

TRANSCRIPT

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

Inquiry into perinatal services

Melbourne — 5 February 2018

Members

Mr Paul Edbrooke — Chair

Ms Cindy McLeish — Deputy Chair

Ms Roma Britnell

Dr Rachel Carling-Jenkins

Ms Chris Couzens

Ms Maree Edwards

Mr Bernie Finn

Witnesses

Ms Andreza Rodriguez, and

Ms Helen Parker, director, The Babes Project.

The CHAIR — I welcome to these hearings Ms Helen Parker, managing director of The Babes Project, and Ms Andreza Rodriguez.

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That is the formalities out of the way. Welcome, Helen. Welcome, Andreza. We have been looking forward to having you come in and make a contribution.

Ms McLEISH — You’ve scared her.

The CHAIR — Have I? Sorry. I think this is the first inquiry to ever have babies recorded by Hansard too, so it is quite unique. We might start by asking you to give us a presentation of what The Babes Projects is all about, and some firsthand experience as well, and then we might ask you some questions if that is okay.

Ms PARKER — Yes, sounds good. I thought we would start with Andreza as she will need to leave. We have just asked Andreza to share a little bit about why she thinks it is important for women to be supported and what she and her peers at The Babes Project find beneficial.

The CHAIR — There are plenty of people here who will offer to hold Bubs if you want.

Mr FINN — If I was facing a panel of politicians, I would feel the same way.

The CHAIR — Please share with us.

Ms RODRIGUEZ — My experience with The Babes Project has been amazing so far. They are all about supporting pregnant women and babies — crying babies — until they are up to one year. In this project you have the chance to meet all the other mothers and babies. We have not only material support but also emotional support. We come from very different backgrounds. In my case, as you can see I am not from here so I do not have any family here, so when I found out that I was pregnant the first thing I did is google ‘Support pregnant women’ and found them.

We have a lot of other women with different problems — miscarriage problems, depression problems — so when they say that it takes a village to raise a child, I think that is true in terms of when you are pregnant as well. To birth a child it takes a village as well because if women do not feel supported and they do not have the mental health and do not feel that they have someone to count on, then I think things get pretty complicated from there. It has been amazing so far. They are a bunch of great women. They mix midwives and mothers, which I think is very interesting because not every midwife is a mother, so you get both sides of the coin. They come up with workshops, with information. Just knowing that they are there and they would be my first call if I ever needed to is a really big thing for me.

The CHAIR — Fantastic. It sounds very positive. Who do we have here?

Ms RODRIGUEZ — This is Bella. They empower women as well. I think it is a crucial moment in a woman’s life when you are pregnant — the fear of the unknown and all of that. You feel that you have a mission, that you have enough info that you can make decisions for yourself. The help is there, but at the end of the day you get to experience the so many powerful women that you actually feel inspired yourself.

The CHAIR — Thank you for coming in. Your contribution today was fantastic.

Ms RODRIGUEZ — You are welcome.

The CHAIR — I can see through Helen’s face the pride in the mums who have been through the program, and she was trying to grab your baby too. All right, Helen, tell us more.

Video shown.

Ms PARKER — Thanks. I actually have a few more women. They are just some of the women that we recorded last week at the Croydon centre. Thank you for having me. We are really passionate about perinatal support in this state. The Babes Project started, I guess, from my own story. I have my daughter here with me today, and she has just turned 18, so my story is old but it is one that I feel plays a really big part in why we exist. I was in my third year of studying architecture when I found out I was pregnant. I was alone and I was scared, and I could not find many avenues for good holistic support. Some may dispute it, but I thought I was quite intelligent and just needed a little bit of an extra hand and I did not feel like I fitted some of the services available. I also could not access some of the services available. So we decided to begin this journey that was driven by a passion to fill a gap. So The Babes Project identified a gap in perinatal services and has been really passionate about working with healthcare services to come together and fill that gap.

As Andreza said, we are very passionate about empowerment and we think this is one of the keys to good perinatal health. We really do believe that when you empower a woman, instead of rescuing her, which is what we do really well in society — there is a problem, we rescue, but we are not giving them the tools to solve this long term — so we are about empowerment.

The Babes Project was founded in 2009. We did a lot of research for a few years and then we opened in 2012. We are in Croydon and we are also in Frankston. The Croydon centre opened not just because it was where we lived but because that was a central area where we were seeing a lot of need, so Box Hill Hospital, for example, were a key interest for us at the beginning. Then we started to see that the women of Frankston were really high needs, and we started a pilot program there. The Babes Project runs a full perinatal support service, so we work from any time that a woman is referred to us, preferably in the antenatal stage but we work with her right until her baby is one. She can graduate early. We call that ‘flying the nest’, and that is really positive. If she is comfortable, she can do that. These figures that I am showing you today are what we have from the last financial year, so the 2016–17 financial year. This was the first year that Frankston was open, so we were growing on a pretty big, steep growth curve.

We do also really honour and work with existing healthcare services, and we do not feel that our service is worth anything without connecting with good health services. One of the key areas for us is helping women do that. Now, I did some work with Box Hill Hospital many years ago, and they were very clear with me that the reason something like this could work is engagement, because they have restrictions around how they engage women and keep them engaged, especially when they are in crisis. So that is one of our key areas that we focus on.

In 2016–17 you can see there are two numbers there — 194 is the women that we worked with. They might be a range of things. They might be rural, they might be interstate, they might just need a little bit of a point in the right direction. They all get pregnancy packs sent to them. Then we worked with 107 in the full perinatal program. We have had 64 women at Croydon and 43 at Frankston. We are already pushing that, so at any one time we work with 60 to 70 women at once across the two.

One of the really interesting things for us is our referrals. It has really blown us away. What we are seeing is something that the hospitals really love. We talk with the hospitals. We do not just receive referrals; we communicate with them quite strongly, and that is probably one of our strengths as well. As you would have heard so much in this inquiry, the hospitals have limitations, so we want to find out what these limitations are and work with them. There is no point us doing exactly what other people are doing. It is about how to work together for the benefit of the women and children. You can see in that stat there that we are getting 42 per cent from hospital referrals plus 12 per cent from other organisations, and maternal and child health is at the top. That number has already increased since that financial year, but actually what we are seeing in Frankston is about a 60 per cent referral rate from Frankston Hospital, including Healthy Mothers, Healthy Babies.

Healthy Mothers, Healthy Babies and us are similar in some ways and different in others, and we work in quite a lot of communication. Where they have a full case load they are able to refer to us, and they do that quite heavily, especially in Frankston where we communicate with them quite regularly — that would be weekly. And the other big referrers for us are the Angliss Hospital obviously near Croydon and Box Hill as well. We do also get referrals from some of the level 5 hospitals.

What is also interesting, and we actually did some research around this recently about the capacity of local hospitals, is most of our referrals are for labour education — antenatal and labour education — but because the hospitals are full or they are cost prohibitive and the women are just not able to access them. When we started

looking at why we were getting all these hospital referrals it was because they do not have access to more antenatal education and labour education. We do function with midwives, we have a social worker — it depends on the centre; they are all different — nurses, and we do deliver an antenatal and labour education program because what we started to see when we were birthing with some women in hospital was they had been given information but they had not retained information.

What we do is we hear what the hospitals are doing and try to stay updated with that, and then we have her into a safe environment where she is able to ask questions, she is able to relax, and then we repeat that information. We redeliver that information, we take a lot of content out that we do not feel is crucial just so that she is getting the absolute necessary information.

Some of the challenges that we see — and I think these are really a lot of challenges with vulnerable women in the hospitals as well. This is what we are seeing at The Babes Project, so you can see 71 per cent are reporting a mental health history on intake, so that is already a concern for us and that is a key factor to us needing to be involved. Social isolation is another big one, and you can see some of the stats there. Drug and alcohol history is a big one for our Frankston area, and we work with the hospitals and other organisations to refer to appropriate supportive services. Sometimes we are sort of the onestop shop where women come and then we help facilitate the other services, and that has been really important for her as well.

One of the pieces of The Babes Project that we are really seeing good outcomes in is our complexity. When women come to us they are assessed by our triage people and they are assessed as being red, orange or green, and there is more information about this in your paperwork. So a high — or red — complexity level is often someone who is experiencing significant domestic violence, drug or alcohol addiction, homelessness, or being at risk of prostitution. She needs more hours with support workers, extra communication, so we only really work with her with some of our more qualified team. The orange are people who are in between the red and green, so they may have a couple of risk factors and again will need some extra time with our midwives or social worker, and then green is potentially she is doing okay but may need some social support, is at risk of mental health, and our goal is to see a decline — to go as close as we can to women moving through red, orange to green — and that has been really good for us because we really do see a diverse range of women.

To see how we manage women who just need a little support and women who need a lot has been quite good for us to be able to document. This is Pippa. She was part of our book that we launched in Parliament earlier this year. She has quite a remarkable story and she has become one of our greatest advocates, as our women all are. What is really exciting is this new app that just got released on Friday in the App Store. We are pretty rapt; that is why I asked for my phone. I remember when I was talking to Box Hill Hospital and they had this great program but there was this missing piece, and it was engagement. I really do believe that there are so many great resources available, but if women will not or cannot connect with them, then there is no point. So we do a few things to improve engagement for our women.

One of those is the incentive program, so we incentivise her with material items. Often women come to us and they are saying, 'I cannot do this because I cannot provide for my baby', so she needs a cot, pram, car seat, some of those things. Now she gets a coffee card from us when she is in that program. This is an optin program. In that program — about half I think of our women opt in for that program — they get a coffee card and if they attend an ultrasound or a healthcare service or they attend our workshops or their appointments with us, they get a hole punched in that coffee card. This has been a really excellent program because not only does she get what she needs materially but she is actually getting some skill, and then she is actually feeling like she has earned something, 'This is cool, I have been able to provide my baby with a cot, and I have learned' — potentially it might be a day with a newborn or CPR and she has learned from those workshops as well. That has been a really positive program for us, and the hospitals use that also.

The Babes Project app is a new one, and so you can actually all download it. There is a card that tells you how to do that.

The CHAIR — Way ahead of you.

Ms PARKER — Oh, great! This is totally our heart for women. We see women come to us, we see them go into hospital, and there is all this information, but if she can go home and have a flick on her phone and get some of that crucial information, then that is what we really want for her. She is then able to go and do a few fun things like a belly tracker. She can take photos of her belly all the way through her pregnancy, and then it

time lapses into a video at the end. We learned that that was really important because a lot of women that come to us experience shame. I remember — I think I have two photos of my first pregnancy — I felt so much shame, and so now we are very clear with the women that when they come to an appointment with us, we take a photo and we have that pregnancy history with all her photos. So we encourage them to do that through this app.

She is also then able to punch in her appointments. So they are not just appointments with us but they are appointments with hospitals, anyone she sees in regards to her pregnancy and parenting, and then it gives her — tadah! — a reminder 24 hours beforehand, so we are trying again to improve that engagement. There are also baby lists and ways to record baby moments.

We are pretty proud of that. This is for the general public. We are looking to do an update or another version probably in about nine months, which seems appropriate, and that will then start to nail down a little bit to go a bit closer to women who are in crisis, but this for us is a game changer. We can now better access women in remote areas, because we have quite a few women from rural areas come to us needing help.

The CHAIR — Helen, do you mind if we interrupt you and ask you some questions?

Ms PARKER — Sure.

The CHAIR — I just want to ask a couple of things because I am well aware of the service you provide in Frankston. I have obviously had a friend go through the Babes program as well. It is not rescue, it is not sympathy, it is not charity — it is empowering and it is quite inspiring. I actually follow you on Instagram. I follow The Babes Project on Instagram, and I love the work you do. I guess where I am coming from at the moment is we are talking 60 per cent referrals from Frankston Hospital. I have just got a couple of questions in regard to your funding. You are taking a lot of weight at the moment in Frankston and more as every year goes by, I am sure. What is your funding, how do you get it, how many people do you employ and where do you see the project in a couple of years as far as scope?

Ms PARKER — We generously got a \$50 000 contribution from the Andrews government last year, and that did contribute to Frankston. We have this beautiful model that is also a limitation. We depend on volunteers quite highly, and we always will, because that creates the sense of culture that is passion driven. At the moment we are running two centres that cost \$180 000, and that is 1.6 staff across seven people and then 23 volunteers. You can see there that that means we can do 107 women at a minimum. The ideal is that those two centres would be able to run ideally with a 6.7 staff and 44 volunteers. They then become a \$360 000 each centre, but we are then able to work with 300 women in the perinatal program and support 400 women. Currently that all comes from the oneoff grants that we are getting and donors.

We have some partners — like, the Payton Foundation just contributed some money for us to develop the app. Apart from that it is all sharing the vision and getting people on board. Our vision is to grow, because we will not stop until all women know that they have access to good quality support. So we sort of see ourselves as a bit of an arrow. If women can engage in the support that is available to them, then we have just got to keep going until they can do that. In the future obviously it is the scale of business. It is how you scale business — it is cheaper the more we have. We really want four centres in Victoria because then we feel that we can actually start to address the referrals that are coming in. Sunshine is a big one for us. Andreza drives from Sunshine to Croydon because she knows she needs it, and it takes her so long. We need to be where women are and where women need support. Obviously we can help more women, and it costs us less as we open centres. Does that answer your question?

The CHAIR — It does.

Mr FINN — I just want to ask you to expand, Helen. I am very much aware of what you do and what you have been doing now for close to 10 years, I suppose, and it is absolutely brilliant. I am just wondering what you see as the sort of cultural change we need in society to bring that empowerment about that you speak of. I am very supportive of that. What do we have to do to bring about that cultural change? The Babes Project is doing a brilliant job, an absolutely magnificent job, but we need a much wider change of attitude. How do we bring that about, do you think?

Ms PARKER — I think access to the stories is really important. When things go wrong in the home and children are harmed or women are harmed you can see on social media the outrage. If we start to educate people about how to prevent that, then I think they start to gain more understanding. We are very, very strong on the need to tell the stories, because it is not until people gain understanding that they do anything. They will not do anything if they are ignorant, like I am about many, many things. We need to be sure that we have a good model, and then we need to be able to communicate that model well and allow women to have a voice and tell their stories so that the community can hear that, and then over time we have incremental change.

I think we have got to stop being outraged just when things go wrong at that end. We need to be outraged enough to say, ‘We need to do something about it before women are harmed in the home or before children are harmed’. We cannot be saying, ‘Well, you know, we’ve got no resource’. We need to be stepping up and providing that resource to make sure we can support her and then society just needs to follow that. But as leaders in our society it is our obligation — your obligation — to be able to drive that cultural change.

Mr FINN — And when does Sunshine happen?

Ms PARKER — Well, you know, funding is the issue for us, but we will get there. We have got some board members here today, so I will not say anything out of turn.

Ms McLEISH — Just two quick questions: first of all, how many volunteers do you have?

Ms PARKER — At the moment we have 23 volunteers. We are in recruitment at the moment — I think we have had 22 applications — and that finishes in March. We only do intake for volunteers, and it is pretty beautiful to see people come and commit. They have to commit a minimum of 6 hours a week, and we have got a pretty massive process.

Ms McLEISH — I saw that on your app too. Can you tell me: I am very interested in the relationship that the mothers have that come to the Babes Project with their maternal and child health nurses.

Ms PARKER — Yes. Maternal and child health has been really interesting for us. Obviously I am an advocate for maternal and child health, and they do refer to us. I think sometimes there is a fear that a lot of our women do not fit a mould and they do not engage longterm with maternal and child health very well. So part of what we are always trying to do is say, ‘You need to speak to your maternal and child health nurse. Do you have a maternal and child health nurse? Are you going?’.

Also our women move quite a lot, and so reengaging with another maternal and child health nurse is a challenge for them. Also those nurses do move around, so they feel sometimes that they have trusted someone and then they have moved on. It is an issue. There is no incentive for them. I think a lot of them try and keep going until — I think it is that two years they get measured and they can tell how big their child is going to be when they are fully grown. That is actually an incentive for a lot of women, but unfortunately there is not a lot of other incentive, apart from someone telling me what to do and I feel shame or I feel inadequate.

Ms McLEISH — Is that universal?

Ms PARKER — It is what we see at the Babes Project. It is what we have known for many, many years. So we do try and communicate with maternal and child health quite regularly and we do some shared referrals, maybe to child protection, and we communicate quite a lot around that.

Ms EDWARDS — Thank you very much. I have downloaded the app for my daughter, who is due in 10 weeks.

Ms PARKER — There may be a couple of little glitches. We are working on that.

Ms EDWARDS — You have two staff currently; is that right?

Ms PARKER — We have seven who are paid, and it makes up 1.6.

Ms EDWARDS — Do you have training to support women from CALD backgrounds and Aboriginal and Torres Strait Islander women?

Ms PARKER — Yes. That is something that our centre teams do work on. We have a centre manager and an assistant manager of both the hubs, and they can access all of that training and we do pay for that training. We also have inhouse training that we provide. So, yes, we do look at those areas.

Ms EDWARDS — Have you seen an increase in the number of women presenting with a history of family violence?

Ms PARKER — Yes.

Ms EDWARDS — Do you know what that percentage might be? I know I saw the 29 per cent up there.

Ms PARKER — What we are looking forward to is a full set of stats from the next financial year. Our growth stats are skewed because we opened Frankston in the middle, so we have seen a growth in the stats. We have the full set of stats. I can get them to you.

Ms EDWARDS — That would be fantastic. Thank you. So you have got the app and you are talking about an additional to centres. What is the potential for some kind of outreach program? Particularly I am thinking of women from rural and regional areas.

Ms PARKER — We started Frankston as an outreach. We called it Peninsula, and then I realised how big the peninsula was. We went into homes for two years, and we now know what works and what does not. We have talked about different models and how we can do that; we have not nailed that yet. Potentially it would be something that is more heavily reliant on maternal and child health, and so we would potentially go into areas and run our program as workshops with maternal and child health and then leave them with the women who have engaged through that. That is something we have played with. It has not left our minds. It is something we want to work on. We just have not gotten there yet.

Ms EDWARDS — That was all. Thank you.

Dr CARLING-JENKINS — Thank you very much for coming in and presenting to us, Helen. I will be really brief because I know we have gone over time. You mentioned that your service recently completed some research into hospitals and hospital referrals. I just wondered if you could give us a summary of that — maybe on notice, maybe after. If you could provide us with —

Ms PARKER — Yes. It has just been really what we have seen.

Dr CARLING-JENKINS — Absolutely. That anecdotal research would be very useful, I think, for our committee. Thank you. You have also mentioned two extra areas that you will be expanding into. I am not looking for suburbs, unlike Bernie looking for —

Mr FINN — You said it. I just jumped on it, that is all.

Dr CARLING-JENKINS — Yes, I saw that you jumped on Sunshine. Are you looking at covering the state or are you looking more at expanding Croydon to Frankston —

The CHAIR — The nation.

Dr CARLING-JENKINS — Yes, take on the nation. Have you identified two approximate areas that you are looking at? Are you looking north, south, east, west?

Ms PARKER — Sunshine is on our hit list. Sunshine is really a good one for us because there is access to public transport — Sunbury, Bendigo, Ballarat and Geelong. That is a no-brainer for us, and it is where women are coming from at the moment. From there we are open. I am particularly passionate about Geelong, but then we are getting to semirural. It is a different model. How does that look? How can people access the centre? I am passionate because that is where I fell pregnant — in Geelong. Then you have the northern suburbs and central. We think Sunshine will hit the central — it is 13 kilometres away, so we will open there at some point very soon. Hopefully we will expand interstate as well.

Dr CARLING-JENKINS — Excellent. Well done. Just very briefly, I notice you have a very innovative model, and we have seen a number of innovative models across the state, which is very encouraging. You

have described your philosophy around empowering women. I was really struck by the woman who spoke about being the most marginalised group and yet being the most influential. That really struck me. This is a followup to Mr Finn's question. Why do you think we are in this situation? Are we devaluing motherhood, because I notice in your stats you have 50 per cent socially isolated, you have about one quarter of women coming in being teenage pregnancies and you have a high percentage of single parents. Is that what they are struggling with — that society is not valuing their contribution?

Ms PARKER — I think you are right in that. I think there is a level of being devalued. There is also a real shift in where our society has gone. We used to be women in the home. It looks different now, and so there is a little bit of an attitude of 'If you got yourself into this, you can get yourself out of it' and 'It is not my problem'.

Dr CARLING-JENKINS — So it is a very individualtype culture that has come in?

Ms PARKER — It is. We are sort of trying now to point back to 'It takes a village', but we have come away from it at this time. Now I think we are starting to understand therapeutic models about developing children, their brain development and what is good for mental health, and so we are starting to go back and women are actually starting to speak out. I think that is a key. Women are saying, 'Actually I need help and it's okay for me to need help'. But I think it has been a shift and I think motherhood is just something a lot of people do without a lot of thought, and so because women need to be skilled enough to care for their children we need to be more mindful of it, I think.

Ms BRITNELL — Congratulations. I think you are addressing some real issues by taking the wholefamily model and reestablishing it in a different way when it is changing over a very short period of time in the last, say, 40 years. You are offering friendship, knowledge, practical things like transport, by the sounds of it, to appointments and being present at birth. We have a great medical model, but we have lost the social model around being pregnant and developing mothering skills, so it sounds to me like you are providing a sister, you are providing an aunt, you are providing an extra person on the journey of support. Going further out into the regions, is it a mentoring role that you can actually keep as your central model but actually have it within maternal and child health centres in the regions? Could you put it as a mentor with that base support in the city so that we could take it further? Because it is very much needed out in the regions as well.

Ms PARKER — Yes, absolutely. One of our first referrals ever came from a Warrnambool school, and from there we were like, 'What can we do?'. So we developed our pregnancy packs. They get sent all over Australia — every woman gets one. It has some little things in it to help her talk about her pregnancy, and then we can partner with that and refer her on. We will do whatever it takes to make sure more women are supported. If that means looking at how we can best run a model in a remote area or a rural area, then we will do that. For us it is not all about us; it is all about women and how we can help women engage with what they need and be better supported, because isolation is a problem. You have it rurally and you have it in metro areas, and so we need to be doing whatever it takes to address that. So we would absolutely look at that.

Ms BRITNELL — My colleague Cindy identified one thing in a question to an earlier presenter. I think Cindy was saying, 'When people are getting referrals to have procedures done or tests done isn't it somebody's responsibility?'. No, in the medical model it is actually the client's responsibility. However, it is a problem because we get complications because people are not doing things that can prevent complications. So that is one of the critical areas that your program seems to offer — overstepping boundaries that others are not allowed to to bring engagement to be effective so people actually do things that will save a lot of money in the health system inevitably. You should be congratulated on taking that initiative. Well done.

The app was another thing. With the app do you have connectivity with the individual? Do you know who is on the app as a way of engagement?

Ms PARKER — No, but that is something we are looking at. Even at another level, whether it is second or third, that potentially —

Ms BRITNELL — Nine months, post nine months —

Ms PARKER — Yes. Potentially even hospitals being able to use some of the back end of that. She can use her phone and punch in her appointments, but we have general data. Hopefully at some point we will then

be able to improve that. We have gone with the base model at the moment, so let us see what people like and want and need.

Ms BRITNELL — It is a great initiative.

The CHAIR — Is there anything like that app around at the moment? Is there anything as comprehensive as that?

Ms PARKER — There are other baby apps, and there are some big ones that are amazing. What we want to do is break it down into our language that a 16yearold girl is going to understand and a 32yearold woman is going to understand and have a little bit of fun with it along the way. So we know of some, but they are more of that professional — we like to think we are professional, but they have that —

The CHAIR — The medical side of it.

Ms McLEISH — Relatable.

Ms PARKER — Yes.

Mr FINN — One last one: Helen, how much do you need for Sunshine?

Ms PARKER — At this stage you could give me 360 — that would be the ideal. I am not prepared to go on another ‘making it work’ model. So 360 and I will do Sunshine. Another 360 and I will go anywhere else.

The CHAIR — Bernie is going to break my fingers in a minute.

Ms PARKER — By the time we get to three or four it gets less. That is per year, though.

The CHAIR — Fantastic. No other questions from the committee? Thank you so much for coming in, Helen. As you know, I am a big fan. I think it is as near to best practice as we have got in Victoria, and it comes from someone who had the experience of being isolated in pregnancy. It is obvious that the Babes actually bring a sense of community. I know a lot of people I have spoken to just cannot speak highly enough of the program, and I know it is actually reproduced and imitated at times as well —

Ms PARKER — Yes. We will not talk about that.

The CHAIR — which of course is a compliment. Congratulations on the visit to Parliament last year and the launch of the app, and we hope to see a lot more of you.

Ms PARKER — Thank you so much.

Witnesses withdrew.