

29 January 2021

The Hon Josh Frydenberg, MP  
Treasurer  
PO Box 6022  
Parliament House  
Canberra ACT 2602

Dear Treasurer

**RE: FY21-22 Pre-Budget submission for Waminda: Birthing on Country Facility**

Thank you for the opportunity to contribute to the 2021-22 Budget process.

Please find attached Waminda's Pre-Budget submission.

We are a not-for-profit organisation and are wholly committed and dedicated to providing the best antenatal care to support Aboriginal women.

Our submission outlines how we can partner with the Australian Government and the NSW Government to deliver Australia's first ever purpose built, Birthing on Country Facility for Aboriginal women, their babies and their families.

For further information, please do not hesitate to contact myself on 0409 787 763. We look forward to discussing this further with you or your office.

Yours sincerely



Faye Worner  
CEO

## Executive Summary

Through the 2021-22 Federal Budget, Waminda asks the Australian Government to commit to a one-off capital grant of **\$24 million** to Waminda South Coast Women's Health and Welfare Aboriginal Corporation, for the construction and fit out of a purpose-built Birthing on Country Community Hub. The development of an Australian-first *Birthing on Country* facility.

This will improve the number of indigenous women receiving maternal care, address the long-term social and cultural determinants of health through education, employment and incorporation of cultural practices.

## About Waminda

Waminda welcomes the opportunity to make this submission in advance of the 2021/2022 Federal Budget.

The South Coast Women's Health and Welfare Aboriginal Corporation, known as Waminda, is an Aboriginal community-controlled health service which has been operating for the past 37 years.

Established in 1984 as Jilimi: the Shoalhaven Women's Health and Resource Corporation with Department of Health funding, the organisation was established in response to concern amongst the local Aboriginal community about the lack of culturally-safe and secure health, support and advocacy services for Aboriginal women and their families.

In the 1990s the organisation transitioned to become Waminda and has continued to provide services to women and their Aboriginal families since that time.

In the last 10 years Waminda has grown significantly: from a relatively small service, servicing the Shoalhaven with six staff; to a large agency servicing the South-East Coast of NSW with over 120 staff.

Waminda operates from a foundation of culture, and a dignity-based approach. The organisation is community-driven, led and connected, and community-informed. The Board is made up of seven Aboriginal women representing South-East Coast Aboriginal communities. The Women's Elders Group plays a significant role in the direction of Waminda, as does its cultural committee.

Accountability to the local community is fundamental to Waminda's way of doing things and has contributed to the building of a positive and trusted reputation and role as a service provider across the community.

Waminda has a large footprint across Nowra and the South Coast, encompassing: health and wellbeing services; clinical services; case management; intensive family support; supported accommodation; disability services; cultural connection; and a community garden. Waminda is the recipient of Program funding under the NSW Government and Indigenous Australia's Program through the Department of Health.

Waminda aims to take the *Birthing on Country* (BoC) concept from aspirational to actual. By incorporating a *Birthing on Country* program, a new Birthing and Community Centre will create a landmark initiative in cultural recognition that has potential to profoundly and positively affect maternal, infant and child health of Aboriginal and Torres Strait Islanders.

*Birthing on Country* is the foundation of birthing practices for maternity services and focuses on traditional cultural customs of knowing, being and doing.

## Birthing on Country Will Help Close the Gap

*Birthing on Country* is a continuation of thousands of years of knowledge and practice, which provides holistic maternal, child and family health care which embed cultural integrity and safety during pregnancy, labour, birth and postnatal care.

***Birthing on Country* has the potential to profoundly and positively affect maternal, infant and child health.**

Backed by international evidence, *Birthing on Country* will not only improve the number of Aboriginal and Torres Strait Islander women receiving maternal care, but will also address the long-term social and cultural determinants of health through education, employment and incorporation of cultural practices, as well as helping to combat racism.

It will return maternity services to Indigenous communities in a way that is accessible, relationship-based, and culturally safe, allowing self-determination through the incorporation of traditional practices that value and reflect Indigenous cultural expectations.

The Australian Government is in the unique position to support Australia's first *Birthing on Country* facility. This Budget presents an opportunity to: help make serious inroads into reducing the stubbornly high infant mortality rate among Aboriginal babies; to recognise the importance of a holistic and culturally appropriate model of care that is proven to have a positive influence on the overall well-being of Aboriginal women, their babies and their communities; and to back words with actions to truly illustrate a change in thinking and approach towards Aboriginal and Torres Strait Islander choice and decision making.

If we want to truly *Close the Gap* we must be willing to change: because the way services are delivered and by whom matters just as much as what is delivered.

Waminda asks for the Australian Government's moral and financial support in the 2021-22 Federal Budget.

## Evidence

Maternity services are highly centralised and medically dominated. Only 8.0% of Australian birthing women receive continuity of midwifery carer. Only 1.8% of births occur in a Birth Centre each year. And only 0.3% of women have a homebirth: despite high-level evidence supporting these services, particularly where it follows traditional cultural practice.

There is no data to specifically report the number of Aboriginal and/or Torres Strait Islander women accessing these services, and there are no Aboriginal or Torres Strait Islander Birth Centres operating in Australia today. We have a real opportunity here to mirror the success of this initiative in Canada and to implement lessons learnt there, to ensure best practice is applied. Australia has the potential to lead from the front on matters of indigenous health: however, it appears we are lagging behind Canada and New Zealand on this particular issue.

There are many similarities between the Indigenous populations of Canada and Australia. Both face significant challenges from the enduring effects of colonisation, and these are reflected in a higher burden of disease, poverty, poor housing, lack of employment opportunities, reduced access to services and in some cases a breakdown of community and social cohesion. The geographical similarities include isolation and extremes in weather, which make 24/7 access to health and other services unreliable. The

research from Northern Canada has shown that childbirth in very remote areas offers a safe, culturally appropriate and sustainable alternative to the otherwise routine transfer of women to regional centres, in spite of prior fears about safety and opposition to competing services.

Closure of maternity services across Australia is correlated with increasing rates of babies being born before arrival at hospital, and this has resulted in many remote, and some rural communities, being left without resident midwives or doctors with maternity skills. These closures disproportionately impact Aboriginal and/or Torres Strait Islander women, who are 14 times more likely to live in remote locations than non-Aboriginal women (21% of birthing women compared to 1.5%, respectively).

Women who live in remote and rural areas are often required to relocate from community and family for birth: traditional midwives and cultural birthing practices are rarely accommodated in birthing rooms; and many women report culturally unsafe care. Consequently, many Aboriginal and Torres Strait Islander women reduce antenatal care participation, to avoid being evacuated from their community for birth. Women do not make these decisions lightly, often weighing up the risks of: leaving their other (sometimes breastfeeding) children behind; being removed from family and culture; and worrying that child protection agencies will place their children into out of home care. These are very real issues that still continue to face Aboriginal women today, and are quite distinct from the experience of non-Indigenous Australian mothers.

Poor integration across tertiary and primary care also places women at risk. Maternal death rates are 4.6 times higher in Aboriginal and/or Torres Strait Islander women compared to non-Indigenous women, with avoidable risk factors contributing to this statistic including: poor communication: failing to accommodate culturally safe practices; a lack of interpreters or Aboriginal health workers/ liaison staff; multiple unlinked information systems; and delays in care. Perinatal indicators highlight an urgent need for innovation and redesign and include: preterm birth rates of 13.6% for Indigenous women compared to 8.4% for non-Indigenous women; and perinatal deaths that are 170% higher.

## Recommendation 1: Provide Capital Funding to establish the Waminda Birthing on Country and Community Hub

### The Issue

**In 2018, the Indigenous child mortality rate was 141 per 100,000—twice the rate for non-Indigenous children (67 per 100,000).**

There is a disproportionate rate of poorer health outcomes for Aboriginal and Torres Strait Islander women and their babies compared to non-Indigenous women including more pre-term births, higher proportions of low birth weights, and higher rates of neonatal death.

Many of the poor outcomes are preventable or modifiable with early intervention and access to trusted, professional, and community-based maternity care, that is immersed in tradition and culture.

*"After ten years of good intentions the outcomes have been disappointing. The gaps have not been closing and so-called targets have not been met. The quality of life among our communities is simply not equal to that of our non-indigenous Australian counterparts."*

**Pat Turner AM, CEO of the National Aboriginal Community Controlled Health Organisation**

In July 2020, the Australian Government released the new National Agreement on Closing the Gap.

This new agreement represented a renewed commitment and partnership to work alongside Aboriginal and Torres Strait Islander Peoples.

*"We know that the best outcomes are achieved when Aboriginal and Torres Strait Islander Australians are equal partners with governments, and when they have a direct say in how we are going to be successful in driving the desired outcomes."*

**Indigenous Affairs Minister, Ken Wyatt**

*Birthing on Country* will be a key driver to reaching the updated targets outlined in the new agreement including:

**Target 1:** Close the Gap in life expectancy within a generation, by 2031;

**Target 2:** By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91 per cent;

**Target 4:** By 2031, increase the proportion of Aboriginal and Torres Strait Islander children assessed as developmentally on track in all five domains of the Australian Early Development Census (AEDC) to 55 per cent;

**Target 13:** A significant and sustained reduction in violence and abuse against Aboriginal and Torres Strait Islander women and children towards zero.

At a local level, extensive consultation was conducted throughout the South Coast of NSW across a series of yarning circles convened in Nowra, Albion Park, Wreck Bay, Ulladulla and Batemans Bay.

The key issues that came out of the yarning circles were:

- Lack of choice and control of women's birthing experiences;
- Participants want a safe place to birth – cultural, spiritual, clinical, and physical;
- Inclusion of family in birthing processes was a positive and not easily organised;
- The significance of birthing on country or as close to community as possible;
- Many stories of poor treatment when attending hospitals to birth – poor care, feeling unsafe, experiencing racism and disrespect;
- Needing a clinically and culturally-safe workplace – non-judgemental and where relationships of trust have been built;
- Maternal and infant services fragmented and hard to access and women felt like they were navigating a system that was designed to exclude rather than include them;
- System redesign required based on Aboriginal ways of knowing and doing – holistic and committed to giving children the best start in life; and
- Need for intensive support (if needed) and extended family and on-country support.

### The Solution

Public recognition and support by the Federal Government for *Birthing on Country* represented by a capital contribution to establish the service, will help ensure that Aboriginal and Torres Strait Islander women and children have access to holistic health services that support better outcomes for them and their babies. Acknowledgement that culturally appropriate, historically embedded practices are acceptable and encouraged -and that are nonetheless consistent with health system guidelines - will see more

women willing and confident to access antenatal, delivery and post-natal care services. It will also advance reconciliation.

This is a leadership opportunity for the Federal Government to acknowledge that all of us must be willing to change the ways services are coordinated and delivered to ensure the best possible outcomes for Aboriginal women and their children.

**On behalf of Aboriginal women and children we ask the Federal Government to make a public statement of support for *Birthing on Country* by providing the capital necessary to commence the service and build the first ever *Birthing on Country and Community Hub*.**

## Birthing on Country and Community Hub

The *Birthing on Country and Community Hub* (the Hub) will be a project of national significance. It will be a 'one stop shop' to support local Aboriginal and Torres Strait Islander women and their families with a comprehensive range of Aboriginal and Torres Strait Islander led services delivering continuity of care and support both before and after birth.

The Hub will incorporate:

- Culturally and clinically safe holistic health care to the women of Illawarra Shoalhaven;
- Strength-based care that addresses the social determinants of health;
- A centre of excellence for Aboriginal and Torres Strait Islander women's health and family support;
- Linking culture with education, health and wellbeing;
- Integrated wrap-around services that cover the Illawarra Shoalhaven region developed in partnership with other providers;
- Collaboration and access arrangements with referral to hospital to enable seamless consultation, referral and/or transfer for women with risk factors; and
- Continuity of midwifery carer (24/7) where all women receive care from a primary midwife: whether they birth in the Birthing Centre (low-risk); or the referral hospital (with clearly significant risk factors).

Construction of the Hub will require a capital injection of \$24 million, this cost is inclusive of the land purchase, construction and fit-out. The *Birthing on Country* facility will be co-located alongside the Shoalhaven and District Hospital: there is sufficient land available for the Hub to be built. this would also provide the Hub with the ability to work closely with the local health district, and provides adjacent emergency care if necessary. Waminda have undertaken significant community engagement over a number of years and have secured the support of the community and the Aboriginal Community-Controlled affiliates.

Waminda have also established a partnership with the Nowra Local Health District – which has resulted in a signed statement of commitment from the Local Health District CEO. The Local Health District will be a key partner in the establishment of the Birthing on Country Hub.

An environmental scan across a range of Aboriginal community-controlled health services – identified Waminda as the preferred group to take this forward based on their existing work of 37 years supporting Aboriginal women, their babies and their families.

## Costing information

Waminda have engaged an external independent consulting firm to assist in the development of a comprehensive and fully-funded business case. This will be available to the Commonwealth well in advance of the 2021-22 Budget.

The total capital budget required is \$24 million – this is inclusive of the land, construction, infrastructure and fit out. It is requested that this sum of money be made available in three instalments over the next three Commonwealth budgets. The construction and build of such a facility is expected to take up to 2 years.

Waminda are working with the NSW Ministry of Health and Local Health District around the operational costs and sustainability of such a facility. Access to any Commonwealth capital grant would be contingent upon entering into a long-term sustainable funding agreement with the State.

From the Commonwealth's perspective, the only expected recurrent costs will be access to the MBS, most likely for midwifery (MBS Numbers 82120 and 82125). To the extent these are accessed, they will substitute for obstetric services, or similar services provided in a hospital. Consequently, use of the *Birthing on Country* facility will either present some savings, or at worst a break-even case.

## Conclusion

The *Birthing on Country and Community Hub* will be an Australian first. It will be a game changer: disrupting the cycle and transmission of intergenerational and contemporary trauma. In their place, it will provide Aboriginal and Torres Strait Islander women and their families with the best possible culturally informed care including:

- Closing the Child Mortality Gap through the provision of safe and culturally appropriate holistic Aboriginal and Torres Strait Islander-led maternity care and early life support for Aboriginal children and their families;
- Partner with the local health district to provide training and employment opportunities and career pathways;
- This initiative is expected to create around 70 new jobs for Aboriginal and Torres Strait Islander people from the local community provided through the Hub;
- Partner with the Local Health District to develop new job opportunities;
- Partnerships with education and health institutions to build a strong and sustainable Aboriginal and Torres Strait Islander workforce, including in child health and family wellbeing; and
- Recognition of the evidence supporting the value of antenatal and post-natal support for Aboriginal and Torres Strait Islander women and children for improved health and wellbeing and increased productivity and positive life course outcomes; and
- Cost savings to Government, through a decrease in the need for other government services such as healthcare and criminal justice.

## Contact

For further information, please contact:

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