based on the number of responses to each question.

Q1. Did today’s sessions increase your understanding of your responsibilities under the *Healthcare that Counts* Framework?

Yes	21	84%
No	4	16%
Unsure	0	0%

Q2. Has this forum improved your understanding of how health services can better work with Child Protection and Child FIRST to support vulnerable children and their families?

Yes	22	92%
No	1	4%
Unsure	1	4%

Q3. Has this forum inspired you to identify barriers and enablers to implementing the *Healthcare that Counts* framework in your organisation?

Yes	24	100%
No	0	0%
Unsure	0	0%

Q4. Has this forum improved your understanding of the importance of cultural safety and inclusive practice in supporting vulnerable children and their families?

Yes	18	72%
No	3	12%
Unsure	4	16%

Q5. Did the panel format engage you in discussion around identifying and responding to vulnerable children and their families?

Yes	23	96%
No	1	4%
Unsure	0	0%

3.3 Use of technology for panel questions

Poll Everywhere, a web-based, interactive audience response system, was purchased on a one-month subscription to facilitate audience participation throughout the forum. The system allows the audience to submit questions using mobile devices and to vote on others' submissions. Questions that raised the highest number of votes were put to the panel during the one-hour session. The aim was to streamline questions and to empower more of the audience to participate in the process. The audience was also invited to contribute from the floor during the panel session.

Questions were asked on Poll Everywhere by 15 people. Fifteen respondents found Poll Everywhere made it easier to ask a question whilst ten people said it didn't or they did not ask a question. From these figures, it is difficult to assess the success of Poll Everywhere across the 56 attendees in improving people's ability to ask questions.

See Appendix 3 for questions raised by attendees on Poll Everywhere.

Q6. Did Poll Everywhere make it easier for you to ask a question of the panel?

Yes	15	60%
No	0	0%
Unsure	0	0%
N/A – I did not ask a question of the panel	10	40%

3.4 Requests for support to implement the framework

For the questions on supports required to implement the framework, a range of responses were received. Table 2 categorises the responses that are listed in Appendix 1. The most common request was for professional development. Some expressed the need for internal, external and ongoing or periodic communication and collaboration.

Table 3. Requests for support to implement the framework and improve services for vulnerable children and families; and other comments

CATEGORIES	No.
Training / capacity building / professional development	6
Communication	4
Collaboration	3
Funding	3
Information sharing	3
Child protection	2
Leadership	2
Resources	2
Service mapping	2
Systems	2
Trauma informed	2
Access to Family Service Workers	1
Children who fell through the gaps	1
Data collection	1
Local links	1
Out of home care / trauma informed practice	1

4. Common themes

Several common themes were emphasised throughout the day.

Protecting children is a shared responsibility

Child safety is a shared commitment and therefore responsibility for protecting vulnerable children is shared across the service system. Vulnerable families often access health services before other universal services so there is a real opportunity for health services to identify vulnerable children and families. Health practitioners need to be attuned to indicators of risk and vulnerability and to

recognise the lived experience of children, seeing the world through the child's eyes. This requires a mindset shift, to recognise that children have a right to have their voices heard.

Connected and joined up responses are vital

Services often work in parallel isolation, meaning that vulnerable families must re-tell their story, that providers have only partial information or, worse, families miss out on vital support services. This is particularly so in regional and rural areas where there is great distance, isolation and/or lack of services. Therefore, the provision of wrap around services requires coordinated efforts at a local and broader level. Collaboration and information sharing are vital so that vulnerable families do not slip through the gaps and can get the support they need.

Cultural safety is imperative when addressing vulnerability

Vulnerability particularly impacts Aboriginal young people. Active engagement with Aboriginal and Torres Strait Islander communities can assist in reducing barriers to creating welcoming environments that are responsive to their needs. There needs to be genuine respect for Aboriginal community and culture, driven by leadership and commitment at the highest levels within an organisation.

Information sharing is a critical factor

We need to share information to keep children safe. We need to share information across the service system, within organisations, between health services and between health services and Child Protection. Health services often have access to information that no other service will have which can assist Child Protection in building a case for investigation. The Child Information Sharing Scheme is providing a shared language and increased channels for prescribed services to share information to protect vulnerable children.

Strong governance is fundamental

Strong governance is fundamental to implementing the HCTC framework and improving healthcare for vulnerable children. CEOs and Boards are responsible for ensuring clinical governance systems and protocols are in place; and for supporting their workforce to enable early identification and response to vulnerability, including building workforce capability. Strong leadership includes being familiar with the latest evident and best practice relating to identifying and responding to vulnerable children and families, understanding the challenges in providing services to these groups, and guiding and facilitating organisational change that will improve strategies and services.

How to recognise a vulnerable child

Health professionals have an obligation to listen, understand and act. Children will keep testing practitioners to see if they can tolerate their story. 'Difficult' behaviours are often indicators of trauma so being trauma informed is important; many vulnerable families are impacted by transgenerational and intergenerational trauma. Health professionals have a responsibility to maintain and update their competency to recognise and respond early to vulnerability.

5. Outputs

4.1 Resource packs

Resource packs were provided to all guests which included the following items:

- Forum agenda
- Evaluation form
- *Healthcare that Counts* framework and summary of its alignment with the *Child Safe Standards*
- Healthcare that Counts Project summary with Project Coordinator contact details
- *Orange Door Rollout Action Plan 2017-2020 Summary*
- Child Information Sharing Scheme on a page
- Child Information Sharing Scheme flow chart
- Case study – Latrobe Regional Hospital’s approach to adopting trauma informed practice
- *A step-by-step guide to making a report to Child Protection and Child FIRST* with localised contact details
- *How do the information sharing schemes work together?* overview
- *Reporting concerns about children or young people: a guide for professionals*

6. Forum Approach/Structure

The forum commenced with a Welcome to Country by a local Dja Dja Wurrung person and was opened by Anne Congleton, Deputy Secretary, North Division, DHHS. The forum engaged respected industry leaders and experts in their fields as guest speakers to present on the following topics: the importance of the *Healthcare that Counts* framework and its relevance to improved healthcare for vulnerable children; information and insight into the Child Protection system in Victoria complete with local data; examples of cultural safety and inclusive practice in a local mainstream health organisation; and compelling examples of the tragic consequences for vulnerable children when there are gaps in the service system, highlighting the need for intersectoral collaborative practice. A short presentation was given on the Healthcare that Counts Project in Loddon, which was followed by a panel discussion incorporating the four key speakers with questions submitted by the audience. Lunch was served upon completion allowing time for guests and presenters to network. The forum agenda is included as Appendix 4.

7. APPENDICES

Appendix 1. Requests for support from attendees who completed the evaluation form

Q7. What support(s) do you think your organisation may need to implement the framework and improve services for vulnerable children and families?

Professional development resources - e-training & face to face.
More formal service map and referral pathways. Staff education.
Need for visionary leadership.
A clear understanding of who is to mandatory report.
Further community consultation with ACCOs and community in working together.
Staff and systems around the MARAM / Information Sharing Victoria. Funding to implement the information sharing.
Keep it on the agenda across the region. Continue the conversation. Collaborative call to/commitment in Loddon area.
More training for clinicians on the floor. Service mapping. Data collection.
Works in progress.
Training/capacity building (cost/time/availability). Systems (e.g. Medicare) to better support vulnerable and complex children and families.
MOU of priority of out of home care / trauma informed practice.
Funding.
Access to FSW - local service has six-month waitlist.
Training in the use of frameworks.
Systems to join up.
Continue communications.
As the HCTC project lead, I consistently experience barriers with the social services team who believe that it is 'not appropriate share information they know with other providers across the health service.
Increased funding/resources.
Link to VFPMS for health services to utilize. CEO engagement to adopt child safety as shared responsibility. Child protection engagement with health services. HCTC presentations to health service board meetings. Local linkages to childcare for vulnerable families.
Education and communication re: trauma informed care and information sharing. Shifting focus to not just health.
Disseminating info on framework within our organisational teams.

Appendix 2. Other comments from attendees who completed the evaluation form

8. Any other comments

Fantastic relevant speakers. Well done.
Terrific, relevant speakers. Great success.
Need to meet bi-annual to check on framework implementation. Great day!
Great speakers and topics. Awesome venue.
Disappointed that you didn't power through all the questions. You only got through 2/3/4. Venue is great. Thank you.
Great forum with high calibre speakers. Bring vulnerability to the forefront of our minds, these issues are prevalent in our community.
Thanks for a great forum.
What about the support for those children who "fell through the gaps" and have now got children of their own. What are we going to do to address intergenerational trauma cycles? It seems they are "looked down" on and often have to prove themselves - without any prior modelling or support whilst growing up themselves - quickly legislated/mandated to services which further pressurizes expectations of these broken people. Response to Q2 'Unsure': Depending on response/waiting times.
It's during forums such as today that I wish the MCH service sat under HEALTH and not EDUCATION! Response to Q1: MCH doesn't have specific responsibilities - however my understanding of HCTC did increase. Response to Q3: MCH will consider all the elements of HCTC and what it means within the limitations of our DET funded service.
Excellent speakers and well facilitated. Timely and great resources provided. Response to Q5: Amazing
Response to Q1 'No': Not through deficit of the day, felt I had a reasonable understanding (though don't work in health) Response to Q6: Liked viewing questions and ability to vote.
Thank you for an informative morning.
I could listen to Liana Buchanan all day. I frequently quote her words.
Response to Q6: Although tricky to manage all questions being raised.
Very informative forum. I would like to learn more.
Knowledgeable panel. Beautiful venue.

Appendix 3. Poll Everywhere questions

Question: What do you want to ask the panel about improving health services responses to vulnerable children and their families?

** A question is placed by one attendee and the vote number is at zero (0). When a person votes up or down, the number is moved by one (1) digit*

Questions pre-prepared by facilitators and entered into Poll Everywhere	Upvotes*	Downvotes*
Given that we are "mandated" if we have "formed a belief based on reasonable grounds" – we have to report, not work with the family, not refer to Child FIRST or another organisation... Wont this increase the reports to Child Protection?	3	0
What can our organisation do, that would increase our service from being "culturally competent" to being truly collaborative with our Aboriginal partners?	3	0
We can train our staff in how to recognise vulnerability, but in regional areas, there are limited wrap around services to refer to and collaborate with. How can you expect us to implement the framework in more remote areas?	2	0
In my organisation I can't easily see the needs of children and families reflected in our organisational strategic plan. What should I do?	2	0
We have heard a lot about the "Roadmap for Reform" – is this relevant to the HCTC framework?	2	0
What role does community have in all of this?	2	0
All my work is directed to adults. So does this even apply to me?	1	1
What is the capacity of community-based Child Protection workers to provide secondary consults and support to health service practitioners?	1	0
Will Child FIRST remain the same when it is integrated into The Orange Door?	1	0

New questions asked by the audience	Upvotes	Downvotes
When a principal in Queensland calls child protection with a concern about a child, 2 officers (with badges) visit the home and investigate. In Bendigo a similar notification results in a phone call from Anglicare "to check everything is ok". Why is there such a difference between practice?	7	0
On a practical aspect; Is there an evidence based model to identify and assess vulnerable/struggling children which could be adopted in rural Urgent care centres and community care services so we don't miss a single case in our communities.	7	0
Unfortunately, access for vulnerable children and families often is overlooked by services who prioritize medical over behavioral issues. How can we assist those in need from a trauma informed practice point, when services they need access to do not have trauma Informed priority.	6	0
When honoring the voice of the child, there are many barriers to overcome - for example, the way trauma impacts memory and children's age and developmental ability to create cohesive narratives. What are some of the ways the panel recommends we approach listening and valuing children's experiences?	5	0

Question: What do you want to ask the panel about improving health services responses to vulnerable children and their families?

** A question is placed by one attendee and the vote number is at zero (0). When a person votes up or down, the number is moved by one (1) digit*

Does the 600 closures for child protection include children that have become too old for child protection. What supports exist for them?	4	0
We are finding it difficult to gain traction for governance support and leadership in health services for vulnerable children - do child protection meet with health services CEOs and hospital teams within DHHS?	4	0
We need to recognize our systems as traumatized (targets, funding cycles, prioritizing professionalism over compassion + overlooking factors that lead to burnout). This perpetuates trauma for our vul. fam. How do we overcome barriers to create reflective spaces where TI practice can become reality?	4	0
As there is so much concern for the unborn child, why aren't you/we/someone lobbying government to allow compulsory safe keeping of the pregnant woman to protect the baby to be. Currently Victorian Law does not provide any protection to an unborn baby.	4	0
Does the information sharing scheme include the use of IT communication systems?	3	0
Liana mentioned unborn reports. What improved responses would you like to see in relation to these?	3	0
What practical (realistic) supports are available for children to access tertiary health care, eg appointments at RCH are available? PATS is a delayed scheme that is fine for reimbursement of costs but for families with vulnerable children, this is unhelpful as they don't have the funds to outlay.	2	0
It has been advised to us as practitioners in housing and homeless support that all community members are legislated to report knowledge of sexual and physical abuse of children to Child Protection. Is this not the case?	1	0
I understand that it is difficult for an organisation to make connections with Aboriginal groups and to make internal improvements for accessibility for Aboriginal families without staff from that community. Can Sonya elaborate on this please and tell us where and how to start?	1	0
If information sharing is so important, why doesn't government introduce a statewide record system for eg: health, welfare and family safety etc? This way we could all share on the one data platform.	1	0
If a school principal calls child protection in Queensland with concerns, 2 officers (with badges) will visit the child's home and investigate. The same call in Bendigo triggers a phone call from Anglicare "just to check everything at home is ok". Why is there such a discrepancy between states?	0	0
72 hours to decide to proceed with child protection - what IT systems do they use?	0	0

Question: What do you want to ask the panel about improving health services responses to vulnerable children and their families?

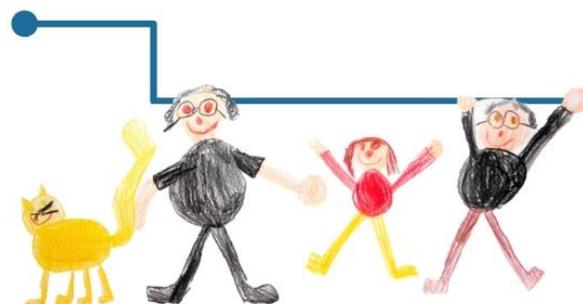
** A question is placed by one attendee and the vote number is at zero (0). When a person votes up or down, the number is moved by one (1) digit*

If information sharing is so important to protect children, why doesn't government introduce a single medical, health, welfare, safety etc. record and system for each Victorian?	0	0
What do we need to do to improve engagement with disengaged families	0	0
Liana mentioned unborn reports	0	0
The information sharing legislation changes has significant implications for practice. Why has the roll out being so poorly co-ordinated and why has there been such limited training and development opportunities for the very broad workforce affected?	0	0
What consideration has been given to cross border issues and different legislations in particular for those towns on the border accessing health services.	0	0

Improving Healthcare for Vulnerable Children in the Loddon Area, Victoria

FORUM: Healthcare that Counts

Program



28 November 2018
Fortuna Villa, Bendigo

8.45 – 9.15 am	Arrive and register	
9.15 – 9.30 am	Welcome to country	Jida Gulpilil Dja Dja Wurrung Clans Aboriginal Corporation
9.30 – 9.45 am	Opening address	Anne Congleton Deputy Secretary, North Division, Department of Health and Human Services
9.45 – 10.15 am	<i>Presentation 1</i> Healthcare that Counts - introduction to the Framework	Nathan Chapman Loddon Area Director, Department of Health and Human Services
10.15 – 10.45 am	<i>Presentation 2</i> Child Protection in Victoria	Shane Wilson Assistant Director Child Protection, Loddon Area, Department of Health and Human Services
10.45 – 11.05 am	Morning tea break	
11.05 – 11.35 am	<i>Presentation 3</i> Cultural safety and inclusive practice	Sonya Parsons Aboriginal Liaison Officer, Echuca Regional Health
11.35 – 12.05 pm	<i>Presentation 4</i> Collaborating to support and protect children	Liana Buchanan Principal Commissioner for Children and Young People, Victoria
12.05 – 12.25 pm	Implementing the HCTC Framework – the Loddon project	Rhani Dean-Talbett Project Coordinator, Central Victorian Primary Care Partnership
12.25 – 1.25 pm	<i>Panel discussion</i> Creating change together	A facilitated Q&A with the four key presenters
1.25 – 1.30 pm	Forum close	
1.30 – 2.15 pm	Lunch	

Presenters

Respected industry leaders and experts in their fields



Anne Congleton

Deputy Secretary, North Division, Department of Health and Human Services

Prior to becoming Deputy Secretary, Ms Congleton held senior roles in the Department of Health and Human Services including the Deputy Secretary, Community Participation, Health and Wellbeing and Deputy Secretary for the West Division. She has worked across many parts of the Department in policy, program development, corporate resources and service delivery. Prior to joining the Department, Ms Congleton held senior roles in the Department of Treasury and Finance and the Department of Justice and Regulation. She is passionate about driving better outcomes for clients and communities and working with people to achieve this.



Shane Wilson

Assistant Director Child Protection, Loddon Area, Department of Health and Human Services

Shane Wilson was a Senior Child, Youth and Families expert within Child Protection and Service Delivery with 27 years' experience gained across State Governments in Queensland and Victoria, and most recently within Australia's leading social purpose organisation, Life Without Barriers (LWB). He has led the delivery and oversight of 'end to end' child protection services and children, youth and families service, across metropolitan and regional communities. Mr Wilson brings an innovative, people and outcomes driven approach and a strong platform of continuous improvement to program delivery in Child, Youth and Families.



Liana Buchanan

Principal Commissioner for Children and Young People; Part-time Commissioner of the Victorian Law Reform Commission

Ms Buchanan commenced as Principal Commissioner for Children and Young People in April 2016. As Principal Commissioner, she is responsible for regulating organisations that work with children, overseeing services for vulnerable children and young people, and promoting the rights, interests and wellbeing of children and young people in Victoria. Ms Buchanan has held a range of roles focused on oversight and system reform for people experiencing disadvantage and those affected by family and sexual violence. These roles include Director, Office of Correctional Services Review, Executive Officer of the Federation of Community Legal Centres and roles in the Equal Opportunity Commission, Department of Justice and Women's Legal Service (S.A).



Nathan Chapman

Loddon Area Director, Department of Health and Human Services

Nathan Chapman is a social worker who has worked in government services for the past 25 years. He has held positions in the Department of Human Services in After Hours Child Protection Emergency Service and at Streetwork Outreach Service and the Department of Justice’s Child Witness Service, which was established as a first in Victoria to prepare and support children and young people giving evidence to the criminal jurisdictions. Returning to child protection in 2011, Mr Chapman was appointed as Area Director for Loddon in 2018 and continues to partner with stakeholders to provide early, holistic and joined-up services to vulnerable individuals, families and communities.



Sonya Parsons nee Briggs

Aboriginal Liaison Officer, Echuca Regional Health

Sonya Parsons nee Briggs is a Yorta Yorta Elder living in Moama NSW. Sonya has worked for and within her community all her working life in areas of health, community, education and training. Just some of the organisations where Ms Parsons has worked include St Vincent’s Public Hospital, Echuca Regional Health, Rumbalara Medical Centre, Njernda Aboriginal Corp and Shepparton Skillshare. Ms Parsons has always enjoyed working to better the health and education of her family and community. She is a passionate Cultural woman who loves sharing and teaching people about her diverse and beautiful culture.

Forum facilitators

Louise Payne Principal Advisor, Children and Youth Area Partnership

Andie West Director, Children Youth and Family Support Services, Bendigo Community Health Services

Acknowledgements

A special thank you to the Healthcare that Counts Loddon project Steering Committee and Working Group and the six organisations and change champions who are participating in the project, Boort District Health, Kyabram and District Health Services, Echuca Regional Health, Kyneton District Health, Cobaw Community Health and Castlemaine District Community Health.

The forum will be held on the traditional lands of the Dja Dja Wurrung and Taungurung people. We pay our respects to their elders past and present and celebrate their living culture and unique role in the life of the Bendigo and Loddon regions.



Funded by
DHHS