Jennifer Doggett reported in May 2022 on the Giant Steps conference, held by Safer Care Victoria, for the Croakey Conference News Service.
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Reflect, reimagine and revive. Putting a timely focus on health workforce wellbeing

After more than two years of unprecedented challenges for the health system, the Giant Steps conference, hosted by Safer Care Victoria, was a welcome opportunity for all involved in healthcare to ‘reflect, reimagine and revive’.

This conference was held on 26-27 May both in person and online.

Investigative comedian Craig Reucassel, Victoria’s inaugural chief Aboriginal Health Advisor Nicole McCartney, and sustainable healthcare leaders Fiona Armstrong and Associate Professor Forbes McGain were among the presenters.

Jennifer Doggett, who is covering the event for the Croakey Conference News Service, previews the #GiantSteps22 discussions below.

Jennifer Doggett writes:

When the Victorian Government recently handed down the state budget, with a centrepiece $12 billion investment in health, including a Pandemic Repair Plan, the Premier and Health Minister both acknowledged the toll that COVID had taken upon healthcare workers, as well as patients.

The Plan includes a commitment to a global recruitment drive and hiring up to 7,000 healthcare workers, including 5,000 nurses, as well as investing $1.5 billion in efforts to increase surgical activity beyond pre-pandemic levels.
“Our nurses, ambos, allied health professionals, doctors, and other healthcare workers have given so much to our state,” Health Minister Martin Foley said in an accompanying statement.

“They have been at the frontline of the coronavirus fight, and now we’re making sure they’re at the forefront of our Budget.”

The Victorian Healthcare Association (VHA) and the Victorian branch of the Australian Nursing and Midwifery Federation welcomed the workforce investment, but VHA cautioned that it would take time for these people to hit the ground and relieve pressure on health services.

Both VHA and community health organisation cohealth expressed disappointment in the lack of budget investment in community health services, and VHA stressed the urgent need for a national health workforce plan, warning “we have never experienced such an extreme shortage of qualified health workers in Australia”.

Focus on wellbeing

The need to focus on the wellbeing of the health workforce in all areas of the health system has prompted Safer Care Victoria to make this a major focus of this year’s Giant Steps conference.

Robyn Hudson, Chief Operating Office and Executive Director Engagement, of Safer Care Victoria, says there is a clear link between health workforce wellbeing and quality of care.

“We know that when our health workforce is supported and engaged there are fewer errors. That’s why it’s so important that our workforce is in the best shape possible,” she said.

“Giant Steps is an inspiring and rejuvenating experience – giving health professionals and executives an opportunity to reflect on the past couple of years, share their ideas and experiences with others from different areas of the health system and to start thinking about the future.”

It’s not only clinicians and health service executives who can get something out of Giant Steps.

This event is unusual among health conferences in its broad appeal to a wide range of audiences, including consumers, policy makers and the general community.

One reason for this is its diverse and accessible program, which features speakers from both the health sector and non-health industries.

This year’s program includes health leaders from Australia and overseas, including Dr Kedar Mate, President and Chief Executive Officer of the Institute for Healthcare Improvement, which for 30 years has been using improvement science to advance and sustain better outcomes in health and health care across the world. He will speak on the need for courage and trust in improving health system to meet future challenges. (And follow him on Twitter at @KedarMate).

(Read Dr Kedar Mate’s Twitter thread here.)
Keynotes

The program also features keynotes from leaders working outside of the health system, including broadcaster and mental health advocate Jessica Rowe, Australian of the Year Dylan Alcott, the founder of Secondbite, Simone Carson and musician, broadcaster and author, Clare Bowditch.

There’s a session involving speakers from a restaurant, primary school and one of Victoria’s leading galleries to discuss how these very different industries have responded to the challenges of COVID-19 and transformed the way they operate. Over lunch on Day 1 attendees can enjoy a talk on sustainability in healthcare from comedian and TV personality Craig Reucassel.

“We engage inspiring speakers who can broaden our horizons and give us a fresh perspective. Health can be a bit of a bubble sometimes but we have a lot to learn from other industries, which have faced similar safety and quality challenges,” Hudson says.

In addition to the keynote addresses, Giant Steps will feature breakout sessions and poster presentations highlighting success stories from around Australia.

A number of these focus on integrated care, including examples from initiatives developed in rural and regional health services in conjunction with Primary Health Networks. Hudson describes integrated care as a logical area to focus on when seeking to improve quality and safety but also stresses that achieving gains in this area can be tough.

“When selecting presentations, we intentionally chose case studies with demonstrated quality and safety outcomes. These are programs and strategies that everyone can learn from,” she says.

Highlights from breakout sessions

Mental health

- How to co-design and evaluate a community of practice, presented by the developers of Australia’s first online Community of Practice for child mental health.

- How to ensure quality and safety in digital mental health as the use of these services grows and how to overcome challenges in implementing accreditation and standards to ensure high-quality, safe care.

- The success of TelePROMPT an innovative and award winning initiative, co-designed with consumers, clinicians and system partners, in connecting on-scene paramedics with mental health clinicians.

- Peninsula Health’s experience in reducing restrictive interventions, including the framework that they utilise and outline some of their key processes.

Workforce wellbeing

- Practical ways to support a depleted healthcare workforce, drawing on models of positive psychology and evidence-based interventions.

- Sparking joy in Victorian healthcare workers – a panel conversation between experts and champions in the healthcare worker wellbeing field alongside teams participating in the wellbeing for healthcare workers initiative.
Indigenous health

• Reframing Aboriginal health as the key to our future of health – a panel discussion led by Nicole McCartney, Victoria’s inaugural chief Aboriginal Health Advisor, with Michael Graham and Pat Turner AM.

Equity

• How the Water Well Project is providing free, interactive and inclusive health education sessions to community groups from migrant, refugee and asylum seeker backgrounds, facilitated by volunteer healthcare professionals.

• Early results from a co-designed child and family pilot hub in Wyndham Vale to support wellbeing among people facing hardship and challenges.

• Championing positive change in support of transgender young people with physician Michelle Telfer and young trans person Elliott, who will share about his journey. Elliott’s parents, Uniting Church ministers, will join them later for a Q&A session.

• How Auburn Hospital, part of the Western Sydney Local Health District, reduces risk and breaks the cycle of disadvantage by placing customers at the centre of healthcare delivery.

Climate

• A discussion between Fiona Armstrong, Dr Forbes McGain and Craig Reucassell around climate change and its impact on the planet, the person, patients and PPE.

Rural and remote

• How a GP workforce development team responded to the learning needs caused by an unprecedented global pandemic through rapid learning networks.

• Using telehealth to improve rural medication safety, including presenting a model of care, medication safety improvements as well as barriers and enablers.

• How a rural mental health inpatient unit went smokefree – an exploration of enablers, barriers, and available resources to help consumers quit smoking while an inpatient.

Health service performance

• Strategies to facilitate major improvements in clinical governance, service delivery, community participation, employee engagement, data management and organisational performance, from community health organisation, DPV Health.

• How implementing value-based, patient-centred healthcare improved outcomes, with a specific focus on patient-reported measures at Dental Health Services Victoria.

• A workshop providing the essentials of collecting, visualising and learning from improvement data, including looking at data for research versus data for improvement.

There are also breakfast sessions on both days (free and open to all, including those not attending the rest of the conference) on a range of topics including: advance care planning, increasing access to services of disadvantaged groups, hospital without walls, reimagining the health workforce and shared decision making.
“Our experience shows that the key to improving quality and safety is strong working relationships between clinicians, consumers and health service managers. It’s this trifecta of leadership that can help address even the stickiest and most intractable problems,” Hudson explains.

“This is why Giant Steps has always focused on bringing these three key groups together and breaking down some of the barriers to improving quality and safety in the health system.

“What I hope people get from Giant Steps is the courage to implement change in their workplace to improve the safety of care. It doesn’t need to be big or grand but taking one step towards improvement will make a big difference in the long run,” she says.

Timely discussions

The conference discussions will be timely, with media reports regularly documenting an ongoing crisis in hospital emergency departments (EDs), an exodus of stressed and burned out healthcare workers, and how Australia’s health system is struggling to meet demand for both routine and emergency care.

Recent media reports have highlighted the alarming situation in Victorian EDs as doctors speak out about how this deteriorating situation is impacting patients, and the importance of looking after existing staff.

This crisis, which has long term implications for health systems, education and training, is the result of multiple factors, including a steep rise in demand (The Age recently reported that the number of people whose emergency department stays were longer than a day more than doubled between first quarter of 2021 to the same period this year).

More than 3,000 people have died from COVID in Victoria since the pandemic and, as the VHA noted in 2020, COVID arrived just as parts of the state were emerging from the worst bushfires in living memory.

However, the pandemic has also generated innovation and increased collaboration: for example, between health services, public and private, and into local communities through councils, community groups and businesses.

Croakey has also recently reported on the COVID Positive Pathway – a unique collaboration in Victoria aiming to provide holistic care for adults able to isolate at home, involving primary healthcare and hospitals.

Wider focus

These concerns are, of course, not unique to Australia and there are lessons we can learn from how other health systems are dealing (or not dealing) with these challenges.

Canadian emergency physician Dr Andrew Petrosoniak has tweeted about how the many ways in which COVID has impacted his work in Toronto.

“Every process that I encounter on a regular basis is harder to do now than pre-covid. By ALOT,” he tweeted.

Petrosoniak described how the pandemic has resulted in a staffing crisis as exhausted and burned out nurses, physicians and clinical support staff leave. This reduces the capacity of the health system, leading to long waiting lists and delays in treatment of up to 2.5 years.
When reduced capacity is combined with patients who are also tired, burned out, stressed and in pain Petrosoniak says he can understand why violence and verbal abuse of health care workers is increasing.

The need to support health workforce wellbeing is being recognised by organisations representing doctors and other health professionals.

For example, as part of its “wellness week”, the Australian College of Emergency Medicines (ACEM) is highlighting the importance of “wellness” at work in medicine and healthcare.

ACEM President, Dr Clare Skinner, has highlighted the importance of the ACEM Quality Standards in driving system improvement to improve clinician wellness and patient safety.
A number of these standards address workforce wellbeing, including Standard 2.5 which states that EDs should have a healthy workplace plan which encourages the pursuit of health and wellbeing of all staff members.

In a recent Twitter thread, Dr Cheryl Martin, an emergency physician from Tasmania, has argued that wellbeing is core business for healthcare organisations.

She describes the “Quadruple Aim” of health care organisations, which includes clinician and healthcare staff wellbeing alongside optimising patient experience, improving population health and reducing costs.

“This means clinician and staff wellbeing needs to be a consideration across all healthcare organisational decisions. Having a dedicated committee/task force and leadership role such as a CWO (chief wellness officer) driving this has been shown to add value,” she tweeted.

From Twitter

Safer Care Victoria @SaferCareVic - Apr 20
It’s known that high engagement leads to higher performance. How? At #GIANTSTEPS22, Sophie Gilmour and Don Tidbury from @DPVHealth will discuss strategies deployed to facilitate major improvements across their organisation. Don’t miss out! giantsteps.safercare.vic.gov.au

Safer Care Victoria @SaferCareVic - Apr 1
Hear how a child and family pilot hub in Wyndham Vale is supporting wellbeing among people facing hardship and challenges. Learn lessons in language, understanding, and co-designing services with people experiencing adversity. #GIANTSTEPS22 giantsteps.safercare.vic.gov.au

Kylie McIntosh @kyliem777 - Mar 23
Very exciting, huge fan & looking forward to hearing from @craigreucassel at #GIANTSTEPS22 ❤️

Safer Care Victoria @SaferCareVic - Mar 23
Time to hear from another of our keynote speakers for #GIANTSTEPS22. @craigreucassel will be discussing the terrific work that people on the ground in healthcare have done to reduce waste. But first, let’s learn more about him. bit.ly/36obn0R

You can track Croakey’s coverage of the Conference here.
You can track Croakey's coverage of the Conference [here](#).

Reflect, reimagine and revive. Putting a timely focus on health workforce wellbeing

#GiantSteps22

Published on Wednesday, May 11, 2022

Also follow [this Twitter list](#) of conference presenters and participants.
Giant Steps need to be taken to reduce the health sector’s carbon footprint

Introduction by Croakey: The appointment of Chris Bowen as the Minister for Climate Change and Energy makes him the first dedicated federal minister for climate change since 2013. This is just one measure of the immense task that lies ahead, even if the ‘climate wars’ have been put to rest.

Labor’s refusal to commit to the phasing out of domestic use of coal, oil and gas, or any restrictions on exports suggests that the health sector will need to continue its strong climate advocacy.

The health sector’s important role in addressing climate change was the subject of a panel discussion at the recent Giant Steps conference, hosted by Safer Care Victoria.
Jennifer Doggett writes:

When rising demand and supply chain issues caused a shortage of medical gowns in the early days of the COVID-19 pandemic, Dr Kirby White came up with an innovative solution.

The Bendigo-based GP called on her seamstress mother to run up some reusable gowns for use by Dr Kirby and her colleagues in her practice.

Since then, this project – **Gowns for Doctors** – has grown and now involves over 120 volunteers and three family-owned commercial textile companies who have sewn over 7,000 gowns provided free to GPs across the nation.

Dr White estimates that she has used 9,700 fewer gowns over the COVID-19 pandemic as a result and has also been able to support local dry cleaners, facing reduced demand for service during the lockdowns, who have been employed to wash the gowns for re-use.

This story – shared by Dr Forbes McGain – was just one example of the innovative ways in which health workers are taking grass roots action to reduce the carbon footprint of the health system.

McGain, an anaesthetist and intensive care physician at Western Health in Victoria, appeared on a panel with Fiona Armstrong, founder and Executive Director of Climate and Health Alliance (CAHA) and Craig Reucassell, writer, comedian and TV personality and the presenter of ABC TV’s War on Waste series.
Australia’s carbon footprint

The panel welcomed the commitment of the incoming Labor Government on climate action and shared their hope that this will prompt more action within the health sector to reduce its carbon footprint.

Reucassel said that for the past nine years we have had “a government that has put its foot on the brake” and said that he is hopeful that we can now accelerate the change that is required to reduce Australia’s “massive” carbon footprint.

“We benefitted from being a fossil fuel superpower but we will also benefit from a renewable superpower – we can be a prosperous nation in a climate friendly and environmentally friendly way,” he said.

Armstrong emphasised the significant contribution of the health system to Australia’s carbon footprint. She said that in Australia the health sector is responsible for seven percent of total emissions, which is higher than the global average of 4.5 percent.

“Healthcare is contributing to our climate footprint, through production of energy, electricity it uses, and in its supply chain. There is a lot of work to do to tackle this,” she said.

While she welcomed the commitment of Australian governments at all levels to achieving net zero emissions by 2050, Armstrong warned that the science indicates that we need to reach this target faster, and suggested a 75 percent reduction by 2030 and a net zero goal by 2035.

Armstrong advocated for a targeted strategy on emissions reduction in the health sector, saying that despite the fact that health system produces more emissions than the waste sector, there has not been a deliberate focus on how to reduce emissions in health care.

She also emphasised the importance of emissions reduction for health system sustainability.

“We know from COVID how much we need our health system – without it our society grinds to a halt. This issue is beyond urgent – the health system needs to reduce emissions while also preparing and responding to climate change,” she said.

Simple actions, big results

Grass roots actions from healthcare workers across the spectrum of the health system were identified by the panel as a major factor in driving change.

McGain emphasised the need for hospitals to be pro-active in looking for opportunities for waste reduction and gave a shout out to the nurses at Western Health whom he said were doing most of the hard work to reduce the carbon footprint in their hospitals.

“We can’t wait until someone tells us what to do,” he said.

McGain described how Western Health had made some simple changes, such as moving to reusable anaesthetic trays, which he said is saving them money as well as reducing their carbon footprint.
You can track Croakey’s coverage of the Conference here.

Giant Steps need to be taken to reduce the health sector’s carbon footprint #GiantSteps22

McGain outlined the importance of life cycle assessments in assessing the resource implications for reusable items. These assessments look at how products are used throughout the system, including washing, packing sterilising and the time taken to undertake these processes.

The assessment undertaken by Western Health on the life cycle of reusable anaesthetic trays found that even when labor costs were taken into account, the organisation saved around $5000 per operating theatre per annum – demonstrating that reducing carbon footprints can also deliver financial benefits.
A common ingredient

All the panel members stressed that “ground up” rather the “top down” approaches appear to be more successful in prompting changes within hospitals and health services.

Armstrong said that CAHA works with hundreds of hospitals and health services and the common ingredient she has observed in them is that there has been someone “scratching at the door” saying that something needs to be done to reduce the environmental and climate impact of their organisation.

“Stodgy leadership” was identified as a barrier to action by Reucassel who said that in his experience it’s often the nurses within hospitals who are the first to push for change.

The personal impact of working in an organisation with poor practices was highlighted by Armstrong who described how discouraging it was for people who are doing the right thing at home – such as recycling and reusing – to come to work and find that they have to throw things away unnecessarily.

“Where hospitals and health services are supporting action on climate, people feel proud and pleased to work there. They feel that their workplace supports their values and they are happy to go to work,” she said.

Audience participants questioned why grass roots action was necessary – rather than a more top-down policy response.

Armstrong suggested that this was due to a range of factors, including the hostile politics around climate change. She also suggested that a lack of expertise within the public services about on climate change was hindering the development of effective policies in this area.

Reucassel said that in his experience it is more normal that the community, local councils and businesses lead in this area and governments follow. “It’s very rare for governments to make changes that are controversial,” he said.

Role of consumers

In response to a question from the floor about the role of consumers, Reucassel said that in his experience consumers are less concerned about waste in hospitals compared to doctors and nurses but suggested that they could give feedback to management if they are concerned.

Armstrong stressed that it is not fair to rely on consumers in a vulnerable position receiving care to risk their position to advocate for action on climate. She suggested instead people should work with organisations such as Consumers Health Forum, who have been advocating for action on climate and health from a consumer perspective.

She also highlighted the need to address the regulatory and policy environment influencing hospital practices, such as centralised food purchasing which prevents individual hospitals from buying food from local farmers even if this would reduce waste and carbon footprint.

Another point made by the panel was the need for more public education on the impact of healthcare on climate change. Reucassel pointed out that most people are aware that flying has a high carbon footprint but would not realise that the footprint of the health sector is actually much higher.
Immediate actions

The panel advised attendees of immediate actions they could take to improve sustainability in their workplaces. These include:

- Educate yourself and others about the impact of the health sector on climate change
- Find out if there is a sustainability officer at your hospital or a sustainability working group
- Talk to colleagues – find others with a similar view
- Seek support from the management or executive – if that isn’t forthcoming write to the Board
- Join an organisation working in this area, such as CAHA or Doctors for the Environment
- Suggest to management that they join the healthy hospitals network
- Ask suppliers questions about their environmental practices – this will force them to look at it and think about whether that is an issue for their customers.

Challenges in communicating the impact of the health sector on climate change were also discussed.

Reucassell said that compared to waste – which people have direct experience of – climate change is a more difficult concept to understand. He suggested that progress was being made in this area but that ongoing efforts were needed to educate the community about this issue.

International developments

The panel also highlighted some recent international examples of action being taken to reduce the carbon footprint of healthcare.

Armstrong noted that the UK National Health Service – one of the largest employers in the world – has a plan to achieve net zero by 2040. Due to its massive supply chain, Armstrong said that the suppliers will have to adjust their practices and comply with the NHS’s demands, which could have significant flow-on effects to other markets.
Another positive development on the international stage was the recent commitment from the **G7 to carbon resilient healthcare**. Given that G7 members are responsible for around half of all carbon emissions in the world, this commitment could have a major impact on the health sector’s overall contribution to climate change.

Armstrong also described a recent effort in Birmingham to undertake the first **climate positive operation**. This included using reusable gowns and recycled equipment, the surgeons involved cycling or running to work rather than using their cars and planting three trees after the operation to offset the remaining carbon generated.
Lessons from the Aboriginal Community Controlled Health sector

Introduction by Croakey: The longevity and success of the Aboriginal Community Controlled Health sector has some valuable lessons for mainstream health services, according to a panel of Indigenous health experts at the recent Giant Steps conference, hosted by Safer Care Victoria.

Jennifer Doggett writes:

One of the success stories of Australia’s response to the COVID-19 pandemic has been the achievements of the Aboriginal Community Controlled Health sector in preventing the spread of infection among Indigenous communities.

At the recent Giant Steps Conference, this success was attributed by a panel of Indigenous health experts to a range of factors, including the history of this sector as a vehicle for the self-determination of Aboriginal and Torres Strait Islander people.

The panel was facilitated by Nicole McCartney, Victoria’s inaugural chief Aboriginal Health Advisor, and included Pat Turner AM, CEO of the National Aboriginal Community Controlled Health Organisation (NACCHO), Sheree Lowe, Executive Director, Social and Emotional Wellbeing Centre of Excellence at the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and Brad Brown, director of the Victorian Aboriginal Health Service.

Turner reminded participants that Aboriginal Community Controlled Health Organisations (ACCHOs) have been part of Australia’s health landscape since before the introduction of Medibank (the precursor to Medicare) in 1975.
She stressed the innovative model of primary healthcare developed by the ACCHOs and their focus on prevention and social justice, all later adopted by World Health Organization in its Declaration of Alma-Ata in 1978.

Brad Brown described ACCHOs as a “home away from home” and discussed how the community controlled model has deep roots in Aboriginal culture.

“Aboriginal people sit around a lot and talk and yarn. We talk about how to do things better, and what our current needs are. Local people talking about their local issues are part of our culture – we know that needs are different place to place and we know how to reframe what we do to meet local priorities. Community control is part of self-determination,” Brown said.

As well as providing comprehensive primary healthcare to Indigenous Australians, the panel discussed how the ACCHO model provides some important lessons for the rest of the health system about how to deliver inclusive, community controlled and integrated care.

Moving away from a deficit model

Promoting these benefits requires moving away from a deficit view of Indigenous health to strengths-based framing, an approach that was welcomed by the panel members.

However, Turner cautioned that no matter how well the Aboriginal community controlled sector performs, it cannot close the health gap unless the health funding gap is also addressed.

“We cannot keep saying that we are all working toward closing the gap when there is a $4.4 billion per year funding gap. This equates to around $5,000 less funding per Aboriginal person per year, compared to non-Indigenous Australians,” she said.

Referencing the keynote address by Dr Kedar Mate earlier at the event, Turner discussed the experience of doctors in the US (colleagues of Dr Mate’s) who had been threatened by White supremacists after they exposed racist and discriminatory treatment of People of Colour at their hospital.

She reminded participants of the evidence in Australia that Aboriginal people don’t get the same treatment as non-Aboriginal people and said that one focus of her work as lead convenor of the Coalition of Peaks is to make governments more accountable for their actions, policies and programs.

Turner also emphasised that the COVID-19 pandemic has shown how ACHHOs and Aboriginal and Torres Strait Islander communities can lead the way in effective health responses to health threats.
Lessons from the past

One key factor driving the successful COVID-19 response from the ACCHOs was the lessons learned from the 2018-19 syphilis outbreak in Queensland. Turner described how the sector applied these lessons in the early days of the pandemic, before vaccines were available.

They included the importance of early collaboration with government, government agencies and health sector allies in co-designing a response. This involved the ACCHO sector pro-actively engaging with the Commonwealth to develop a plan of action.

Given the high rates of comorbidity among Indigenous people, Turner said the sector was extremely concerned to protect their communities after seeing Native Americans experience the highest death rate from COVID-19 of any ethnic group in the US.

“We looked after our own and maintained services. Our contact tracing abilities are a strength as we know our people – if we need to contact them quickly we can,” she said.

The panel said that due to these efforts, not one Aboriginal or Torres Strait Islander person had died from COVID-19 prior to the arrival of the Delta variant in Australia.

Turner described this as “an astounding result” given the very different outcomes for Indigenous peoples in other countries.

McCarty stated that even after Delta strain, the Victorian Aboriginal community had experienced only nine COVID deaths, while also acknowledging that each one of these deaths was a tragedy.

This outcome is not reflected in outcomes for Aboriginal and Torres Strait Islander people nationally, according to recent research from OzSage which found that Aboriginal and Torres Strait Islander people are two-to-three times more likely to end up in ICU or to die from COVID than non-Aboriginal Australians of the same age.

Lowe discussed how the ACCHOs had drawn on the strength and resilience of Aboriginal communities to face other health challenges, including providing the Royal Commission into Victoria’s Mental Health System.

She also discussed the importance of ensuring policies are translated into effective action for Indigenous communities and described how services on the ground don’t always reflect the Victorian Government’s progressive policies, such as its commitment to community consultation and a treaty with Aboriginal Victorians.

Lowe also highlighted the importance of cultural safety throughout the health system and broader community.

“If you don’t have a sense of place or safety and you can’t bring your whole self when you access a job or services then there will continue to be a gap,” she said.

Lowe urged governments and funders to listen when communities articulate their needs and then to adapt their processes to meet the communities’ needs (instead of communities having to constantly adjust to the bureaucratic systems of government).

“Often our answers don’t fit into government funding and reporting box,” she said, “It’s hard to sit at a table in a genuine partnership with government when we hear stories of racism in the health system and we know that many of our people are not able to access culturally safe care.”
The importance of self-determination

McCartney invited the panel to reflect on the importance of self-determination for improving the health status of Indigenous Australians.

Turner emphasised that the ACCHO story was all about self-determination, given that the first ACCHO was established because the mainstream health system was not working for Aboriginal people in Sydney.

She also highlighted the key role of the ACCHO sector as an employer of Aboriginal and Torres Strait Islander people, providing another important vehicle for their self-determination.

ACCHOs now employ 7,000 staff, 54 percent of whom are Aboriginal and Torres Strait Islander people, making them the largest employer of Indigenous Australians after Coles and Woolworths.

The role of the Coalition of Peaks was also discussed and Turner explained how this body was formed due to the ongoing failure to close the health and life expectancy gap between Indigenous and non-Indigenous Australians.

She described how NACCHO organised a collective rejection of the Government’s processes, and asked governments at all levels to revisit the closing the gap goals and to work with the sector in partnership with the Coalition, which now represents over 70 organisations.

At a meeting with former Prime Minister Scott Morrison, Turner said the group received some acknowledgement that there were problems with the Federal Government’s response. She welcomed the support of all nine Australian governments, which have now committed to working in partnership with sector and signed an agreement for closing the gap, the first agreement of its kind.

The role of a treaty

McCartney asked the panel how the treaty process underway in Victoria would affect health outcomes in the state.

Lowe said she welcomed the treaty discussions and what she described as the “long overdue” conversations this involved in Victoria. However, she also emphasised the deep impacts of colonisation in Victoria and the trauma that sits within that, which she said will take more than just a treaty to repair.

“We should be culturally safe care everywhere when we think about clinicians trained in a certain way, when you try to introduce a cultural overlay it’s really hard as there is some critical knowledge missing. We need to have open discussions around our hidden histories and how that filters back to our ways of work. When we treat everyone the same we don’t meet the cultural needs of Aboriginal and Torres Strait Islander people,” she said.

While there is clearly a long way to go, Lowe also emphasised the progress that has been made by Indigenous people in Australia

“We need to remember that we weren’t even citizens until after 1967 – the movement of Aboriginal people has really progressed in the past 50 years and we should be proud of what we have been able to achieve. I also like to think my kids and grandkids will be able to have a different conversation in the future,” Lowe said.

Turner discussed the significance of the Uluru Statement from the Heart and the need for a “truth telling” process as part of the process of achieving an Indigenous Voice to Parliament.
“A truth telling process is a vital component of the reconciliation journey. The Bringing them Home report made some gains but reconciliation is still incomplete – we need a truth telling commission,” she said.

Turner also warned that achieving constitutional change in Australia is very difficult without bi-partisan support, reminding participants that the 1967 referendum was a success only because both major parties encouraged a yes vote.

**Improving services**

The panel left participants with some advice for how non-Indigenous health workers and services could change to improve the experience of Indigenous people in the health system and support their self-determination.

Brown said that it was important to recognise that many Indigenous people had a hard journey, in particular those from the Stolen Generations, and that services often had to work hard work to regain their trust.

He highlighted the importance of service providers recognising the impact of transgenerational trauma and listening to Indigenous communities.

Lowe asked non-Indigenous service providers to “lean in” to their allyship of Indigenous people.

“Everyone has a role and we need allies and friends to be on the same page. We are three percent of the population so we need the other 97 percent to support us,” she said.

Turner stressed the importance of cultural knowledge and cultural respect when engaging with Aboriginal and Torres Strait Islander people, reminding the audience that if they act in a racist way, they would not get any engagement.

She highlighted the need for more doctors to work in this sector and thanked healthcare workers attending the conference, acknowledging how much pressure the health system is under at the moment and how this impacts both consumers and health workers.

Turner also stated that there was a lot of work needing to be done by the Coalition of Peaks to improve service delivery to Indigenous people and identified four priority reforms: 1) shared decision making, 2) building and strengthening the ACCHO sector 3) transforming mainstream agencies to become culturally safe and respectful 4) sharing of data and information about Aboriginal and Torres Strait Islanders collected by government with Indigenous people.
From Twitter

Sheree Lowe is discussing the deep impact of colonisation and trauma on Indigenous people in Victoria - she says there are challenges in introducing a "cultural overlay" to traditional clinical practices. #GiantSteps22

Need to focus on outcomes, not activity, to improve indigenous health outcomes - Pat Turner #GiantSteps22 @SaferCareVic

4 priorities for reform to close the gap in health outcomes for aboriginal peoples. 1) shared decision making 2) invest to expand ACCHOs 3) promote cultural safety in gov services 4) data for shared decision making. Pat Turner is incredible @SaferCareVic #GiantSteps22

Published on Monday, June 13, 2022
Lessons from the Aboriginal Community Controlled Health sector

You can track Croakey’s coverage of the Conference here.

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Lessons from the Aboriginal Community Controlled Health sector #GiantSteps22

Croakey
“Conference News Service”
A young person’s perspective on community matters

Introduction by Croakey: Showcasing an example of co-design and empowerment in practice, VicHealth’s CEO Dr Sandro Demaio shared the stage with Future Healthy champion Zahra Sufeeya at the Giant Steps conference.

Demaio began their discussion by saying “health promotion is not about doing things ‘to’ people, but ‘with’ people” and then invited Sufeeya to discuss experiences of young Victorians during the previous two years in the pandemic.

Below, Sufeeya, a media student, elaborates on her experiences, the value of connecting with other young people and discusses her role as a VicHealth Future Healthy champion.

Zahra Sufeeya writes:

I’m proud to be a Future Healthy champion. It’s a chance for me to share my story and experiences across the community.

VicHealth’s Future Healthy program listens to – and works with – people who come up against more barriers to good health.

As a young Muslim girl, I want young people to know that their background, race, religion or gender should be represented, and their voice matters. I want them to know they are not alone, no matter where they are or what situation they are in.
I was super excited to move to Melbourne, Australia, six years ago when I was 15, but didn’t understand how big this change would be.

I found the art room at school to be a comfort zone where I could express myself and create meaningful relationships. This provided inspiration later in life to pursue media studies at university.

Last month, I joined VicHealth CEO Dr Sandro Demaio at the Safer Care Victoria’s Giant Steps conference.

Together we discussed what the past two years have taught us and broke down the benefits from putting young people in the driver’s seat.

Pandemic lessons learnt

The chaos of the last few years taught me that navigating a lot of changes on my own isn’t an isolated experience. While shifting from childhood to adulthood is terrifyingly messy and confusing, it’s all just a part of growing up!

The one thing that gave me comfort over this period was connecting with other young people. Especially those who migrated to Australia like I did a few years ago, those who often felt lost without much support.

I now realise just how powerful it is to exchange experiences and share beliefs with those around you.

I saw the power in reminding each other about our passions and hanging on to that desire to make a difference. Doing this meant we could overcome a lot, from disconnection and isolation to unstable environments. All the things the pandemic threw at us!

Encouraging other young people to get involved in conversations and engaging in these very discussions has shown me just how important and fulfilling communities can be.
Creating a healthier future for young people

There is no reason why we can’t apply these learnings in our community. I want to see more of a focus on community-based programs and initiatives – ones that work together with young people and their passions.

Why? Because it sends a message that every person living in their community is valued and heard. When governments and organisations sit down with young community members, we are given the chance to actually understand what they want and learn what resources or support they need.

That’s actually why I applied to be a Future Healthy Community Champion! Being a youth activist myself, I found Future Healthy’s vision aligns with my ambitions.

I couldn’t be happier being a part of diverse team of 13 other Community Champions across the state who are all united to ensure no young person is denied a future that is healthy.

To me, the Future Healthy vision is a declaration that every young person growing up is able to navigate their life in a safe and conducive environment. It’s about having the right resources and support to pursue their passions. It’s about making environments and experiences accessible for all.

Future Healthy is working with organisations right across Victoria to make a difference in local communities. And young people are involved at every step of the way, co-designing health promotion initiatives, speaking publicly (like I did at Giant Steps), and sharing their ideas for creating a healthier future.

It is investing in grassroots community organisations – like your local community garden, arts or sports club. This could be in a geographic area or for groups of people with similar challenges around being connected, active, or accessing food that’s good for you and the planet.
What can we do to achieve this vision together?

1. Allow young people to be a part of the conversation. Remember, young people are not ignorant of the issues and crises that plague our society worldwide. Every young person, given the chance, would stand up for what they believe in and be part of the solution. By having open conversations with young people, we can build from this substantial scope of experiences and knowledge of what the community needs. We can tell you what moral ethics should be reflected. What concerning issues need to be addressed.

2. Prioritise efforts that enrich the mind, body and soul. My friends and I agree that these programs work well in preventing a cycle that feeds into a negative overall wellbeing. Self-improvement, growth and discovery is the way to go!

About the author

Zahra Sufeeya is a young student navigating through her transitional period into adulthood. Pursuing her interests in media and advocacy, Zahra intends to use her talents to advocate on matters that are important to her such as mental health, climate crisis and health.

Watch Zahra’s Future Healthy Community Champion video.
Sharing diverse stories of courage, purpose, vulnerability and authenticity

Courage, family support and the ability to silence inner critics can help turn adversity into positive change, according to leaders from health and other sectors speaking at the Giant Steps 2022 conference hosted by Safer Care Victoria.

Croakey editor Jennifer Doggett provides a wide-ranging #LongRead for the Croakey Conference News Service.

Jennifer Doggett writes:

When Dylan Alcott was a child he and his older brother Zack would fight for control over the TV remote at their family home in suburban Melbourne.

Zack worked out he could put the family’s TV remote on top of the fridge when he went to the bathroom so that Alcott couldn’t change the channel while his brother was out of the room.

From the outside this may have looked like exploitation of Alcott’s disability; however, Alcott now describes this incident as one of the reasons behind his future success.
The Paralympian and Australian of the Year told the Giant Steps 22 audience that the authenticity of his brother’s attitude towards him made him realise that he could show up in the world on an equal footing to people without disabilities.

This gave him the courage and self-esteem needed to overcome feelings of inadequacy during his teenage years.

Alcott was one of a number of speakers at the conference who demonstrated the transformational power of storytelling and the value of learning from other people’s experiences and perspectives. These speakers shared how they were able to draw strength from adversity, as long as they acknowledged the difficult and traumatic experiences and were given appropriate help and support.

Purpose and drive

In her keynote address, the founder of the Auburn Giants Football Club, Amna Karra-Hassan, described how her career achievements were motivated by growing up at a time when many Muslims experienced discrimination and exclusion. Early experiences at school, of being asked where she was from, gave her a purpose in life.

“I wanted to be the person who does something about the things I care about, like how people decided who I was before I even opened my mouth. Being angry about that fuelled my drive to succeed,” Karra-Hassan said.

Karra-Hassan has used her role to promote issues such as the mental health of women and girls, including creating a “Kick away the Blues” video to promote the benefits of talking about mental health and seeking help.
She urged attendees to embrace the difficulties they encounter in their lives as “discomfort is the elixir for mediocrity.”

“Get in the belly of the beast, otherwise things won’t change,” she said.

Karra-Hassan advised those wanting to shift the narrative to be clear on their aspirations and goals and to find like-minded people and work with them. She highlighted the importance of leaders making decisions that align with their values and of both being accountable and seeking accountability.

She also acknowledged the need for leaders to look after themselves, particularly given that there are always challenges.

She said that this can look different for everyone but for her, therapy has played an important role.

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**Strength and confidence**

Alcott described how overcoming the challenges of having a disability gave him the strength and confidence to pursue professional and personal goals, such as competing at Paralympic Games in both wheelchair basketball and tennis.

He said the hardest thing to get over was people’s low expectations of the capabilities of people with disabilities.

Realising that he did not have to define himself by other people’s perceptions of him gave him the confidence to take on new challenges in his social and professional life.

“Be bold – if you put yourself out there, good things will happen,” he said.

Along with his advocacy in the media, Alcott has used his profile to set up the Dylan Alcott Foundation with the core purpose of helping young Australians with disabilities gain self-esteem and respect through sport and study.

He has also created the “Ability Fest” event – an inclusive festival with added accessibility (such as elevated platforms, Auslan interpreters, a chill zone and guide dogs) to raise funds for the Foundation.
You can track Croakey’s coverage of the Conference [here](#).

Sharing diverse stories of courage, purpose, vulnerability and authenticity #GiantSteps22

The compounding impact of multiple unexpected and traumatic events on young people in Victoria was discussed by youth advocate, Zahra Sufeeya, who presented jointly with Dr Sandro Demaio, CEO of VicHealth.

Sufeeya shared how this string of events, which included bushfires, a pandemic, an earthquake and racially fuelled violence, have impacted her mental health and shaken her sense of a safe environment.

After talking to other young people in her community she realised that she was not alone in her experiences and then felt less isolated.

Sufeeya described how pausing and enjoying the little moments has helped her get through the past two years.

She also highlighted how she had used her experiences to inform her work as a youth advocate, connecting young people with the support of VicHealth in order to improve the health and wellbeing of young people in Victoria.

**The importance of families**

The importance of families, as a source of support, encouragement and a key component of resilience in later life, was highlighted by speakers who shared their diverse experiences of tragedy and trauma as children.

Musician, broadcaster, and author Clare Bowditch described how her parents taught her about hope and how their faith provided comfort after the death of her sister from a rare form of Multiple Sclerosis.

Bowditch said this taught her that “this isn’t all there is, there’s more”, helping her overcome challenges with mental health and eating disorders as a teenager and adult.
In his keynote address, Alcott, athlete, philanthropist, entrepreneur and 2022 Australian of the Year, discussed how support from his family got him through his difficult early years, involving long stays in hospital and multiple painful operations.

Family support was literally life-saving for another speaker, 18-year-old Elliot Nicholas, a transgender youth from Geelong.

Nicholas described how he struggled with his mental health at a school with a dominant heteronormative culture, and living without any contact with other transgender people.

At one point, Nicholas was so depressed that he thought he wouldn’t make it to his 17th birthday but support from his family and his parents’ acceptance of his identity enabled him to access the care that he needed.

Nicholas highlighted how his struggles to acknowledge his gender identity have motivated him to create safer and better educated environments for the LGBTQI+ community, including being involved in local school programs, Geelong’s local LGBTQI+ group GASP and in his role as Junior Mayor.

Half the room moved to tears by Elliot Nicholas as he tells us he didn’t think he would live to see his 17th birthday. Disgraceful that adults with power in our society make transgender children & young people feel worthless. #GiantSteps22 @SaferCareVic
Dr Michelle Telfer, a paediatrician and adolescent medicine physician who specialises in providing gender-affirming care to transgender young people, emphasised how important family is for the mental health of transgender children.

“Having a supportive family is the primary influence over the prognosis for transgender kids. For those who don’t have a supportive family, or where the parents disagree on the need to acknowledge and support their child’s gender identity, the outcomes are quite poor,” Telfer said.

Nicholas explained the high risk of harm faced by transgender young people, including research showing that around 80 percent of trans kids under 25 have self-harmed and almost half have attempted suicide.

“Trans kids are 15 times more likely to self-harm than the general population,” Nicholas said.

**Seeking help and inner critics**

Speakers also discussed the importance of seeking help to deal with both external and internal criticism.

Bowditch recounted her experience with anxiety, fuelled by multiple traumas, including the death of her sister and the stigma associated with not having a body shape that met “acceptable” standards for that time.

One practical tool Bowditch found useful was the book ‘Complete Self-Help for Your Nerves’ by Dr Clare Weekes whose message “to be kind to yourself, be hopeful and keep things simple” was exactly what Bowditch needed to hear.

She also discussed her strategy of giving her anxiety a name – in her case “Frank” – which allowed her to tell “Frank” where to go when required (also acknowledging that this is not a long-term solution).

Bowditch had some suggestions for participants wanting to tame their inner critic, reassuring them that it can be done, although she stressed that this doesn't happen overnight.

These included identifying and naming self-doubts as well as finding light-hearted ways to tell an inner critic to go away. She also discussed finding an “inner champion” or listening to an uplifting song – Bowditch has a playlist that she has put together for this purpose.

Telfer discussed her experience as a target of a Murdoch media campaign against the gender-affirming health care she provided at her Royal Children’s Hospital clinic.

The hate campaign experienced by Telfer came on top of the challenges she was already facing during the pandemic as the clinical and research programs she managed expanded to meet rising demand for trans-medicine in children and adolescents.

Telfer outlined the key messages from the 45 articles written about her during this period which questioned her credibility, honestly and expertise, and failed to mention that she was an internationally recognised expert on transgender medicine with significant academic and research experience.

She said that she believed that the campaign was run to create fear and anxiety and exacerbate prejudice and stigma experienced by transgender youth.

This undermined the trust that patients and families of the clinic had in their doctors and also deterred people from seeking care.
Adding to the distress experienced by her, her family, her team and the Royal Children’s Hospital management was the knowledge that this was impacting transgender youth and families as it questioned their right to live as transgender.

While ultimately Telfer was vindicated when the Australian Press Council found that The Australian had breached three of its guiding principles in their reporting on this issue, her mental health suffered from receiving hate mail, social media trolling, abusive phone calls and harassment.

She encouraged conference attendees to pay more attention to their own wellbeing in situations of professional and personal pressure rejecting the adage that “what doesn’t kill you makes you stronger.”

“Actually, whatever doesn’t kill you gives you trauma symptoms,” Telfer said.

Outside of her professional role as a doctor, Telfer has promoted the need for greater media diversity, including providing a submission to the recent Senate Inquiry into Media Diversity.

The conference also heard about the risks that leaders can take when challenging the status quo.

Dr Kedar Mate, President and CEO of the Institute for Healthcare Improvement, discussed the experiences of colleagues in the US who identified racial inequities in access to specialised inpatient heart failure care at a medical centre.

When they developed a program to ensure that Black and Latino patients received the same standard of care as the white population, the doctors were targeted by White Supremacists who threatened them and the hospital.

Mate stressed the need for more support for healthcare workers to speak out where they see injustice and inequity, particularly given the differential impact of the pandemic on people already disadvantaged.
“Over the past few years we have heard many stories of courage from healthcare workers—we need that and more for what lies ahead,” he said.

Small actions – big impacts

Along with examples of major accomplishments, including paralympic medals, national awards and best-selling books, speakers at Giant Steps also shared stories of how small actions at an individual level can have a big impact.

Mate told the story of an NRMA staff member sitting with a woman having a panic attack in her car after driving past the site where her son had been killed.

The woman had called the NRMA rather than a mental health service or professional because, in her words, “I knew they would come.”

This was described by Mate as the essence of trust “It’s giving someone exactly that they need when they needed it,” he said.

Nicholas discussed the isolation he experienced growing up as transgender without being aware of what this meant and not knowing anyone else who was transgender.

Along with his supportive family, Nicholas mentioned the crucial role played by his school principal, who (despite being “an old guy”, according to Nicholas) listened to Nicholas and his parents when they reached out for help.

His support and acknowledgement that he needed to do more at the school to support LGBTQI+ students made a big difference to Nicholas’s ability to feel confident in his gender identity and seek the support and treatment he needed.

The conference also heard examples of how individual decisions made by people at all stages of the health system can have long lasting and wide reaching ramifications.

Nicholas’s mother also mentioned how important it was that the GP they initially saw understood and was affirming of transgender issues. This positive experience of healthcare allowed them to trust that health professionals would provide them with safe and high-quality care and paved the way for them to access the clinic at the Royal Children’s Hospital.
Telfer also mentioned the decision made by then Minister for Health, Greg Hunt, to resist pressure from the Murdoch media for an inquiry into gender-affirming care and instead to ask the Royal Australasian College of Physicians to assess whether an inquiry was necessary.

They concluded that it wasn’t and recommended that this evidence-based model of care was made available to more young people in Australia.

This decision avoided what could have been a traumatic and damaging process for transgender Australians and professionals working in this area, forcing them to defend their rights to gender-affirming care.

The millions of individual decisions made by voters in the last federal election to reject the politicisation of transgender issues was also acknowledged by Telfer who welcomed the outcome, saying that it showed Australians want “kindness and inclusivity”.

**Learning from other industries**

Health is not the only area that has had to pivot and adapt to the changing pandemic environment; conference delegates had the opportunity to learn from the experiences of leaders in other sectors, including the arts, hospitality and education.

A panel session on Day One brought together a restaurant owner, primary school principal and senior manager from one of Victoria’s leading galleries to discuss how they managed the internal and external challenges of steering their organisations through the pandemic.

Henry Grossek, Principal of Berwick Lodge Primary School in Melbourne’s south-eastern suburbs, drew on his 50 years of experience in the Victorian public education sector to support both staff and students during Melbourne’s extended lockdowns.

He described how the lockdowns exacerbated existing inequalities among students, particularly those who could not access health and educational assessments needed to obtain support for their learning needs.

A major focus for Grossek was to keep staff morale up and to celebrate successes as a team and as a broader school community.

He also acknowledged the need to do more to support the vulnerable kids in the community who have fallen further behind as a result of the pandemic.

Restauranteur Guy Grossi described how disheartening it was for him to have to tell his staff that they had to stay home when the lockdown started.

He described this as “worse than the financial aspect” given the passion his staff had for creating high quality dining experiences for their customers.

Grossi made efforts to keep in touch with his staff, eventually starting “Grossi a Casa”, a home delivery service for their food, which brought the team back together and provided both financial support and professional satisfaction for his workers.

Particular efforts were made by Grossi to keep immigrant workers employed as, unlike his Australian employees, they didn’t have access to the Job Keeper subsidy.

One lesson Grossi had for the health sector is to prioritise work life balance in order to maintain mental wellbeing and maximise performance.
“We would rather have more people with less work so people can give their best. The human side of work life balance is more important than ever before,” he said.

At the National Gallery of Victoria, Michele Stockley’s job is to expose the gallery to new audiences and enable visitors of all backgrounds and experience to find meaningful connections with art and design.

Over the last two years this has included overseeing a rapid transition to online delivery of programs and finding new, creative ways to connect with the community during extended closures to ensure the gallery can continue to contribute to the cultural, educational and social wellbeing of the community.

Stockley’s message for health organisations struggling in the current environment was to focus on their strengths. For the gallery this was their high-quality content which they were able to provide digitally in order maintain their engagement with the community.

"Courage to change"

The need for courage to address systemic system failures was highlighted by Mate, who began his keynote address by reading out the names of the children and teachers killed in the school shooting in Uvalde, Texas on 24 May.

He acknowledged the anger and frustration felt by many about the failure of authorities to respond to calls for change, in this and other areas of public policy with harmful and unjust impacts.

“Taking action is restorative,” Mate said when urging attendees to keep striving for change, “If there’s something you can’t conscience, there’s healing in taking action.”

Mate called on healthcare workers to “seek out moments of contradiction and call them as we see them and face them in relationships grounded in trust and courage” as he argued for systemic change across the health sector.

“The goal should not just be to fix pot-holes but to pave a new road,” he said.
He emphasised the need to overcome the inertia of entrenched institutions and systems in healthcare, arguing that “The first law of improvement is that every system is perfectly designed to get the results it gets.”

Mate called on healthcare workers to commit to calling out injustices and inequities in the health system: “Do not walk by – unless we stand up for that, the system won’t change,” he said.

**Listening to the community**

The importance of community partnerships was stressed in the joint presentation by Demaio and Sufeeya, who discussed VicHealth’s response to the pandemic and its approach to health promotion (doing things ‘to’ people, rather than ‘with’ people).

Demaio outlined three critical tracks of work that VicHealth identified during early on in pandemic:

1. Business as usual – keeping staff and programs stable as much as possibly could
2. Supporting government in its pandemic response as part of the public sector
3. Organisational reform and change – in order to meet the rapidly evolving situation and responding to people’s needs and demands for healthcare.

As part of this process, VicHealth identified a need to address the health of young people and went out to the community to find out what young Victorians wanted money spent on. They nominated:

1. Flexible, non-competitive options to be active
2. Improved access to fresh and healthy food/food security
3. Opportunities for social connection to improve mental health.

This led to development of the “Future Healthy” program, and the “The Big Connect” project, a $5 million initiative which aims to create 100,000 new social connections.
Sufeeya discussed the co-design of this project that provided empowerment and inclusion for young people and allowed them to have their experiences and views heard.

She added that it is great to have support of organisations like VicHealth enabling co-design.

“We need to have young people involved in creating a healthier future for young people. There is a beauty in having different experiences – it gives us a wider body of knowledge,” she said.
You can track Croakey’s coverage of the Conference [here](https://bit.ly/3URBQs3).

Elliot’s story highlights the importance of supportive healthcare in transgender medicine

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**Introduction by Croakey:** Family support, courage, purpose and authenticity were strong messages presented at the Giant Steps 2022 conference hosted by [Safer Care Victoria](https://safercare.org.au/).

One presenter was Elliot Nicholas, a young transgender male who *spoke* about life-saving support from his family and his experience with gender dysphoria and struggles with his mental health.

Based on that presentation, Nicholas writes below about his experience with gender transition and why he is so “enthusiastic about raising awareness and advocating for transgender rights”.

“I want to share how important it is that young people everywhere who are born this way, are not born ‘mistakes’ or born ‘wrong’,” he writes.
Elliot Nicholas writes:

For those who didn’t attend the Giant Steps Conference, hello, my name is Elliot Nicholas. I was 18 at the time of the conference but have turned 19 since then.

Something else that is arguably as important is: why was I there?

I could give you the short and simple answer, I am a young transgender male who – with the help of the Royal Children’s Hospital’s Gender Clinic – successfully began my transition on gender affirming hormone treatment.

I was personally invited to speak about the future progressions of diagnosing and helping gender diverse youth across Victoria and hopefully, Australia, but hey – I won’t get too ambitious just yet.

But I’m not here to give you that short and easy answer, I’m here to tell you why I’m here and how I came to be here. To get to know me a little more so this article doesn’t feel so copy-and-pasted, I’m 19 and currently work as a part-time peer mentor to help people with disabilities enjoy their independence.

I have a beautiful four year old beagle named Winchester, I can play seven different musical instruments, my favourite colour is red, my Myers-Briggs personality is INFJ (introversion, intuitive, feeling, judging) and my zodiac sign is Cancer.

So now that you know a little more about me, let me move on to how I came to be so enthusiastic about raising awareness and advocating for transgender rights.

I have always had a feeling of gender dysphoria in the back of my mind when I was a child, it never occurred to me how important it was until I started noticing this fun little aspect of society known as “gender stereotypes”.

I was young – around seven or eight as a rough estimate – when I still had that androgynous figure and you really wouldn’t have been able to tell if I actually was a girl or a boy. It became more known to me that I was “different” from others when my wonderful life cycle hit puberty.

My mental health started to plummet. I felt stuck and unable to change. As if there was no other way than to just move on and hope it went away.

Life update: it doesn’t. I’m not the only one and I never have been the only one, which is why I said yes to speak about this to all of you.

I want to share how important it is that young people everywhere who are born this way, are not born “mistakes” or born “wrong”. And that in some cases – as upsetting as it is to hear – it can mean the difference between life and death for most young people who identify as gender diverse. I know it did for me.

Family support

Having said that, my story is very much unique. I am a middle child of five and my parents are both Christian ministers of the Uniting Church. My most common response when acquaintances hear that statement is “oh really, how did they take your transition?” or “That must have been really hard for you.”
But in actual fact, the church and congregation are very different to what you would expect the stereotypical “Christian” to be, especially with the horrible news of Roe v Wade being overturned. It is a whole can of worms that involves the very old fashioned saying “don’t judge a book by its cover.”

I couldn’t have asked for a better family, or friends, or school for that fact. Of course, it had its ups and downs but that is life and it eventually comes to pass as most things do. So when I did eventually come out to my family, I was well received and proceeded to come out to my school.

Fast forward a few years later and I had made it to my last year, I became school captain and graduated as valedictorian of my year level with academic achievements in music and history.

But more importantly, I had successfully started my transition with gender affirming hormones.

My insight into the personal life of a young transgender male became an important part of my desire to want to show others the meaning and importance of an educated and supportive medical system.

Transgender medicine has come a long way – treatments have improved and surgeries that were once considered impossible are now possible.

However, regardless of this evolution in medicine, some areas of the medical system are still sadly lacking understanding and empathy towards people experiencing gender dysphoria. Sadly this can cause people to dread health professionals as they can cause emotional distress over something so delicate and uneducated as transgenderism and transsexuality.

I wish I could go into more depth about my life and the events that led me to be the person I am today.

But if you would like to see my work in other places, I was involved in an ABC television Australian Story program, in two different conferences and I will be speaking at a teaching event for medical staff improvements.

Life goes on and I will continue to go onwards and upwards.

But I hope you enjoyed reading this story, as there are many others just like me.