

TRANSCRIPT

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

Inquiry into perinatal services

Warrnambool — 11 October 2017

Members

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Witness

Ms Wren Bowie.

The CHAIR — Welcome, Wren.

Ms BOWIE — Hello. My name is Wren. I actually work in health promotion at South West Healthcare, but I found out about today via a friend of a friend of a friend. I know very little about parliamentary inquiries. I have heard of them before. I did not know until today how they work. The email to me said:

Hi, Wren. I found out this is happening. This is what it is. Perhaps you could find someone to represent the voice of the local Indigenous communities.

Within health promotion we have priority health populations, and I am sure you are all aware that within Australia, Aboriginal health is a national priority. So I guess I am coming along — and I need to be very clear about this, that I am not the voice of our local Aboriginal community at all — to represent that there is a gap here. I am not sure what happened before I got here at maybe a quarter to 10 today, but from what I have heard so far, there has not been any voice to represent our local Aboriginal communities.

In terms of health are you aware of the Koolin Balit? The Koolin Balit is a state document. It was recently replaced, last week. Most people would be more familiar with the Koolin Balit because it was designed to go until 2022, but when the department of health and the department of human services joined it got replaced by — last week it was released — the Korin Korin Balit-Djak. I will just go to the Koolin Balit to begin with because it is still relevant. In terms of national priorities for Indigenous health the first priority is [reading from the Koolin Balit] ‘a healthy start to life’. The priorities are [reading from the Koolin Balit] ‘to reduce the rate of Aboriginal perinatal mortality; decrease the percentage of Aboriginal babies with a low birth weight; reduce smoking in pregnancy by mothers of Aboriginal babies; and increase breastfeeding rates for mothers of Aboriginal babies’.

That has just been replaced, but, first, [reading from the Korin Korin Balit-Djak] the top priority under ‘Mothers and babies’ is that statistics show that ‘the perinatal mortality rate of babies of Aboriginal mothers in Victoria is twice that of babies of non-Aboriginal mothers’, so that is huge. [reading from the Korin Korin Balit-Djak] ‘Almost twice as many babies of Victorian Aboriginal mothers are born with a low birth weight’. To put that in a bit of context, Warrnambool’s population of Aboriginal and Torres Strait Islander people in terms of the percentage of the overall population is twice that of the state, so compared to the rest of Victoria we have a really high population of Aboriginal and Torres Strait Islander people here.

I know nothing about perinatal services. I am talking from, I guess, a health promotion perspective. I just want to communicate that there is a voice that is clearly not heard in this space today that is really important in our community.

The CHAIR — Wren, it clearly comes under one of the terms of reference that this inquiry is investigating. Wherever we go into regions we invite the cooperatives and the Indigenous communities to come and represent themselves. What we have found so far, especially in metropolitan Melbourne, is that it has come up through other means. We have found that those facts that you have just spoken about — we have heard them many, many times and it is quite disturbing, considering the number of years we have had with no real traction on these issues in these communities. We are taking that into account in the inquiry.

Ms BOWIE — Great.

The CHAIR — Thanks for coming in today.

Ms BOWIE — That is good. I guess just as a first step for all perinatal services, for people to have cultural awareness and for things to be culturally safe is so important.

The CHAIR — We have had some great suggestions so far that I do not think have really been aired before.

Ms BRITNELL — But we do have locally maternity services in the local Indigenous communities, particularly in Gunditjmarra-Kirrae. Over the years we have worked as a region to actually address the issues significantly. We have Jen Sheen in the audience today, who was just sharing with me that she works closely with the people who are working in those as maternity nurses.

Ms BOWIE — I guess probably what made me come at the last minute was yesterday I got in contact with all my contacts in the local Aboriginal community-controlled organisation, so the midwife at Gunditjmarra and

also the midwife at Kirrae Health Service, and they got back to me and said, ‘This is such late notice. How did you find out about this? There’s no way I can get a brief together in this time’. So one of them was not here and the other was not able to get anything together in time.

The CHAIR — There has obviously been a communication breakdown because they were actually invited. We sent out the invites.

Ms BOWIE — No, definitely. I guess —

Ms BRITNELL — And I backed it up with emails as well.

Ms BOWIE — Yes. I guess I am acutely aware of that and I am aware of the communication breakdown. I think sometimes we have to take responsibility for that breakdown as well.

Ms BRITNELL — Actually, you know what? It is probably what we talked about when you probably were not here, around the whole systems of IT, because they are having to go through and filter, and by the time it gets to the people working on the ground it does not get there.

Ms BOWIE — Yes, I am completely aware. Thank you.

The CHAIR — Thank you so much for coming in today, Wren. We appreciate it.

Witness withdrew.