

TRANSCRIPT

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

Inquiry into perinatal services

Bendigo — 24 October 2017

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

Witness

Mr Graham Fountain, chief executive officer, Remembrance Parks Central Victoria.

The DEPUTY CHAIR — Could you please state your full name for the record?

Mr FOUNTAIN — Graham Foundation, chief executive officer of Remembrance Parks Central Victoria or, by statute, Bendigo Cemeteries Trust. Thanks for the opportunity to present to the committee. The opportunity arose following discussions with the Maree at a Pregnancy and Infant Loss Remembrance Day that we had last weekend. On reflection of the terms of reference of the committee, it was probably an omission not to formally submit to the inquiry insofar as Remembrance Parks Central Victoria have a new strategic plan which has really been a paradigm shift to a more changing narrative around cemeteries and death and a more partnerships and community engagement or community-centred approach to our business.

What that has resulted in, quite clearly and in a tangible sense, is that there are a number of moving parts and players in the death space, but there is no one coordinating service or organisation that pulls it all together. We strongly believe and continue to work with a whole range of different groups, as you have just heard from Anne from the Gianna Centre, the Sands Group, Bendigo Health, St John of God palliative care and hospice, and interfaith and cultural groups, in acting in a coordinating space to support a continuum of care. We would strongly encourage the committee, within its terms of reference and particularly those terms of reference that go to the quality, the type of care and the identification of best practice, to not stop its considerations at the hospital door, so to speak, or that bricks and mortar equates to best practice. It is really about a whole-of-government system and a continuum of care that needs to occur in the space in the unfortunate circumstance of the loss of a loved one, which is particularly traumatic with the loss of a baby or a stillborn death. We experience this every day. What our change of strategic direction has identified is an increased demand for someone to provide that support to the families and particularly the parents of the loved ones so they are not isolated and so they have a continuum of support during what is a very fragile time in their life.

Historically the grieving process was rather structured. It was a religious-based ceremony or a cultural-based ceremony that provided ongoing support to people to grieve. As community expectations have changed and we move more towards a celebration of life and the like, what we have found is there is particular isolation that occurs after the immediate impact. As Fiona from Bendigo Health said in her address to our ceremony last weekend, people do not know how to speak to a mother or a father who has just lost a baby. They just do not know how to confront the situation. So that leaves the parents in a state of isolation.

A recent case study that we undertook with the project around an area in the Bendigo Remembrance Park called the Garden of Angels I think provides a very apt demonstration of this and the need for the increased support. In the 1940s the site became an unmarked communal grave for stillborn babies from Bendigo hospitals for many years. The loss of the baby at that point in time was very much a taboo subject. Swift and discrete burials were organised by well-meaning hospital staff, often without the involvement or knowledge of the location by the families. That was considered at that time as the kinder option. We have come a long way fortunately since those practices, but in 1992 a midwife from Bendigo Hospital and the cemetery staff formally identified and aptly named that area the Garden of Angels site.

That sat quite dormant, and it reflected its sad history, I would have to say, in its appearance until last year when we instituted a total revamp and restoration of the Garden of Angels with the support of some local charities and the community. But the real story in that revamp was around the community engagement towards the end of the project. We identified families — and families came forward and were involved in planting ceremonies and the official opening — that never knew where the remains of their beloved babies were. It was a quite heart-wrenching opportunity, but at the same time it really demonstrated in a tangible sense the absence of that continuum of care and remembrance. That story alone and our ongoing work with the Gianna Centre memorial garden and the palliative care agencies and staff in the health services really indicates that we are letting the community down by the absence of a whole-of-government or a whole-of-system approach to the care and support when someone has lost a loved one, particularly a child.

There are number of submissions before you. There is one from the Sands Group here that talks about insufficient continuity of care. There is one from the Australian Psychological Society that talks about strengthening the support available to high-risk groups and the like. We would echo those sentiments and say that it is time for us all to act and ensure that we have wrap our arms and support around those in need for the loss of a cherished foetus or a newborn, and we must provide that from a whole-of-government approach to the delivery of seamless support and services to these families to mitigate the impact and the ongoing risk.

A stop-start approach to service provision — so the hospitals or the health carers at the time saying, ‘Unfortunately your baby is going to pass away. You need to contact a funeral director’, and a funeral director conducting the service, saying, ‘Now if you want to memorialise, you need to contact the cemetery’ and the like — is not 21st century and is not contemporary best practice, as per your terms of reference.

Likewise to rely on the fantastic work that a number of the volunteer groups do — but they really live hand to mouth without any centralised support or coordination. They do a fantastic job with the limited resources they have. We support them where we can within the ambit of our statutory authority, but we need to look at that continuity of care. On that basis I implore the committee to examine the impacts and support requirements of parents and families involved with miscarriage, stillborn and newborn death in the development of its best practice services and the recommendations arising from the committee.

The DEPUTY CHAIR — Thank you, Graham. We greatly appreciate that contribution.

Witness withdrew.