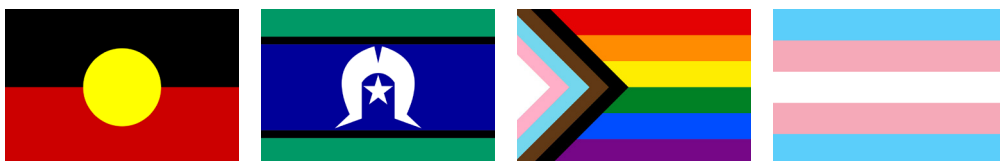


**BIRTH FOR  
HUMANKIND**  
**IMPACT REPORT**  
FY 2023-2024

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 ongoing dispossession remains largely uncompensated and unreconciled. With our acknowledgment comes a commitment to using our work and our platforms to help work towards voice, treaty and truth-telling and self-determination.

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



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# CHAIR'S REPORT



2024 marks Birth for Humankind's 10th birthday.

10 years on, we continue to positively impact pregnant women and gender diverse people's lives. We have provided over 1117 free person-centred, trauma-informed and culturally sensitive doula support services to more than 945 people experiencing disadvantage in Victoria.

A continued highlight of the past 12 months has been the employed doula program that has moved from pilot stage to ongoing employment of two doulas. Not only has it proven to be a valuable employment pathway for some of our volunteer doulas and it has increased our overall doula support capacity.

Many people have contributed over the years to making Birth for Humankind what it is today. Alongside this program is our doula training and individual multi-language, accessible childbirth education and our research and advocacy for a strengthened maternity and sexual reproductive health system.

A big thanks to our current team: Amber Andrews, Betsy Prieto, Cath Wright, Farzana Parwizi, Jess Le Fevre, Kristine Balfour and Sandra Morris who work tirelessly. Thanks also to our past team members over the last 10 years; our founders, Mei Lai Swan and Kirstan Flannery, and former staff Annabel Davies, Anthea Riskas, Arimaya Yates, Carmen Hawker, Cressida Blumson, Fairlie Tucker, Giorgia Hall-Cook, Glenys Janssen-Frank, Indrani Parker, Jen Branscombe, Kathryn Stary, Kester Naismith, Maison Levot, Natalie Kondzic, Nyanhial Yang, Olivia Myeza, Rebekkah Bartlett, Saffa Dawelbait, Samantha Dennis and Stamatia Venetis - plus everyone who has given their time as a peer educator, intern or volunteer.

Big thanks to Jo Askham, Raj Gopiraj and Lauren King for your ongoing commitment and wisdom as directors on the Birth for Humankind Board. We welcomed at the end of last year three new directors, Savi Alphonse, Jessica Mitchell and Susanne Newton. Thank you all for your time, expertise and humour. We also farewelled Jeanette Royce this year and thank her for the remarkable contribution she made as Treasurer. To past board members over the last decade - Carly Lord, Grant Fenton, Indrani Parker, Kerryn O'Rourke, Kirstan Flannery, Kirsty Burke, Mei Lai Swan, Olivia Mason and Sarah Jefford - we are grateful for all your hard work establishing the organisation's governance practices.

Thank you to Red Dearnley, your collaborative, generous and supportive approach as the CEO towards me as the chair and to the Board, it makes our job easy and a joy.

Thank you to all the Birth for Humankind volunteers past and present. Thank you for all that you do to make it possible for this organisation to achieve what it does day in and day out.

Finally thank you to all the people who have trusted us to care for them when they are pregnant and are in need of our support. It is a privilege to be beside you as you make the choices that are right for you.

Joanne Kirk (she/her)

Chair



# CEO'S REPORT

10 years is a remarkable achievement for any organisation, but especially one that is community-driven, fully philanthropically funded and independent but yet so closely integrated with the public health system. I am humbled and privileged to work alongside such a dedicated and skilled team of doulas, who have made this possible.

The organisation's roots and core purpose has been the provision of person-centred care that is proven to improve health and wellbeing outcomes. Yet advocating for systems change is deeply integrated in the model. By delivering services within public health contexts that complement clinical care, demonstrating the best emerging practices for trauma-informed, culturally safe support, and bearing witness to the experiences of people who are systemically vulnerablised – our doulas are holding public service standards to account and are generating a growing body of evidence that informs academic and policy research.

Whilst there remains a long way to go, it is encouraging to see the progress made over the last 10 years. There is now widespread understanding that continuity of care and support should be the 'gold standard' for maternity and sexual reproductive health care. There is an increasing awareness of, and investment in maternity accessibility and continuity of care models. Trauma-informed and culturally safe care is common language, and growing in practice.

Yet – as felt throughout the social support sector – our clients and extended community have felt the extreme impacts of the cost-of-living crisis and are increasing social inequity this year. We have seen a continual rise in racism, prejudice and violence, and colonial, divisive narratives that cause harm and exclusion. This is set within a global context of conflict, violence and religious persecution. The ongoing devastation in Gaza is never far from our minds – and we are proud to offer free, secondary consultation support to other community organisations that are working directly with refugees and those who are newly arriving in Australia. Simultaneously, many of our community feel the first-hand impacts of rising anti-Semitism and Islamophobia.

This environment not only challenges the inclusive, intersectional feminist ideals of our organisation – but they shape the operating environment, and the work inevitably, is harder. Clients present with greater complexity of care needs. There are increasing challenges to be navigated. There is a greater emotional toll on staff and volunteers.

These are not uncommon circumstances for the community sector. But what is remarkable is how through it all, our staff and volunteer team have continued to show up for our clients. Whilst volunteer sustainability remains a challenge, that certainly doesn't take away from the extraordinary achievements of our team, who still managed to increase service delivery by 18% this year!

It takes collaboration to achieve all we have – whether working together as a team, or in partnership with other organisations. I am grateful to all the team and our wider sector partners and supporters, for how you continually rally around each other to ensure mutual success.

Looking forward, this remains core how we work, as we continue to explore ways to come together with the maternity, sexual reproductive health and wider women's health and community sector, to achieve our common goals.



Red Dearnley (they/them)

Chief Executive Officer





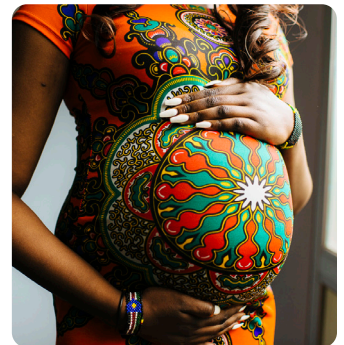
# CELEBRATING 10 YEARS

When Mei Lai Swan (she/her) first connected with Carly Lord (she/her) and offered to provide free doula support during Carly's pregnancy and birth, little did they realise the impact that they would have on each other – or on maternity support services and advocacy across Australia!

They saw first-hand the transformative impact that continuity of support has on birth experiences and maternal-child health outcomes.

Whilst Carly was caring for her new son, Mei Lai and doula colleague Kirstan (she/her) – our co-founders – began drawing on international evidence and local expertise to inform the design of a sustainable volunteer doula support program in Melbourne.

Birth for Humankind began in 2014, as a small team of four volunteers operating out of Mei Lai's lounge room – with Carly as a founding Director.



OVER THE LAST 10 YEARS OUR WORK HAS CONTINUED TO IMPACT INDIVIDUAL LIVES AND THE PUBLIC HEALTH SYSTEM.

**1,117**  
doula support services provided.




Contributed to **12** original research publications that are informing academic research and clinical practice about how the provision of hospital-based care can be complemented by community-based doulas.



Trained and onboarded **234** volunteer doulas - providing a community of practice and support, and ongoing specialist training in culturally-safe, trauma informed care.

Of these, **87** are midwives or student midwives, who were able to embed these non-clinical care practices within their clinical work.



Trained **43** people to become qualified doulas, who are now working and volunteering their skills with birthing families around Victoria.

This includes **26** Aboriginal and Torres Strait Islander and multicultural women who received free or partial scholarships, bringing diversity of skills and experiences to the doula workforce.

**31** different referral organisations regularly trust us to support their clients - including public hospitals, community health centres, community organisations and perinatal support service.



Provided evidence to over **16** parliamentary inquiries, governmental submissions and sector advocacy calls for maternal and sexual reproductive health equity that have contributed to:

- Increased research and awareness of community-based doula models and their impacts on health and wellbeing, and innovative models being proposed for piloting.
- Increased investment into continuity of midwifery care models in recent budgets.
- Growing understanding of trauma-informed care and culturally responsive practice, within policy narrative and public health practice.
- Recognition that extending Medicare eligibility for reproductive health and pregnancy care will further Australia's provision of true universal access to reproductive healthcare.
- Recognition of the role of trust, continuity of care, prevention and education are essential elements of health literacy.
- Growing collaborations between public healthcare providers and community-based doulas, in the provision of birth and abortion support.

Attended births at **13** different public hospitals.



Grown to a highly skilled, experienced and dedicated team of:

- 4** full time equivalent roles
- 2** casually employed doulas
- 45** active volunteers.

Maintained ongoing partnerships and philanthropic relationships with over **90** organisations - and collaborating to improve birth and sexual reproductive health equity in Australia.

**15,907** hours of one-to-one doula support volunteered (that's the equivalent of working 8 hours a day, for 5 and a half years straight!)

And that doesn't include the countless text messages, quick call check ins, weeks of being on-call - standing by, waiting and checking in until the labour start, doula group practice communications, and ongoing supervision sessions!





“Built on professionalism, trust, and respect, we have been referring young pregnant women to Birth for Humankind since 2014. My experience of the organisation has been one of hope, empowerment, growth, and gratitude.

If I could tell the world one thing about Birth for Humankind, it would be that this organisation truly wants to make the world a better place. Their support comes from a foundation of generosity, understanding and kindness and they always go above and beyond.”

- Amanda, Midwife

# OUR HIGHLIGHTS THIS YEAR

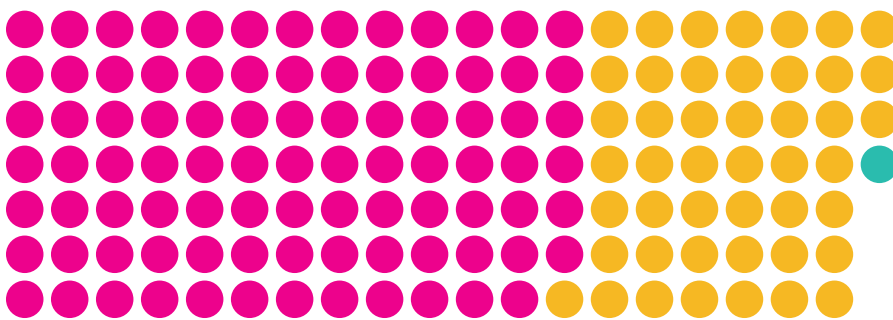
This was the first year of delivery against our FY24-27 Strategic Plan.

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

## OUR SERVICES

# 137

TOTAL SERVICES DELIVERED



An 18% increase in total services over last year.

## 90

BIRTH SUPPORT

Clients are matched to a doula (or a small team of doulas) so they have continuous support throughout their pregnancy and birth. This may include:

- Providing relevant childbirth information.
- Supporting health system navigation and attending clinical appointments.
- Physical and emotional preparation for birth.
- On-call labour support from two weeks prior to the due date.
- A consistent, trusted presence throughout the birth – who understands their history, needs, concerns and hopes for the birth.
- A postnatal visit or two immediately following the birth, which could include things like self-care practices.

## 46

EXTENDED POSTNATAL SUPPORT

12 hours of support over the first six weeks after baby is born. This typically includes:

- One or two visits a week for a couple of hours – to check in and understand how they are feeling in this adjustment phase.
- Practical information and support on things like postpartum bodily adjustments, settling into life with a new child, feeding and settling support.
- Some limited home-based assistance – such as making a sandwich, whilst talking to the client about how they are doing, or accompanying the client and baby on their first walk outside together since the birth.
- Helping make connections to other services in the community that may be needed after the doula relationship has ended.

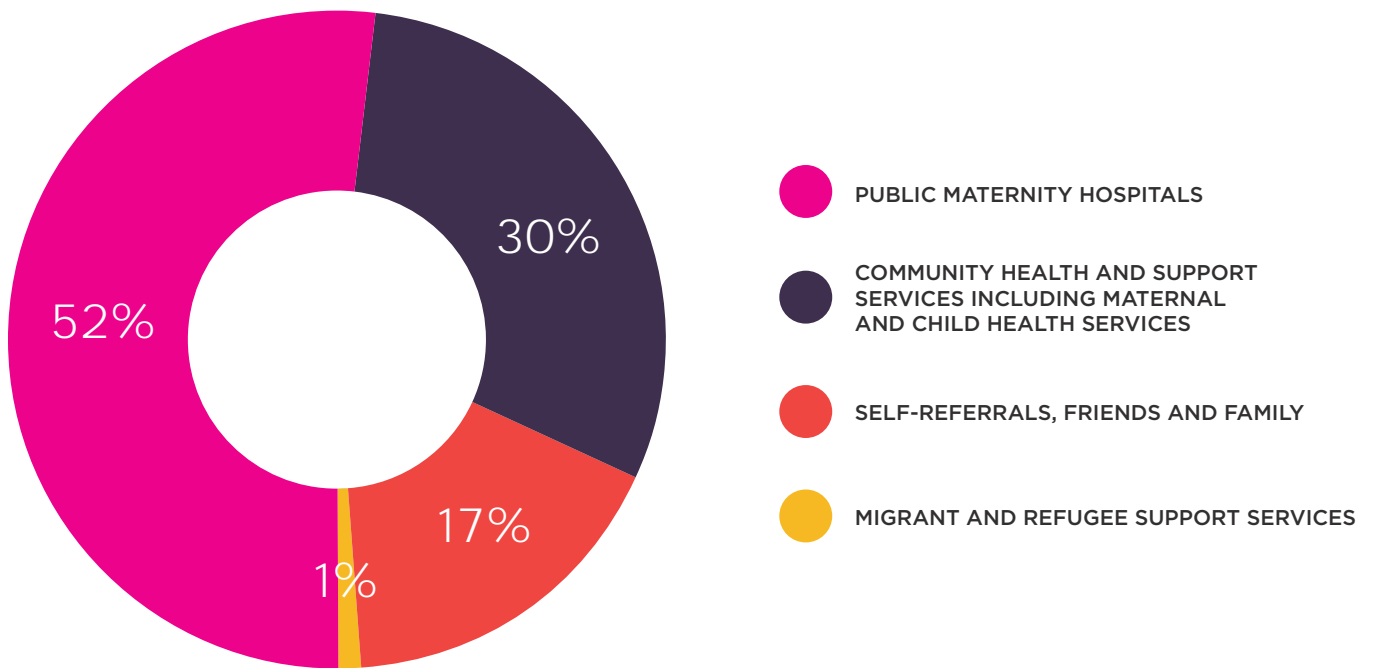
## 1

ABORTION SUPPORT

This program is currently only for mid-trimester abortions through the Royal Women's Hospital's Birth Choices program. Required at short notice, doulas will commonly:

- Call clients to ensure they understand what will happen when they arrive at the hospital and the personal, consistent presence a doula can provide.
- Be available during the procedure to provide personal care and emotional support.
- Check-in on the client after the procedure, if the client wishes, to provide practical support and ensure they have the ongoing support they need.

IN FY24 OUR REFERRALS CAME FROM:



“My doula was truly amazing!! I don’t have a mum to help me with my pregnancy and birth but Beth stepped into that role for me and was the best support I could have asked for. Helped me in ways I didn’t know I needed. She made the space feel safe, whilst being my advocate and support.”

- Meena\*





## EVALUATING CLIENT EXPERIENCES AND OUTCOMES

This year we implemented a revised Monitoring and Evaluation Framework for our doula support program, with a core focus on increasing our impact on client experiences and outcomes.

Developed in partnership with the [University of Melbourne](#) our revised client surveys - provided in a range of community languages - are helping us gather pre- and post-service information that is iteratively informing the adaptation of our services. Pictured here is our team member Giorgia Hall-Cook (she/her) who led this work and some of the other community fellows she worked alongside as part of the University of Melbourne program.

This year we are testing and refining the tools, based on client feedback, to ensure that it is effective for our needs and accessible to our clients.

Whilst we are yet to gather enough data to identify significant trends, we are confident in and committed to our evidence-based approach.

## EMPLOYING DOULAS

In April 2023, we started a pilot program that employs doulas. Based on [evidence gathered through the program evaluation](#), we extended this throughout FY24 and now into FY25. Our aim is to improve service sustainability, help meet service demand and create casual employment pathways for multicultural graduates of our doula training program.

We currently employ two doulas on a casual basis, who deliver around 35% of our services and bring valuable skills, expertise and experiences to our team.

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.



We have continued to use our expertise and experience to advocate for change in systems that continue to create maternity and sexual reproductive health inequity. This has included:

### LEAPP GUIDELINES EXPERT ADVISORY GROUP

Over the next five years the LEAPP (Living Evidence Approach, Pregnancy and Postnatal) Guidelines Group will be working together to update the current Australian Pregnancy Guidelines and develop new Postnatal Guidelines – informed by the latest evidence from around the globe.

Birth for Humankind is delighted to support this work and to be a member of the Expert Advisory Panel.

### ACADEMIC RESEARCH

We have contributed to two academic research papers led by Sarah Khaw at the University of Melbourne, that are informing how community-based doulas and health care providers can work together to improve support for clients:

- [Collaborative relationships between doulas and maternity care providers when supporting migrant women during labour and birth.](#)
- Factors Affecting Implementation and Sustainability of a Community-Based Pregnancy, Birth, Postpartum, and Abortion Doula Service in Australia (publication pending).

### GOVERNMENTAL SUBMISSIONS

In addition to direct governmental engagement, we provided evidence-based responses to:

- The Victorian Government's Inquiry into Women's Pain.
- GEN VIC's [budget submission](#), calling for the Victoria Government to enable more Victorians to access safe and dignified birthing support. This included recommendations to fund community-based doula models.





**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.**

## GROWING THE TRAUMA-INFORMED, CULTURALLY-SENSITIVE DOULA WORKFORCE

Through our [Foundational Doula Training](#) we are expanding the availability of doulas trained in trauma-informed and culturally-safe practices.

No prior experience is required. The training provides a full-spectrum training into birth and postnatal support work and specialises in working with clients with complex care needs.

The training is available online (self-directed learning) or annually, in-person over six days. Both options provide the opportunity to be mentored and supervised through the practical provision of birth support to the student doula's first three clients. The practical components may take an extended period, depending on the student's other commitments.

We supported 26 students to start, continue or complete their studies and student births during this financial year.

## THE PREGNANCY AND HOMELESSNESS COALITION

Receiving inaugural funding at the end of FY23, Birth for Humankind has been the auspice agency for the Pregnancy and Homelessness Coalition since May 2023.

With over 25 member organisations, 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.

This year, Birth for Humankind employed the Coalition's first staff member – a six-month, fixed-term contract, Project Coordinator – to assist in implementing two key strategic pieces of work:

### Service scoping and mapping exercise:

To identify specialist service availability, for people who are pregnant and homeless, as well as service and information gaps. The publication will simultaneously support social and health workers to find appropriate services for their clients and inform future advocacy on areas requiring increased service provision.

### E-learning modules:

Professional development training for community and health workers, on the unique needs of clients who are pregnant and without a home.

These pieces will be published in late 2024. We are pleased to continue to support the Coalition this year.

## GIVING MIGRANT MUMS A FAIR GO

This [virtual art exhibit](#) merges the realms of research and art and features a diverse array of photo-narratives developed by migrant and refugee women about their experiences of pregnancy, childbirth, and the transition to motherhood in Australia.

We were delighted to join this unique collaboration, with University of Melbourne, Multicultural Centre for Women's Health and the Burnet Institute – that aimed to provoke thought, inspire creativity, and foster dialogue on how to better understand and respond to the health and social inequities faced by migrant and refugee women in Australia.



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

## GROWING SUPPORT FROM OUR COMMUNITY FUNDRAISERS

We are so appreciative of our supporters who go above and beyond to raise funds and awareness. This year:

- Rhea Dempsey's [In Conversation](#) series continued to inspire and empower birth support professionals this year through insightful discussions with Bernadette Lack, Fiona Hallinan, Liz Newnham and Lael Stone. Rhea is a renowned birth educator, writer, speaker and doula - and long-time supporter of Birth for Humankind. She generously donated the profits from each event's ticket sales - totalling more than \$6500.
- [Fertile Ground Health Group](#), a leading natural medicine and fertility clinic continue their fundraising efforts to fund a Doula Training scholarship placement. This is in addition to their practitioners providing in-kind support to some of our clients.
- Some generous in-kind supporters donated gifts and doula essentials for our employed doulas to use as they began their careers with Birth for Humankind. Our grateful thanks to [Birthmother](#), [SheBirths](#) and [The Body Shop](#).
- 55 generous individuals help us reach our target of \$9,000 in our Make Twice the Difference campaign in February - which was then doubled by [EthicalJobs.com.au](#).
- Finally, a shoutout to our amazing [regular givers](#). Committing to a donation every month, whatever the size, helps us best predict our income and plan our activities accordingly. Some of you have continued this support for many, many years. Thank you!



## QUALITY SERVICE GOVERNANCE FRAMEWORK

As part of our commitment to enhancing and promoting our non-clinical governance capacity, this year we conducted a full review of our service governance mechanisms. This resulted in publishing a revised Quality Service Governance Framework.

Birth for Humankind has long benefited from very robust, comprehensive and inter-related governance systems, processes and procedures - that relate to all aspects of our work. Through this review we simultaneously aimed to:

- Ensure clarity and accessibility of our governance policies and processes and how they apply to people in all parts of our organisation.
- Demonstrate alignment with and identify any gaps in compliance with the principles and domains of quality governance, set by Safer Care Victoria and the Department for Families, Fairness and Housing Community Services Quality Governance Framework.

This framework is being used to iteratively ensure we maintain quality standards and demonstrate how our non-clinical program approach complements other public and community services.





## INVESTING IN OUR PEOPLE

As widely reported within the social support sector, there are increased demands on the workforce because of worsening inequality and circumstances experienced by clients, income uncertainty and increasing costs, and a significant reduction in the availability of volunteers. As we navigate the impacts of this, we proudly prioritise the ongoing investment into our staff and volunteer team - our most important assets. Over the past year we have focused on:

### Maintaining doula employment:

A significant challenge is ensuring doulas have enough work to keep them in sustainable employment, whilst recognising the casual nature of the work and that births rarely come to a schedule. As a result, we have offered both employed doulas with additional casual, office-based work to supplement their income in 'quiet periods'. This is providing additional support to the office-based team, growing the doulas professional skills and understanding of the broader organisation's work.

### Increasing investment into external supervision and counselling support:

This is in response to clients presenting with increasingly challenging circumstances and growing social inequity that adds complexity to the case management and care provided.

### Training and professional skills development:

All staff participated in training on how to identify and responding to vicarious trauma in the workplace. This was in addition to individually-selected training, webinars, conferences and events that team members participated in. We also have continued to support our doulas with regular professional development opportunities. This year we have grown the availability of online learning resources, to support their continual learning.

### Flexibility, collaboration and peer connection:

We have embraced an increasingly hybrid and flexible working environment. This gives our team the space to focus on core deliverables, as well as structure their work alongside other commitments in a way that is most sustainable for them. With regular points of connection and collaborative working we are maximising our efficiency and effectiveness. Through regular peer support circles and a doula team-based service delivery model, we also are supporting doulas, who traditionally work alone, to be part of a connected community.





"...I just wanted to take a moment to say thank to everyone of u from the bottom of my heart for all the support you've given me throughout my pregnancy.

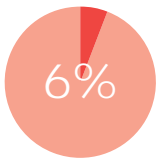
Your presence, guidance, and care have made such a difference in my journey. I truly appreciate everything you've done for me and my little one. I can't even put words how much your support meant to me, from the way in which you guys helped me find comfort in different positions to the calming presence you guys bought during all those challenges moments.

I felt so power and cared for. U guys truly made a positive impact on my pregnancy journey I'm forever grateful.

Baby appreciated everyone of you. 🙏🙏😊"

- Savannah\*

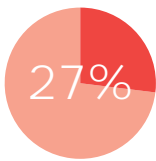
# OUR CLIENTS



Aboriginal and/or Torres Strait Islander



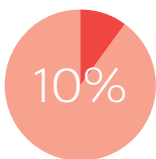
Newly arrived migrant



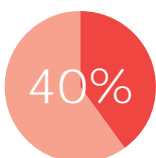
Refugee background



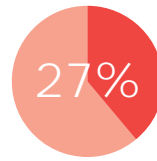
Lacking a birth support person



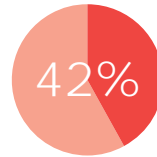
25 years and under



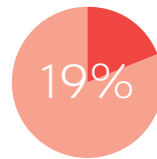
Experiencing family violence



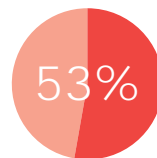
Experience of abuse



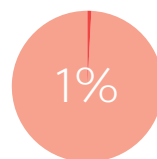
Experience of trauma



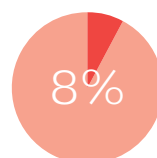
Alcohol or drug misuse



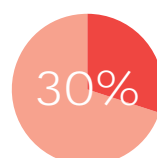
Mental health concerns



LGBTQIA+



Living with a disability



Experiencing homelessness

## Did you know?

21% of our clients required an interpreter whilst navigating the health system.

It is the client's right to have a qualified interpreter at appointments, even if doulas speak the same language as their client. If asked to interpret between hospital employees and the client, it confuses role boundaries and create difficulties in maintaining client relationships if the doula is seemingly 'speaking on behalf' of hospital staff.

However, it may be easier to build rapport and connection if the doula and client can speak the same language in one-to-one meetings. That's why we are building the cultural diversity of our workforce. Our doulas speak 17 different languages!

"She takes me for appointments when giving birth she was with me taught [sic] me how to shower my baby 🙏 and she really good at putting babies to sleep 😊 experience with my doula it was great 😊🙏 I give her 10/10 🙏😊🙏"

- Walaa\*



# NADIA'S STORY

Nadia\* (she/her) was referred to Birth for Humankind by a case manager very late in her pregnancy.

She was experiencing persistent family violence and had no close family or friends available to support her during her labour and birth. After completing a client intake and risk assessment, we deemed it unsafe for a doula to provide home-based support due to Nadia's circumstances.

Working as a part of Nadia's professional care team, which included the hospital where she would give birth, we were able to coordinate the provision of an intensive version of our birth doula support service for Nadia in the hospital setting. This meant she had three antenatal visits from her doulas, continuous support during labour and birth, and two postnatal visits, which all occurred within the safety of the hospital environment.

This arrangement worked with the parameters of her existing case management and safety plan and ensured the safety of our doulas and hospital staff.

Although Nadia was engaged with various support agencies, her circumstances produced complex barriers to accessing appropriate antenatal support throughout her pregnancy.

Birth for Humankind's unique role in this collaborative system response resulted in Nadia receiving personalised, continuous social-emotional pregnancy, birth and early postnatal support. This complemented and enhanced her clinical care and improved her birth experience, safety, autonomy and wellbeing - in a way that very few other service providers can offer.



# 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, Director until 2019 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  
(until 23 November 2023)



**Savi Alphonse**  
(she/her)  
Treasurer  
(from 23 November 2023)



**Jessica Mitchell**  
(she/her)  
Director  
(from 23 November 2023)



**Jo Askham**  
(she/her)  
Director



**Raj Gopiraj**  
(he/him)  
Director



**Susanne Newton**  
(she/her)  
Director  
(from 23 November 2023)



**OUR STAFF TEAM**



**Red Dearnley**  
(they/them)  
Chief Executive Officer



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



**Amber Andrews**  
(she/her)  
Operations and  
Programs Officer



**Betsy Prieto**  
(she/her)  
Communications  
Officer and Doula



**Cath Wright**  
(she/her)  
Doula Program Supervisor  
and Learning Coordinator



**Farzana Parwizi**  
(she/her)  
Doula



**Jess Le Fevre**  
(she/her)  
Grants and  
Partnerships Lead



**Kristine Balfour**  
(she/her)  
Doula Program Supervisor



# OUR VOLUNTEERS

## OPERATIONAL:

Meredith Chipperton (she/her) – Evaluation intern

Yamuna Attrill (she/her) – Evaluation intern

## DOULAS:

Alex Schifter

Amber Andrews (she/her)

Amy Langford

Aria Klein

Aviv Gazit

Beth Burke (she/her)

Betsy Prieto (she/her)

Chantelle Ogilvie

Chelsea Vela

Claire Wilson

Emma Findlay

Emma Lean

Erika Munton

Farzana Parwizi (she/her)

Gemma Daniel (she/her)

Giorgia Hall-Cook (she/her)

Jenna Webb

Julie Huf

Julie Spargo

Julie-Anne Isaacson (she/her)

Kelly McCormick

Kristina Rienmueller

Kristine Balfour (she/her)

Liana Azzolina

Louisa Gibson

Luisa Agudelo

Mandy Collins-Woolcock

Michelle Thomas

Miranda Gilbert

Monika Meehan

Niamh Warren

Nikki Reynolds (she/her)

Paulette D'argent (she/her)

Rachael Lording

Rhiannon Pintos Bright

Rox Coombes

Saffa Dawelbait (she/her)

Shelby Johnson-Boe

Tessa Jungling

Trinette Lewis (she/her)

Victoria Marshall-Cerins

Yamuna Attrill (she/her)

Zoe McDonald (she/her)

“I’m beyond grateful with the organisation for this opportunity it’s such a privilege to be part of the volunteer team and to be able to learn from wise women.”

- Amal\*, Doula

“I love the team support of the doula group practice model, the friendliness of everyone I’ve met so far, and the appreciation that always comes across in any emails. As for being a volunteer doula, I love that it combines the birth work that is so rewarding with the added layer of helping people who really do need that additional support.”

- Susan\*, Doula

# OUR PARTNERS AND 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



Alison McMullen  
 Jacqueline Moth  
 Jenkins Foundation  
 Jo and Ted Clark

Julie-Anne Isaacson  
 Kirstan Flannery  
 Mandy Collins-Woolcock

## OUR CORPORATE AND COMMUNITY PARTNERS



**BIRTHMOTHER.**



**fertile ground.**  
HEALTH GROUP



## OUR IN-KIND SUPPORTERS



## WE ARE PROUD MEMBERS OF:

- Australian Women's Health Alliance
- GENVIC
- Volunteering Victoria

# FINANCES

## STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE, 2024

	2024 (\$)	2023 (\$)
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	224,678	198,224
Term deposits	438,626	426,901
Trade & other receivables	30,244	9,051
<b>Total current assets</b>	<b>693,548</b>	<b>634,176</b>
<b>NON CURRENT ASSETS</b>		
Security deposit	1,287	1,287
<b>Total non current assets</b>	<b>1,287</b>	<b>1,287</b>
<b>Total assets</b>	<b>694,835</b>	<b>635,463</b>
<b>CURRENT LIABILITIES</b>		
Trade & other payables	54,215	14,623
Employee provisions	31,506	23,760
<b>Total current liabilities</b>	<b>85,721</b>	<b>38,383</b>
<b>NON CURRENT LIABILITIES</b>		
Employee provisions	3,642	-
<b>Total non current liabilities</b>	<b>3,642</b>	<b>-</b>
<b>Total liabilities</b>	<b>89,363</b>	<b>38,383</b>
<b>Net assets</b>	<b>605,472</b>	<b>597,080</b>
<b>ACCUMULATED FUNDS</b>		
Reserves	605,472	597,080
<b>Total accumulated funds</b>	<b>605,472</b>	<b>597,080</b>

# FINANCES

## STATEMENT OF PROFIT AND LOSS & OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE, 2024

	2024 (\$)	2023 (\$)
<b>CLASSIFICATION OF EXPENSES BY NATURE</b>		
Revenue	718,364	606,646
Program Costs		
Doula Support	387,868	264,949
Personnel and Operations	274,934	256,844
Communications and Fundraising	47,170	48,800
	<u>709,972</u>	<u>570,593</u>
Surplus/(Deficit) before income tax expense	8,392	36,053
Income tax expense	-	-
<b>Net (Deficit)/Surplus for the year</b>	<b>8,392</b>	<b>36,053</b>

# OUR YEAR AHEAD

In the next financial year we will prioritise the following deliverables, in alignment with our FY24-27 Strategic Plan:

## CELEBRATE OUR 10TH BIRTHDAY!

- Host a Gala Dinner to celebrate everyone who has contributed to our success to date.
- Host a staff and volunteer doula team retreat, focused on peer learning and wellbeing.

## PROGRAMS

- Align our focus around one priority goal - maintaining current service delivery targets, in recognition of an increasingly challenging operating environment.
- Engage and retain more volunteer doulas, to address the risk of reduced volunteer capacity.
- Maintain employment for two casual doulas.
- Continue to develop and promote training opportunities for aspiring doulas to become fully qualified, and mentor student doulas in delivering services to our clients.
- Explore opportunities to expand the provision of abortion doula support.

## PARTNERSHIPS

- Actively explore and expand opportunities to work collaboratively with other partners in the maternity and sexual reproductive health sector, to grow our collective impact.
- Leverage 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 auspice the Pregnancy and Homelessness Coalition and support the Governance Group in establishing the Coalition's future structure.

## SUSTAINABILITY

- Maintain our current operating targets, with recognition and close monitoring of the financial implications of doing so.
- Continue to invest in growing our philanthropic income from grants, trusts and foundations, including securing a higher proportion of multi-year funding commitments.
- Continue to implement Board, CEO and leadership succession planning to mitigate the risks of turnover in a small team and best position us for scalable growth.



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