

**BIRTH FOR
HUMANKIND**
ANNUAL REPORT
FY 2022-2023

We work on Aboriginal land. We pay our respects to the elders of the community, past and present, who have cared for this land for generations. Sovereignty was never ceded and this dispossession remains largely uncompensated and unreconciled. With our acknowledgment comes a commitment to using our work and our platforms to help end this injustice.

*To protect confidentiality and privacy, names and identifying features may have been changed.



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CHAIR'S REPORT



It's always hard to believe it's this time of the year again, and this is my fourth report as the Chair of Birth for Humankind. I continue to be immensely proud of what the organisation achieves each and every day with such constrained resources.

In February this year, the entire Board and staff team had the pleasure of meeting together and planning the new strategy for Birth for Humankind. The day included some creative Lego making, strategic brainstorming, great cakes and food and some good laughs! It had been three years since we were last able to do this, and it was with great excitement that we were able to plan for the next four years (FY 2024-2027).

Pivotal to our plan remains our founders' vision to centre the of values of Trust, Respect, Equity, Connection and Celebration and provide person-centred, trauma-informed, culturally sensitive, community-based doula support. We will continue to do what we do best and collaborate with others to improve pregnancy and birth outcomes for all pregnant people, and reduce barriers created by systemic discrimination and disadvantage in Melbourne and the surrounds.

The other big highlight for the year has been commencement of a pilot of a doula employment model. This has been in then planning for many years and it has been wonderful to see the early results of the team's detailed planning. This project, if successful, will provide a valuable employment pathway for many of our volunteer doulas and increase our overall doula support reach.

Most importantly I'd like to give thanks to all of those who make Birth for Humankind the extraordinary place that it is. To the team, volunteers and the people who trust us to care for them when they are pregnant and need of our support, we thank you. Thank you to Red Dearnley, your collaborative, generous and supportive approach as the CEO towards me as the Chair and to the Board, makes our job easy and a joy. To the Board Directors, thank you for your wisdom, expertise, time and laughter. Especially, a big thank you to Jeanette Royce and Grant Fenton. We miss you already and thank you for your respective six and five years' of service, especially during those early COVID months, when we all navigated so much uncertainty.

We are now looking forward to 2024 as we mark our 10-year anniversary. We can't wait to share our plans and celebrate with you, our team, volunteers, supporters and funders. As they say, watch this space for a celebration of all we do, a year of connecting and looking forward towards our next 10 years!

Thank you.

A handwritten signature in black ink, appearing to read 'Joanne'.

Joanne Kirk (she/her)
Chair

CEO'S REPORT



Writing this report is always a time for reflection. As I look back over my fifth year as CEO of Birth for Humankind, and this, the sixth Annual Report that I have contributed to, what simultaneously stands out is how far we have come, whilst so much has stayed the same.

Operationally we have made some significant advancements that have enabled us to redistribute resources to our grassroots programmatic work. To do so, we started the year having streamlined our leadership capacity, with a targeted focus on strategy, external engagement and operational resource management. Whilst this meant we had to say farewell to some valued team members, I am grateful for all their support and commitment to our clear and defined goal of investing in, and sustaining our doula workforce.

One of my greatest highlights since first joining the organisation, has been implementing our pilot program to employ doulas this year. It involved an immense amount of planning and process change behind the scenes, that the team took in their stride.

We still have a long way to go until we can sustain this model. It will require more secure funding and further operational process refinement. But our interim evaluation findings suggest that this is an effective, sustainable model of providing timely doula support to people experiencing systemic discrimination and disadvantage, whilst also providing employment pathways for people with lived experience.

In a continued challenging environment for attracting and retaining a volunteer workforce, the team has also worked to increase our capacity to train new doulas, so we can continue to meet service demands.

Yet, throughout all these significant changes, the heart of the organisation remains the same. This is testament to the Board, staff and volunteer team who stay motivated by the intention to make personalised support available to people when they need it the most. I am ever thankful for all they give; it's what makes this such a wonderful place to work.

Our new [Strategic Plan FY24-27](#) clearly demonstrates this balance. Birth for Humankind remains the same unapologetically principled, values-driven, intersectional feminist organisation, whilst also taking on the challenge of better responding to the most pressing demands of our clients and our organisation, and using our growing reach and influence to help dismantle the systems that perpetuate inequity.

As always, none of what we do is possible without the continued support of our staff, volunteers, funders and partners. Thank you! I often hear the sentiment that Birth for Humankind 'punches above its weight', and I firmly believe that's because we don't do it alone.

Collaborative partnerships are the cornerstone of feminist movements and I truly believe they will be the solution to the rising tide of the anti-rights movement, that is attacking women and gender diverse people's pregnancy and reproductive health care rights and choices.

In the coming year I plan to explore how we can expand our collective action around shared goals, to more swiftly achieve gender equality and equitable pregnancy and maternal health outcomes for all. I look forward to working with you.

A handwritten signature in black ink, appearing to read 'RD' followed by a stylized flourish.

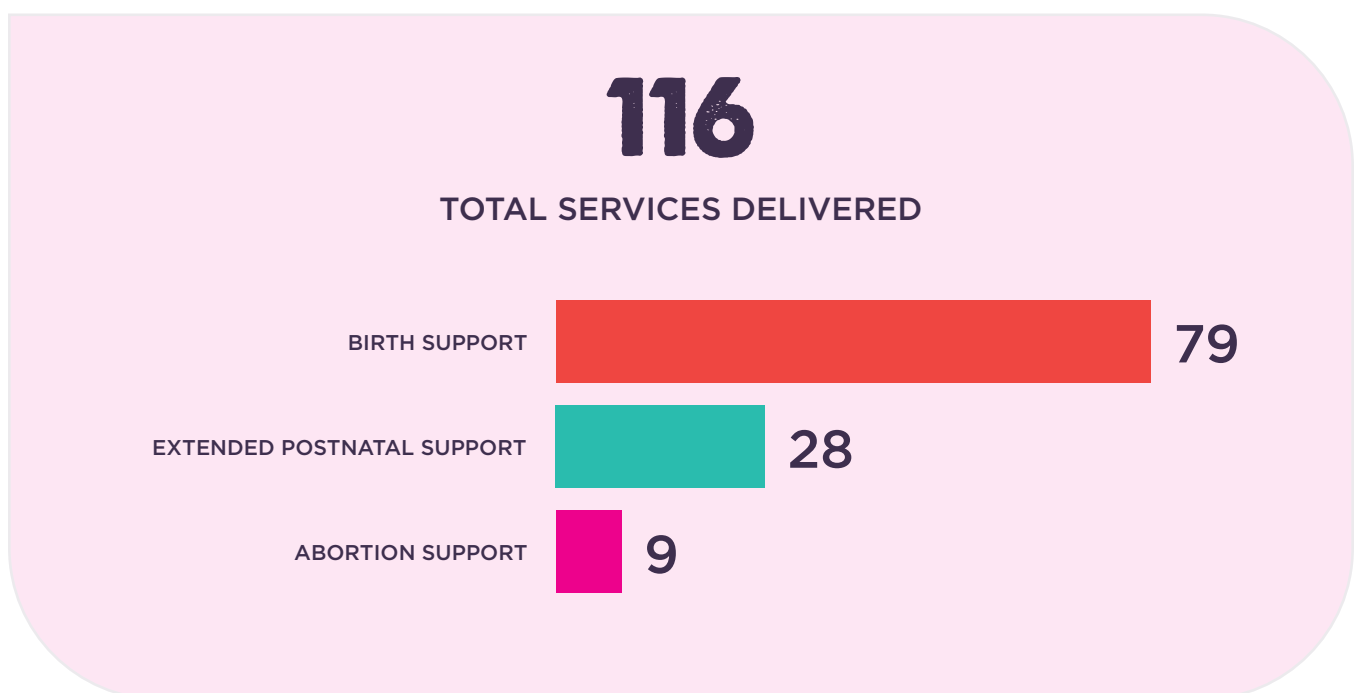
Red Dearnley (they/them)
Chief Executive Officer

OUR HIGHLIGHTS THIS YEAR

This was the final year of our FY21-23 Strategic Plan, and we are proud of the impact of our services and how the organisation has evolved over the past three years. Here are some highlights.

Goal: Increase access to respectful, tailored support, education and connection for women, gender diverse birthing people and their babies experiencing socioeconomic disadvantage.

OUR SERVICES



Birth support

Through our birth support program, clients are matched to doulas who provide support services based on a client's needs and circumstances. This support can include:

- Providing relevant childbirth information.
- Supporting health system navigation and attendance at clinical appointments.
- Physical and emotional preparation for birth.
- On-call labour support, as well as a few postnatal visits immediately following the birth (which could include breastfeeding support and self-care practices).

Extended postnatal support

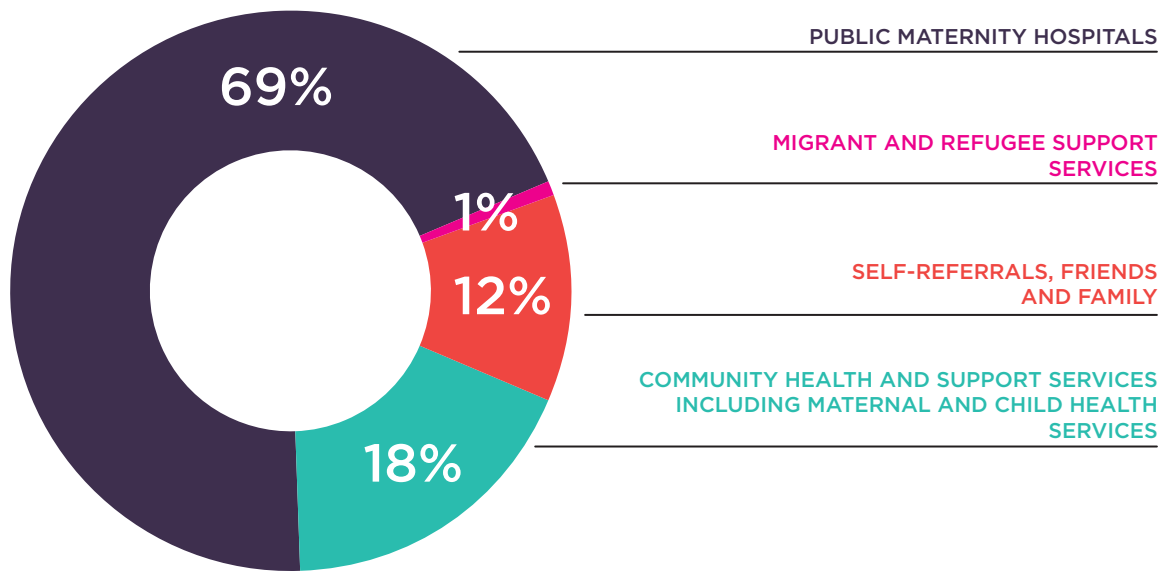
Extended postnatal support is available for clients who require additional postpartum support. This typically includes 12 hours of support over the first six weeks after baby is born. Doulas provide practical information and support on:

- Postpartum bodily adjustments.
- Settling into life with a new child.
- Feeding and settling support.
- Connections to other services in the community that clients may need once the doula service ends.

Abortion support

Since 2021 we have provided abortion doula support for clients referred through the Royal Womens Hospital's Birth Choices program. This program is specifically for mid-trimester abortions that occur in hospital settings. It includes circumstances such as maintaining the safety and wellbeing of the client, health of the foetus, or unviability of the pregnancy. This year we have seen a significant increase in referrals, due to our growing relationship with the Royal Womens Hospital's birth suite team.

IN FY23 OUR REFERRALS CAME FROM:



“

Outstanding, one million stars. Her presence made a huge difference because she is someone that walks the walk not just talks the talk.

”

- Irene*



Farzana, Betsy and Saffa

A PILOT OF A DOULA EMPLOYMENT PROGRAM

In April 2023, we started a pilot program that employs doulas. Our aim is to improve service sustainability, help meet service demand and create casual employment pathways for culturally diverse graduates of our doula training program.

Three doulas joined our staff team – all who had previously trained and volunteered with Birth for Humankind.

The program is in a pilot phase, during which we are assessing its ongoing feasibility and opportunities for improvement. The program is carefully designed to complement our existing volunteer model and meet the needs of our employed doulas. Our team has worked intensively throughout the year to develop the project, which has been informed by a user-centred consultation process and ongoing analysis of client referral and outcome data.

In just three months (to 30 June 2023), the employed doulas have provided seven birth support services and four extended postnatal support services. This is an estimated 55% increase in capacity compared to our volunteer program in the same period.

This pilot would not have been possible without the support of the Phyllis Connor Memorial Trust (Equity Trustees), the Scanlon Foundation and the Jenkins Foundation. We are actively seeking funding for the continuation of this program.

GROUP PRACTICE TO ENHANCE CONTINUITY OF SUPPORT

Continuity of support is at the core of all doula work. Through this ongoing, interpersonal connection, doulas build trust with their clients, which enhances the care they receive and their birth experiences. However, given the nature of birth work, sometimes a back up plan is needed!

A group practice model, provides additional doulas to strengthen support to clients. It is when a group of doulas work together to manage a caseload of clients (and is similar to the midwifery caseload model). This enables birthing people to be cared for by the same doula (primary doula), but have additional support from a small group of other doulas throughout their pregnancy, birth and in the early weeks at home with a new baby. This model means that if the primary doula is unavailable – for example the client goes into labour very early and the doula is away, or the doula is unwell – there is another person that the client knows who can attend.

This year we tested and expanded the use of a group practice model across our volunteer program (and it is also used in our employed doula pilot program). In doing so, we can encourage more volunteers to take on clients, without fear that other commitments may be impacted.

CREATING COMMUNITY CONNECTIONS AFTER OUR SERVICE ENDS

This year, in partnership with City of Yarra and Kids First, we began exploring how to strengthen onward referral pathways to local services for after our service ends.

This is an expansion of our existing extended postnatal doula support work, that provides doula support for up to six weeks after birth.

This four-year project is possible thanks to support from the Paul Ramsay Foundation and Australian Communities Foundation. This year we have focused on building relationships and mapping services to assist in identifying opportunities for cross-referrals.

Goal: Build the capacity for maternal health workers to provide respectful maternity care for all women and gender diverse birthing people, and increase awareness of this need with the wider community.

TRAINING AND RECRUITING DOULAS



In June 2023, nine new students began their Foundational Doula Training. Five others (who started the training in FY22) are currently completing the practical birth support components of the training by providing supervised support to our clients.

Throughout the course trainees learn all the skills needed to work as a doula, in a private-practice or community-based doula context.

It is available to anyone wanting to train as a doula at cost, with full scholarships provided for Aboriginal and Torres Strait Islanders and people from culturally and linguistically diverse backgrounds.

In addition, we onboarded 10 existing doulas and other trained birth support professionals into our volunteer doula support program.



Our doulas in their own words

This year we produced a suite of beautiful videos to help us reach a more diverse audience and capture the essence of what we do from the unique perspective of our dedicated doulas.

Watch the films to hear what some of our doulas have to say about their work with us.

Thanks to the Paul Ramsay Foundation for supporting the production of these resources.

SUBMISSIONS

Overcoming barriers to sexual, maternity and reproductive healthcare in Australia

We were delighted that the [official response to the Commonwealth Government's Senate Inquiry](#) into the barriers to sexual, maternity and reproductive healthcare in Australia, made explicit reference to Birth for Humankind and a number of our recommendations. This included extending Medicare eligibility for reproductive health and pregnancy care will further Australia's provision of true universal access to reproductive healthcare.

Birth for Humankind submitted independently to this inquiry, as well as collaboratively as part of the [Victorian Women's Health Services Network](#).

Prioritising maternity in a gender equitable budget

GEN VIC, the peak body for gender equity in Victoria, prioritised affordable solutions to pregnancy and birthing support in their [FY23-24 Victorian Budget Submission](#). GEN VIC called for the Victoria Government to support Birth for Humankind to expand integrated, non-clinical birth support for pregnant women and gender diverse people experiencing social and financial disadvantage.



“

Birth for Humankind's active role in the trauma informed doula space is unique and very crucial in the perinatal space. It is an honour to be a volunteer.

”

– Paulette, Doula

CONTRIBUTING TO ORIGINAL RESEARCH



Kerryn O'Rourke

How and when does doula support work?

Kerryn O'Rourke PhD (she/her) completed her thesis, an evaluation of Birth for Humankind's doula support program and how, why and when doula support is most impactful.

The research has informed iterative service design improvements as well as our strategic planning and advocacy for improved public maternity support.

Two publications were released this year as part of the PhD studies.

- [Matching of woman and doula, and the generation of trust in an Australian volunteer doula program: Findings from a realist evaluation](#)
- [How and when doula support increases confidence in women experiencing socioeconomic adversity: Findings from a realist evaluation of an Australian volunteer doula program](#)

Amongst the various and notable findings, the publications established the importance of trust in the doula-client relationship. Trust results when a doula has "the right values and understanding; a knowing of what it takes to develop trust with women experiencing socioeconomic adversity."¹ This enables doulas to confidently engage with the client and provide culturally-safe support. What establishes trust can vary depending on the client's needs and values. This demonstrates – as is core to Birth for Humankind's model – that establishing an ongoing relationship where trust can be built, is of paramount importance.

One of the (many) positive outcomes of community-based doula support can be a client's increased confidence about birthing and parenting, resulting from "leaning on" a doula's confidence. This may be short- or long-term, depending on the client's attachment style and the nature of the doula-client relationship.

When a client's increased confidence is sustained, "...it is because the confidence has become her own. It is developed in relationship with, but becomes independent of, the doula. The woman is seeing her own strength and value, and when this happens, confidence extends to an increased capacity for agency and psychological wellbeing."²

The PhD has been funded and supported by Birth for Humankind, with funds generously donated by the Flannery Foundation.



Sarah Khaw

How doulas contribute to culturally-responsive care for migrant women

This year, we supported a growing body of evidence on community-based doulas' and health care providers' perspectives and experiences working together to support migrant women in maternity settings.

The research is led by Sarah Khaw (she/her), PhD Candidate at the Gender and Women's Health Unit of the University of Melbourne. The research to date has found that doulas are seen to support and enhance migrant women's maternity care experiences and strengthen the provision of cultural-responsive care. It suggests that employment models may be the next steps in acknowledging doula's contribution as a complementary service to maternity settings.

- [Community-based doulas for migrant and refugee women: a mixed-method systematic review and narrative synthesis](#)
- [A qualitative study on community-based doulas' roles in providing culturally-responsive care to migrant women in Australia](#)

¹ O'Rourke K, Yelland J, Newton M, Shafiei T. Matching of woman and doula, and the generation of trust in an Australian volunteer doula program: Findings from a realist evaluation. *Health Soc Care Community*. 2022 Nov;30(6):e5423-e5433. doi: 10.1111/hsc.13965. Epub 2022 Aug 4. PMID: 35924682; PMCID: PMC10087570.

² O'Rourke K, Yelland J, Newton M, Shafiei T (2022) How and when doula support increases confidence in women experiencing socioeconomic adversity: Findings from a realist evaluation of an Australian volunteer doula program. *PLoS ONE* 17(6): e0270755. <https://doi.org/10.1371/journal.pone.0270755>

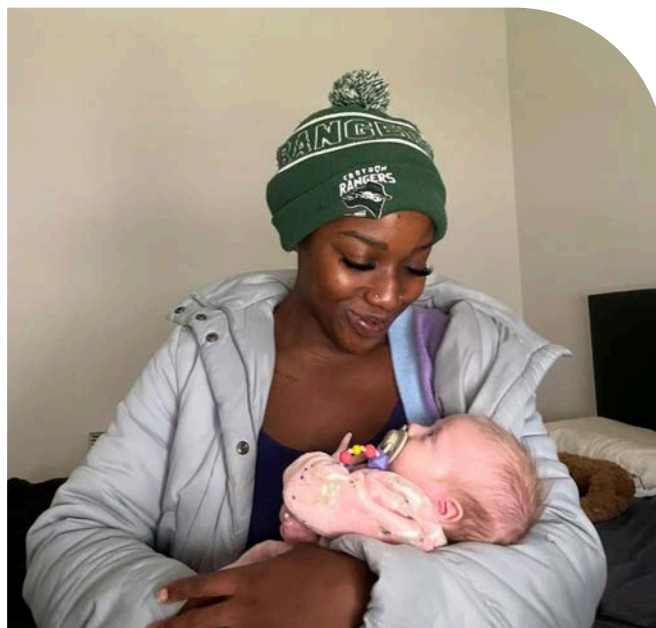
IN THE SPOTLIGHT

We have continued to try and spread the word about the importance of our work and the difference it makes for our clients.

We reached over 2 million prospective viewers through our media engagement, which included:

- 9Honey - [What it's really like being a doula: 'Never fails to leave me in awe', Zo Adams](#)
- Kiddo Magazine - [The power of storytelling: Australian Birth Stories](#)
- Geelong Advertiser - [Doula Beth MacDonald explains the job](#)
- Inner City News - [Birth for Humankind delivers free support so no one should give birth alone](#)
- The Sector - [Paul Ramsay Foundation announces first recipients of strengthening early years grants](#)

Midway through the year, we intentionally shifted our limited resources to focus on building an engaged digital supporter base, via our social media channels. We have seen a huge growth in engagement - including over 381% rise in subscribers and followers!



Zo Adams



GROWING SUPPORT FROM OUR COMMUNITY FUNDRAISERS

We are so appreciative of our supporters who go above and beyond to raise funds and awareness for Birth for Humankind.

With improvements to our peer-to-peer fundraising platform, we are well positioned to support our supporters who want to raise funds for our work.

This year:

- Our volunteer doula Abby went the extra mile and raised over \$2500 by running the Great Ocean Road Marathon. An incredible effort!
- Rhea Dempsey is a renowned birth educator, writer, speaker and doula who regularly provides in-kind support for Birth for Humankind, including copies of her books to all our new volunteers. This year, along with Jane Hardwicke Collings, former midwife and grandmother birth activist, they hosted [a fundraising in-conversation event on birth trauma](#).
- [Fertile Ground Health Group](#), a leading natural medicine fertility clinic have set a collective target to fund a Doula Training scholarship placement. This is in addition to their practitioners providing in-kind support to some of our clients.
- Many people [celebrated birth](#) by asking for donations in lieu of birthday presents, baby showers, Mother's Day gifts, Christmas presents.



Goal: Continue to strengthen our governance and operations, whilst growing and diversifying our funding to secure our sustainability.

A MILESTONE IN STRATEGIC PLANNING

This was the final year of our Strategic Plan FY21-23. When the plan was set in February 2020 we were on the cusp of a world-changing pandemic that significantly disrupted our trajectory.

Nonetheless, we have stayed the course where it matters most and continued to provide services to our clients and sustain our operations in a challenging funding environment. As hospital partners focused on responding to the COVID pandemic, we adapted our initial plans to deepen hospital-based relationships into broader sector-based advocacy and media awareness on birth equity during the pandemic. We paused plans for in-person training and instead focused on refining our Foundational Doula Training into a hybrid model. We began to develop and test new models for engaging volunteers, which resulted in the ongoing delivery of a team-based group practice model (where primary client-doula relationships are supported by a 'back-up' team) and the piloting of our employment pathways program.

Building on the last three years, the Board and staff team together developed the [Strategic Plan FY24-27](#) that was launched on 1 July 2023. It is a mature and cohesive plan that centres continual improvement, programmatic excellence and client experience at its core.

DIVERSIFYING OUR FUNDING

As a philanthropically-funded organisation, our sustainability depends on diversifying our income. Based on prior success in securing funds through a relationship-based approach, this year we purposefully invested in the development of a grants strategy and the tools and resources needed to increase this revenue stream. This included the establishment of a Grants Partnerships Lead role. Whilst we have further to go to be truly sustainable, this year we have made significant steps in increasing our multi-year funding commitments – a major milestone for the organisation. We also further developed the fee-for-service components of our Doula Training program, with the intention of gradually building this income stream over the next few years.

STRENGTHENING OUR LEADERSHIP CAPACITY

As we transitioned from a solely volunteer model of providing doula support, to a hybrid pilot of employing doulas, we also invested heavily in developing our systems, processes and staffing capabilities to work in this new way. This included leadership and staff management training for program supervisors, as part of our funding from the Paul Ramsay Foundation.

This followed a restructure of our management and leadership team at the start of the year, which enabled us to prioritise focus on strategy and external engagement, whilst redistributing funds to increasingly invest in our programming.



BUILDING DIVERSITY AND INTERSECTIONAL INCLUSION

We have an ongoing commitment to strengthening diverse representation at all levels of our organisation. We work to equip the Board, staff and volunteers to understand intersecting systems of discrimination, power structures and privilege, and to consider and challenge how this may contribute to preventing people from participating in our organisation.

In practice this year, this has looked like:

- Inviting all Board, staff and volunteers to participate in cultural safety training with VACCA. Following this training the staff team conducted a review of all operational practices, in order to identify opportunities to improve cultural safety for Aboriginal and Torres Strait Islander communities.
- Prioritising the employment of three casual doulas from culturally and linguistically diverse backgrounds (as part of the doula employment pilot program).
- Joining the Centre for Multicultural Youth's Seat at the Table program, which saw two youth representatives join the Board as observers.
- Escalating our consideration of how we centre lived experience within all aspects of our work, by prioritising this within the new Strategic Plan FY24-27.

MEASURING OUR SUCCESS

Evaluating our progress has always been foundational to how we work. Building on the evidence raised in the PhD evaluation of our entire model (that was completed this year), we began redeveloping our Monitoring and Evaluation Framework.

With support from the University of Melbourne Community Fellowship Program, we began an extensive process of researching good-practice models of output, outcome and impact data collection and analysis, that could be applied to our work. With supervision and coaching from Associate Professor Meghan Bohren, Unit Head of the Gender and Women's Health Unit at the University of Melbourne, we have drafted a new Monitoring and Evaluation Framework that will be piloted and refined in FY24 onwards.



“ Birth work is always meaningful to me, but the meaning is amplified when working with an organisation like Birth for Humankind. Being able to provide physical and emotional support to clients who are faced with complex and challenging situations is difficult but brings a lot of satisfaction and fulfilment.

– Nikki, Doula

”

THE PREGNANCY AND HOMELESSNESS COALITION

Since May 2023, Birth for Humankind has been the auspice agency for the Pregnancy and Homelessness Coalition.

Officially formed at the Pregnancy and Homelessness Cross-sector Forum hosted by RMIT University in November 2019, the Coalition is inspired by the combined energies, aspirations and efforts of organisations and individuals working across the health and homelessness sectors and women with lived experience of homelessness this new movement emerged.

The Coalition aims to be an influential voice on the service needs of pregnant women, gender diverse birthing parents and their children who are experiencing homelessness. It leverages expertise and resources to improve access to services and support to pregnant women and gender diverse people who are vulnerable to homelessness. It provides advocacy and strategic support for advancing further research and policy and practice changes to improve their health and social outcomes. An important focus is the creation of educational activities that build the capacity of staff across the sectors of health, housing and welfare to improve the standards of care at risk people and their infants and to give them easy access to safe, stable and affordable housing.



WHO IS THE COALITION?

The Coalition has a membership of over 25 organisations representing health and housing services who are working together for change to transform healthcare, social and housing support that will lead to safe and healthy lives for pregnant women, gender diverse birthing parents and their infants without a home.

The Coalition is currently Victorian based, but is inclusive of services and individuals from other state and territories across Australia.

Birth for Humankind has been a member of the Coalition since its inception – and was proud to become the inaugural auspice agency for the Coalition in May 2023, as the Coalition entered the next phase of development and sought its inaugural funding.

HOW IS THE COALITION GOVERNED AND MANAGED?

The Coalition has a Governance Group which meets every six weeks to implement its strategic priorities. Annual workplans operate as the foundational agreement between the wider Coalition and governance body about policies, activities and priority actions to pursue.

There are quarterly meetings with the wider membership to facilitate accountability and communications and to progress advocacy efforts and opportunities.

Working groups are established to oversee, develop and implement key activities and goals of the Coalition.

The Governance Group is Chaired by Dr Theresa Lynch and a Birth for Humankind representative is a member of this group.

In late FY23 we commenced recruiting a Project Coordinator to assist members in implementing a number of the Coalition's key priorities. This role is generously funded by a grant from the Mercy Foundation.

THE COALITION'S STRATEGIC GOALS

The Coalition's strategic goals are driven by the recommendations of a three-stage research project, undertaken in 2017 by Associate Professor Suellen Murray as the principal researcher. The project, supported by Launch Housing, Latrobe University, RMIT University and The Royal Women's Hospital provided critical insight into the experiences of pregnant women and newborns experiencing homelessness and how these impact on their immediate and long-term health and well-being. The research addressed ways to improve service and policy responses and standards of care for vulnerable pregnant women and newborns. Members of the Coalition were involved in the production of these two research reports.

ACHIEVEMENTS TO DATE

Achievements of the Coalition have included:

- Establishing and maintaining a collaborative network of cross-sector workers from the maternity and housing sectors, with the shared goals of addressing support service gaps for their clients.
- A self-assessment tool, designed to understand how services were responding to pregnant women and gender diverse birthing people affected by homelessness. The tool was distributed across a range of health, housing, drug and alcohol and maternity services in Victoria in 2020, receiving a total of 172 responses.
- The publication of an edition of Parity magazine titled, Pregnancy and Homelessness. We believe it is the first publication of this kind in Australia devoted solely to this important issue. Parity is a journal produced monthly by the Council of Homeless Persons.
- Received inaugural funding for the volunteer Coalition and established a Project Coordinator contract role to:
 - Lead and coordinate a service scoping and mapping exercise.
 - Support Coalition members in the development of short e-learning modules.
 - Develop effective active working relationships with members of the Coalition.

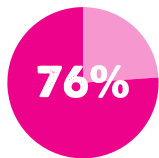
Implementing the Coalition's activities has provided robust evidence that services require knowledge and skills to enhance their expertise to assess, support, treat and care for pregnant people experiencing homelessness.



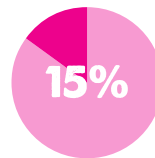
NEXT STEPS

Over the next twelve months, the Coalition has plans to hold a summit in partnership with academia to consolidate learnings and bringing together high-level advocates and policy makers, to progress funding and actions to improve service systems and potentially set a national research agenda.

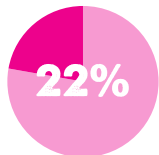
OUR CLIENTS



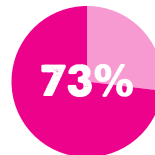
At risk of perinatal mental health issues



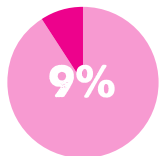
Current or historical substance misuse



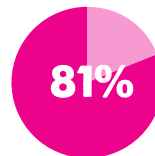
Experiencing homelessness



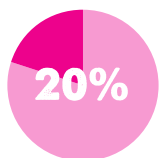
Experience of family violence, trauma or abuse



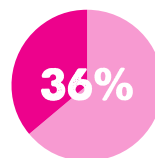
Newly arrived migrant



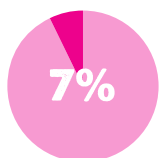
Lacking a birth support person



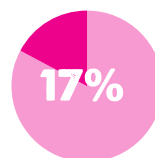
Refugee background or seeking asylum



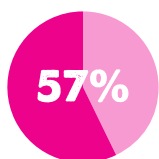
Primary language other than English



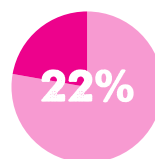
Aboriginal and/or Torres Strait Islander



Requires an interpreter



History of mental health issues



Under 25

“

She was amazing, if there is a scale of 1 to 10 she was a 10 in everything. I didn't even know what labour was, she talked me through the process, gave me techniques, made me cups of teas, rubbed my back, talked to me, advising me, warning me when things might intensify. I am happy, I am more than happy.

–Saiesha*

”

KHANH'S STORY



Khanh (she/her)* was 30 years old, 28 weeks pregnant with her second child and experiencing several major stressors in her life, when she sought help from a social worker.

She had only been in Australia for a year and did not know anyone. Her family and friends were all back in her home country, and while she tried to speak to them as often as she could, her family rarely had internet access. She felt very lonely, and worried about having a baby alone in a new country.

Khanh was experiencing homelessness. When her partner became abusive, she fled with her daughter to protect them both. While at the time of referral, Khanh was staying in a family violence refuge, the accommodation was only temporary, which caused a lot of stress and uncertainty, as she did not know where she would be living when the baby was born.

Due to her lack of social support, Khanh was facing the prospect of giving birth alone in an unfamiliar hospital system.

When her social worker suggested Birth for Humankind, Khanh thought it would be wonderful to have a familiar face supporting her at her labour and birth. She had given birth in her home country last time, with the support of her sisters and mother, and had been so afraid of having to go through labour alone this time.

One of Birth for Humankind's doulas, Sara (she/they)*, volunteered to support Khanh for both birth and extended postnatal support. Khanh was so pleased to hear from Sara, and they arranged to meet at Khanh's next hospital appointment.

Over the coming weeks, Khanh and Sara developed a strong connection, meeting in person two more times to develop a birth plan, and sharing some phone calls to debrief hospital appointments in between. While Khanh was still stressed about her housing, she started to feel a lot calmer about the birth and caring for a new baby, as she knew that Sara would be there to support her.

Khanh went on to birth a healthy baby with Sara by her side for the labour and birth. Khanh described the birth as a wonderful experience, and felt like Sara cared for and supported her as though they were family.

Khanh moved into secure short-term housing shortly after the baby was born, which helped her to settle into her new life as a mum of two. Sara visited her regularly for six weeks after birth, helping her to balance feeding and settling while also managing a toddler. Sara also helped Khanh to get out of the house with two children for the first time, and walked with her to her first Maternal and Child Health Nurse appointment.

Khanh's time with Sara was very positive, and helped her to feel supported and less alone at a time of great change and stress.

OUR PEOPLE

OUR PATRONS AND CO-FOUNDERS



Mei Lai Swan
(she/her)

Co-Founder and Director until 2022, Mei Lai continues to be an ambassador for Birth for Humankind and trauma-informed care.



Kirstan Flannery (she/her)

Co-Founder and ongoing philanthropic donor, Kirstan continues to support and help shape the future of Birth for Humankind.

OUR BOARD



Joanne Kirk
(she/her)

Chair



Lauren King
(she/her)

Company Secretary



Jeanette Royce
(she/her)

Treasurer



Jo Askham
(she/her)

Director



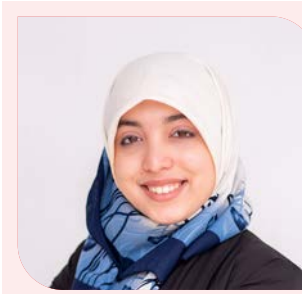
Grant Fenton
(he/him)

Director
(until 6 February 2023)



Raj Gopiraj
(he/him)

Director



Muminah Gilani
(she/her)

Board observers, Centre for Multicultural Youth, Seat at the Table Program.



Zahraa Hameed
(she/her)

OUR TEAM

Our part-time, totals four equivalent full time (EFT), plus casuals.



Red Dearnley (they/them)
Chief Executive Officer



Sandra Morris (she/her)
Senior Manager, Strategy and Engagement



Cath Wright (she/her)
Doula Program Supervisor



Kristine Balfour (she/her)
Doula Program Supervisor



Giorgia Hall-Cook (she/her)
Operations and Programs Officer



Jess Sartori (she/her)
Grant Partnerships Lead



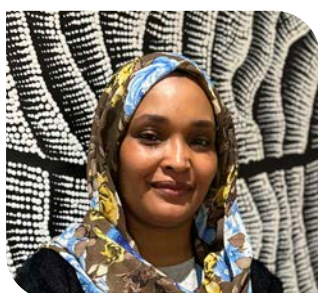
Kathryn Stary (she/her)
Communications Lead



Betsy Prieto (she/her)
Doula, Employment Pathways Pilot Program (Casual)



Farzana Parwizi (she/her)
Doula, Employment Pathways Pilot Program (Casual)



Saffa Dawelbait (she/her)
Doula, Employment Pathways Pilot Program (Casual)

OUR VOLUNTEERS

Our volunteers continue to go above and beyond to support their clients and our organisation. Thank you for all you do.

OPERATIONAL VOLUNTEERS

Marina Romanova (she/her) – Policy and research intern

Meredith Chipperton (she/her) – Evaluation intern

Yamuna Attrill (she/her) – Evaluation intern

DOULAS

Abby Holmes (she/her)
Amber Andrews (she/her)
Aviv Gazit
Beth Burke (she/her)
Beth Tynan
Betsy Prieto (she/her)
Cathe Ross
Emily Weekes (she/her)
Emma Findlay
Emma Fyffe
Farzana Parwizi (she/her)
Fiona Allen
Fyonna Wilson
Gabrielle Beard
Gemma Daniel (she/her)

Giorgia Hall-Cook (she/her)
Grace O'Neill Paterson
Hawalul Abdisamed
Ingrid Moe
Jenna Webb
Julie Huf
Julie Spargo
Julie-Anne Isaacson (she/her)
Karlie Bade
Kate Evans
Kathy Cooney
Kristine Balfour (she/her)
Liz Varney
Louisa Gibson

Marion Anrys
Monika Meehan
Nikki Reynolds
Paulette d'Argent (she/her)
Rachael Lording
Rhiannon Pintos Bright
Ronii Forster
Saffa Dawelbait (she/her)
Shelby Johnson-Boe
Sitar Regev
Stella Rutsito
Tessa Jungling
Trinette Lewis (she/her)
Zo Adams (she/her)

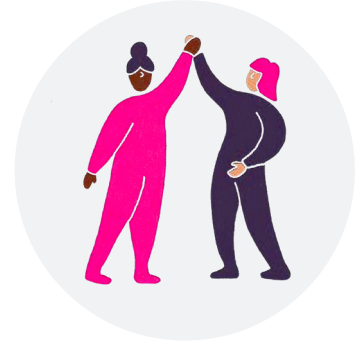
OUR DOULAS



Are all trained birth workers including private practice doulas, midwifery students and registered midwives



Collectively speak 17 different languages



Provided 2021 hours (that's 266 days!) of support to clients in FY23



“Volunteering with Birth for Humankind has completely changed my world view and is so meaningful.”

– Beth, Doula

OUR SUPPORTERS

Birth for Humankind is fully philanthropically funded. We can only achieve all we do thanks to the generosity of our partners and supporters.

Special thanks to:

OUR MAJOR DONORS AND GRANT MAKERS



As managed by Equity Trustees



Bridgid Allsopp
Jacqueline Moth
Jenkins Foundation
Jo and Ted Clark
Julie-Anne Isaacson

Kate Evans
King Family Foundation
Kirstan Flannery
Matthew Hoogland

OUR CORPORATE AND COMMUNITY PARTNERS



BIRTHMOTHER.



fertile ground.
HEALTH GROUP



think/hq



OUR IN-KIND SUPPORTERS



FINANCES

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE, 2023

	2023 (\$)	2022 (\$)
CURRENT ASSETS		
Cash and cash equivalents	198,224	257,524
Term deposits	426,901	324,907
Trade & other receivables	9,051	12,316
Total current assets	634,176	594,747
NON CURRENT ASSETS		
Security deposit	1,287	1,287
Total non current assets	1,287	1,287
Total assets	635,463	596,034
CURRENT LIABILITIES		
Trade & other payables	14,623	10,081
Employee provisions	23,760	24,926
Total current liabilities	38,383	35,007
NON CURRENT LIABILITIES		
Employee provisions	-	-
Total non current liabilities	-	-
Total liabilities	38,383	35,007
Net assets	597,080	561,027
ACCUMULATED FUNDS		
Reserves	597,080	561,027
Total accumulated funds	597,080	561,027

STATEMENT OF PROFIT AND LOSS & OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE, 2023

	2023 (\$)	2022 (\$)
CLASSIFICATION OF EXPENSES BY NATURE		
Revenue	606,646	515,167
Program Costs		
Doula Support	264,949	202,397
Education (now part of Doula Support)	-	97,700
Research	-	164
Personnel and Operations	256,844	206,417
Communications and Fundraising	48,800	82,256
	<u>570,593</u>	<u>588,934</u>
Surplus/(Deficit) before income tax expense	36,053	(73,767)
Income tax expense	-	-
Net (Deficit)/Surplus for the year	36,053	(73,767)

OUR YEAR AHEAD

Drawing on the learnings from our FY23 organisational performance monitoring and the targets set in our Strategic Plan FY24-27, in the next financial year we will:

PROGRAMS

- Work to transition the employed doula program from a pilot into a sustainable model of practice.
- Continue to deliver volunteer-based support for clients during pregnancy, birth and during early parenting, and find innovative ways to engage and retain volunteers.
- Continue to train aspiring doulas to be fully qualified to provide private practice and community-based doula support, and engage student doulas in delivering services to our clients.
- Implement a revised Monitoring and Evaluation Framework to improve accuracy of our data collection and reporting. This will start with a focus on client outcome data and be expanded to include other areas of our work in the future.
- Further our support for the Pregnancy and Homelessness Coalition, by contributing to the Governance Group and actively seeking funding to enable the collaborative movement to achieve its shared goals.

ADVOCACY AND AWARENESS RAISING

- Celebrate Birth for Humankind's 10th birthday!
- Expand our partnership-based advocacy relationships based around shared values and goals, and contribute to joint submissions and policy calls.
- Increasingly position Birth for Humankind's expertise in non-clinical maternity support and continuity of care within the women's health, sexual reproductive health and other aligned social support networks.
- Continue to find opportunities to contribute our data and knowledge to original research, that helps build the evidence-base for community-based doula support.

INCOME GENERATION

- Invest in the growth of our fee-for-service doula training program, to generate income and grow the availability of qualified doulas to support our programs.
- Continue to invest into growing our income from grants, trusts and foundations, including securing a higher proportion of multi-year funding commitments.

GOVERNANCE AND OPERATIONS

- Work to maintain our current operating levels, structure and resourcing to support our core goals: maintaining service delivery, implementing an employed doula practice model and working towards an increasing budget surplus each year, for the next three years.
- Continue to implement CEO and leadership succession planning to mitigate the risks of turnover in a small team and best position us for scalable growth.
- Implement the revised Performance Measurement Framework FY24-27 (aligned with the new Strategic Plan), to track and monitor progress and trends, and to better assess and increase our impact.





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