

The best possible foundation: Yarra's maternal and child health centres, 1917–2017

YARRA CITY COUNCIL

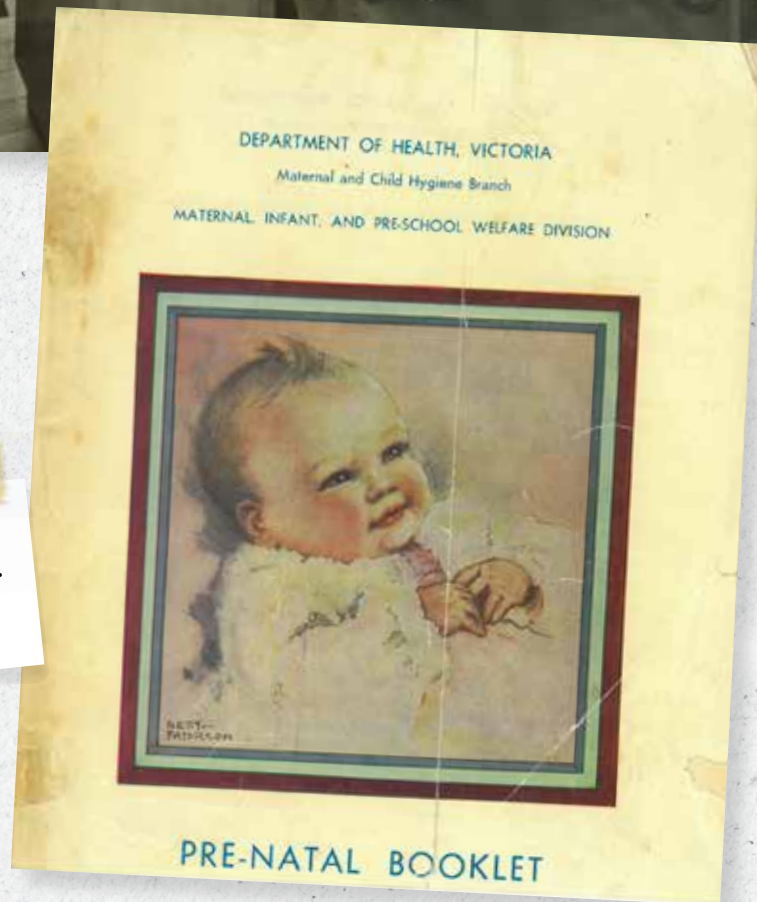


Newspaper collections were a major source of fundraising for the first maternal and child health centres.
Source <http://www.qec.org.au/history/stories>

Newry Street Health Centre and Lady Gowrie Child Development Centre North Carlton, circa 1950s.
Source: Victorian Public Records Office, VPRS 16682, P/3



Prenatal Advice Booklet cover, 1946.
Source: State Library of Victoria.



1917 to 1930:

The first maternal and child health centres in Yarra: close-knit communities and inner-city activism

A woman at the opening ceremony of a new baby health centre in Burnley in 1952 had, as a baby in 1917, been amongst the babies to attend Victoria's first baby health centre in Richmond. Her presence was recorded with great satisfaction because one of Richmond's first maternal and child health 'babies' was now a mother taking her own babies to the centre!¹

Richmond Council had always been proud of hosting Victoria's first baby health clinic, which opened June 1917 in Church Street's St Matthias church hall.

The popular service was quickly replicated in other inner-city suburbs, including Fitzroy, Collingwood, Carlton and Brunswick. These clinics grew out of the middle-class movement to 'spread the knowledge of the laws of health' to mothers wherever they were living.² This was especially prominent during the shadow of the Great War of 1914 to 1919, when high rates of civilian infant mortality acquired a particular poignancy against the backdrop of lives lost at war. Inner-city babies were seen to be especially vulnerable due to 'bad air, bad milk, over-crowding, poverty, dirt, ignorance, heat', a lethal combination that conspired in summer 'to kill the city baby'.³



The site of Victoria's first baby health centre in North Richmond, St Matthias church hall. Photo taken 1968.

Source: Richmond Historical Society Collection

¹ *Baby Health. A Quarterly Journal Published by the Victorian Baby Health Centres Association*, vol 6, no 6. Dr A Elizabeth Wilmot Papers, State Library of Victoria (SLV), Box 4, PA 98/26

² Victorian Baby Health Centres Association. 'Second Annual Report 1919-1920', Melbourne.

³ The Australian Health Society and the Association for the Prevention of Tuberculosis, 'Save the Babies', 1919, Melbourne.

During the early years of the twentieth century, this movement to spread health knowledge among mothers was buoyed by international optimism about the possibilities of improving infant health by using clean water, providing sewerage and taking a preventative approach to infant health. The first weeks and months of a baby's life came to be seen as a key point for public health interventions. Mothers needed to be encouraged to feed their children breast milk or to prepare hygienic supplementary milk. In Sydney and Adelaide, there had been efforts at the municipal level to begin a home visiting service for new mothers to provide them with education about infant health, nutrition and hygiene. In Sydney, this was followed by the development by the National Council of Women of centres known as Schools for Mothers, based on models in England and France.

In Melbourne, mothers in the industrial suburbs such as Richmond, Fitzroy and Collingwood, were already linked into welfare services to attend to infant mortality. The Free Kindergarten Union was established in Richmond in 1908, offering care for children from poor families. Then in 1917, the Women's Christian Temperance Union took a more preventative approach, opening a school for mothers and babies in Richmond.⁴

But it took the medical expertise and financial resources of Dr Isabella Younger (later Ross), recently returned to Australia after working in the slum areas of Glasgow and Edinburgh, to take the steps to establish the first drop-in baby health clinic. Offering her own money, Dr Younger paid the salary of Sister Muriel Peck, a nurse at the Lady Talbot Milk Institute, to work at the clinic. The Lady Talbot Milk Institute had been supplying refrigerated milk to struggling families to reduce infant deaths since the early 1900s and Muriel Peck had acquired substantial expertise in mothers and children.⁵

Muriel Peck decided one of the best ways to start to locate new mothers was by walking around and looking for nappies on clothes lines and prams on verandahs. This tactic proved successful, with five mothers and babies coming to the church hall on the clinic's first day, where they found Muriel Peck prepared with a card table, fruit boxes with cushions, scales and an exercise book.⁶ Over the coming weeks Isabella Younger, together with Muriel Peck and the clinic's other supporters Ethel Hemphill and Mrs Ramsay, invited more mothers to visit the clinic.⁷

Attendances at the centre grew quickly and the hall was soon overflowing with mothers and their babies, eager for help and advice. So a week before Christmas, Ethel Hemphill and Isabella Younger held a delegation to the Public Works Committee of Richmond Council seeking additional space.

⁴ Kate Dqrian Smith and Julie Willis, 'A Healthy Start: Buildings for Babies', *Community. Building Modern Australia*, Hannah Lewi and David Nichols (eds), University of New South Wales Press Ltd, Sydney, 2010.

⁵ Heather Sheard, *All the Little Children. The Story of Victoria's Baby Health Centres 1917–2017*, MCHN Vic, 2017; adb.anu.edu.au/biography/ross-isabella-henrietta-young

⁶ Heather Sheard, *All the Little Children. The Story of Victoria's Baby Health Centres 1917–2017*, MCHN Vic, 2017.

⁷ 'The progress of Infant Welfare Services in Victoria over the past 50 years', Paper by Dame Kate Campbell, speaking at the Jubilee Conference on maternal and child health. To mark the 50th anniversary of the establishment of the infant welfare section of the department of health, Victoria, held 5–8 April 1976, at Clunies Ross House, Parkville.

The women explained how 'experiences proved that mothers were very ignorant as to the proper method of feeding babies'. Their arguments were persuasive and the Richmond Council obliged by offering them consultation rooms at the Richmond Town Hall.⁸

The Council not only supplied space, but also offered a grant to pay the nurses and provided milk at a reduced rate or, when necessary for free, for mothers to give to their babies. Mothers from all parts of Richmond visited the centre, and after 12 months of operation, 500 babies had benefited. These centres soon acquired a busy but welcoming atmosphere where mothers were met by:

Over in Fitzroy and Collingwood, centres were also set up in the town halls. The Fitzroy section of the Committee of Collingwood and Fitzroy Baby Clinic first met on 8 February 1918. Its minutes record a membership comprising: 'the Mayor and Mayoress of Fitzroy, (Councillor and Mrs Fraser), Mesdames Hemphill, Nelly, Butler, McMahon, the Misses Henderson, Todd, Young and Miss Harris (Matron of Crèche); Isabelle Younger served as an Honorary Medical Officer for the clinic for the first three months.¹⁰

... a blazing fire giving a note of cheerfulness and warmth which is added to by the smiling face of Mrs Fleming, the nurse in charge. Babies in all stages of dress or undress are in the room, some gazing in frank curiosity, at the many other little boys and girls, others loudly voicing their baby woes. The naked atoms of humanity are weighed and the results noted on reference cards.⁹



Church Street Baby Health Centre opening.
Source: Richmond Historical Society



Richmond – The children's playground, ca. 1935.
Source: F. Oswald Barnett Collection, State Library of Victoria.

⁸ *The Richmond Guardian*, 21 March 1928.

⁹ *The Richmond Guardian*, 6 July 1918.

¹⁰ PROV, VA 3727 Yarra, VPRS 15912/P1, Committee Minutes Fitzroy Baby Health Centre, Unit 1, 8 February 1918, first meeting of Fitzroy section of Committee of Collingwood and Fitzroy Baby Clinic.

High demand

Finding adequate space for the Richmond, Collingwood and Fitzroy centres became a central focus. New centres were opened in the Swan Street Library and St Bartholomew's School Room in Burnley.

The Councils provided financial subsidies that were matched by the state government, initially set at £125. But the funds were insufficient for the high number of mothers and babies attending. A centre established at the Collingwood Town Hall had seen 5,144 babies by the time of its second annual general meeting in 1920.¹¹



St Bartholomew's Church, Burnley, 1908: this held school rooms that were used for an infant welfare centre from 1918 until the new building was developed in 1955.
Source: Richmond Historical Society

With such high demand and limited resources, fund-raising for the centres was conducted through the collection of recycled newspapers. During the war, newspaper collection had been used to fund extra clothing, food and tobacco for soldiers in the trenches. At war's end, the funds were redirected to the Victorian Baby Health Centres Association, the central executive for the rapidly expanding network of local services. Newspaper collection baskets were offered at stations and at the centres for people to deposit used newspapers, with signs encouraging deposits 'for the babies' sake'.¹²

This fund-raising, complemented by significant financial and in-kind support from local businesses, enabled the establishment of new buildings for the increasingly popular centres. In North Fitzroy, a new centre at Edinburgh Gardens was opened in 1925, with the co-operation of the Fitzroy Cricket Club and donations from local businesses. Described at the time as 'surrounded by green lawns, shaded by trees, built of jarrah wood and attractive inside and out', this centre saw about 40 mothers in the first three days of operation.¹³

¹¹ *The Argus*, 10 September 1920.

¹² Victorian Baby Health Centres Association, 'First Annual Report 1918-1919'.

¹³ *The Argus*, 26 August 1925.



Newspaper clippings from 'The Herald' from the opening of the new centre in Edinburgh Gardens, 25 August 1925, glued into the minutes book of the Committee of the Fitzroy Baby Health Centres. Source: Public Records Office of Victoria, Fitzroy Baby Health Centres, Minutes Book, 15912/P1

Source: 'The Age', 25 August 1925.



Two new buildings were also to be built in Richmond, using a loan of £5,000 raised by the Richmond Council. The first, to serve the south of the suburb, was located on the corner of Church and Hill Streets. The foundation stone for the building was laid on 29 March 1928. Sister Muriel Peck, now working for Dr Vera Scantelbury, Director of Infant Welfare of Victoria, was especially pleased to attend the ceremony to mark this occasion because, as she observed, she had been the very first sister in charge.¹⁴

Council had more difficulty negotiating a suitable site for the north Richmond centre. The chosen site located on the edge of Citizen's Park, facing Church Street and next to the Richmond Technical School, also had to serve as a sports pavilion. The state government consented for a portion of the land to be used for a purpose-built building, at a cost of £2,300 (including furnishings). Negotiations took place with the Minister for Health about integrating the sports pavilion, and at a Council meeting, Councillors laughed at the idea that this would necessitate a sound-proof wall.¹⁵ It is unclear from the newspaper report whether the babies or the footballers required soundproofing!

**Laying of the Foundation Stone
of the new Baby Health Centre,
Church Street South, 29 March 1928.**
Source: Richmond Historical Society



¹⁴ *The Richmond Guardian*, 21 March 1928.

¹⁵ *The Age*, 23 May 1928.



The new centres were designed to reflect domestic architecture. Hand drawn plans of the new baby health centre in Church Street.

Source: PROV, VA 3727 Yarra, VPRS 16189/P2, Building Plans, Unit 17, Plans and Details of South Ward Baby Health Centre

A compromise in the design was reached, and in May 1929 the Mayor of Richmond, Cr R H Lightfoot laid the foundation stone 'in the presence of a fair gathering, mostly composed of members of the ladies' committees, councillors, and the wives of councillors'.¹⁶ Lightfoot was presented with a silver trowel and the assembled dignitaries reflected on 'what a valuable asset a Baby Health Centre was to an industrial city like Richmond'. Mrs J H Dodds, the president of the local committee, appealed for gifts of newspapers, which could be sold to raise the £50 required for the salaries of two lecturing nurses. The building, opened in April 1930, incorporated a statuette depicting five children playing an ancient musical instrument.

The work was known as 'The Musicians' and had been created by artist Della Robbia. It was intended to 'produce a strain of more artistic feeling in a quarter of the city which suffers so much from vandalism'.¹⁷

Similar plans were being made by Collingwood Council, which had been running a baby health centre from the Collingwood Town Hall since 1919. It looked to the Gahan Reserve as a site for a new building.

In 1926, these plans faced opposition from the Collingwood Natives Association who objected to the public land being used for this service. This organisation, which represented the interests of middle-class, native-born men, was concerned that 'the first bite might not be the last' and that public land should not be 'alienated' in this manner. Council did not accept the argument, pointing out that the same organisation did not object to a croquet lawn at the nearby Darling Gardens.¹⁸

At the ceremony for the laying of the stone, the Mayor, Councillor T J Kane, paid tribute to the 'public-spirited women' who had worked from the service at the Collingwood Town Hall and who had led the campaign for the development of the new building. He also observed how, in recent years, local councils had increasingly realised that their responsibilities had been as much to the people as to roads, bridges and housing.¹⁹

The establishment of purpose-built centres represented the importance of these services for mothers and children. Across Victoria, the centres were nurtured with support from state government as well as donations from local businesses and families such as Alfred Fenton, David Syme, Walter and Eliza Hall and Florence Williams.²⁰ But it was the leadership shown by councils that gave the centres a unique place in local communities.

¹⁶ *The Richmond Guardian*, 7 May 1929.

¹⁷ *The Richmond Guardian*, 19 April 1930.

¹⁸ *The Age*, 6 July 1926.

¹⁹ *The Argus*, 9 June 1927; *The Age*, 6 August 1927.

²⁰ Victorian Baby Health Centres Association, 'First Annual Report 1918-1919'.

1930s to 1950s

Changing pressures: depression and war

With these brand new buildings, the maternal and child health services were embedded in their local neighbourhoods and provided a space for mothers with babies to visit, ask questions and seek assurances. Unfortunately, the inner-city areas continued to face challenges, with the economic depression creating harsh living conditions that affected the lives of all, especially mothers and babies. Staff at maternal and child health centres during the Depression years were acutely aware of these difficulties.

For example, the centres provided material sustenance. The minutes of the Fitzroy Baby Health Centre Committee on 8 April 1931 recorded that nursing and expectant mothers who were married to men receiving sustenance would be given a £20 special payment to provide 'dried milk, vegetables, emulsion, oranges etc.' By 10 June 1931, they noted that the sustenance relief scheme was working well for several needy families. On 9 September 1931, they recorded their thanks for a donation of a quilt and clothes supplied to a family of eight with a new baby and mother in great need.²¹

The plight of inner-city families appeared worse than other parts of Melbourne, perhaps partly due to the poor housing conditions of the area.

During the 1930s, an active Methodist social reformer Oswald Barnett conducted research into the health effects of poor housing and created statistical correlations between housing density and infant mortality, leading to a movement to clear the area of slums. Barnett's work was discussed at the baby health centres. In 1934, the members of Fitzroy Baby Health Centre committee pasted a newspaper article entitled 'Striking comparisons' into its minute book. The article compared a section of land in Fitzroy, which contained 61 houses, with the same size section in Camberwell, which had no more than seven. If Camberwell had the lowest rate of infant mortality (32.65 per 1000) and Fitzroy the worst (76.11 per 1000), then 'there was no doubt that certain of these areas should be demolished and rebuilt upon modern hygienic lines', the article said.

How did the centres respond to this comparison? While they may have agreed with the article's conclusions, they disputed the figures. In the minds of the Fitzroy committee members, the high demand for centres in the inner city was because they were close to the Women's and Queen Elizabeth hospitals. The baby death rates, identified by Oswald Barnett, could be attributed to people who travelled into the city for the health services.²²

²¹ PROV, VPRS 15912/P1, Committee Minutes Book, Fitzroy Baby Health Centres, Minutes 9 September 1931.

²² PROV, VPRS 15912/P1, Committee Minutes Book, Fitzroy Baby Health Centres, Minutes 21 August 1935.

Regardless of the cause of demand, the provision of sustenance created a great deal of extra unfunded work for the centres in inner-city areas.²³ The funds were causing the treasurer of the Fitzroy Baby Health Centre a great deal of anxiety. Even though the general principle of 'economy with efficiency'²⁴ was the statewide motto of the centres during the Depression, practical problems, such as the quality of the milk and administrative improvements to the card system, were raised by the Fitzroy Centre. Once again, the Fitzroy Baby Health Centre embarked on fund-raising by collecting used newspapers.

With the arrival of war, the centres were worried that nurses would be drawn away from their work on the home front. So they requested that military authorities not be allowed to send double or treble certified nurses to war work as 'their special training was needed for women and children of the home base'.²⁵ However, so many nurses wished to volunteer that the Federal Government acted to protect the stability of the profession by placing the profession under the Manpower Directorate, meaning nurses required its permission to leave their state.²⁶

By the 1940s, many of the inner-city centres were starting to look tired and, at around twenty years of age, in need of refurbishment. It was noted at a meeting of the Fitzroy committee on 3 Feb 1943 that the northern centre (Edinburgh Gardens) needed new curtains and other renovations, while the centre in south Fitzroy needed

renovations to attend to a crack in the wall of the waiting room. One sister wanted more pay after 18 years of service, a right she felt should be extended to her colleagues, but the committee replied that salaries were pegged for the duration of the war.²⁷

Despite the constraints of war, the work of the maternal and child health centres continued to grow. The centres commenced an immunisation program against diphtheria from the 1940s and they also extended their role to include children up to six years of age.

The number of the centres continued to multiply across the state, and in 1944 the Commonwealth government noted that there were now 253 centres in Victoria, an achievement largely attributed to local government, which they conceded had knowledge required to develop and manage these centres: 'Local Government is the most intimate and the most ancient form of Government, and there is a great scope for it to be more active in the provision of such facilities as infant and maternal welfare services'.²⁸

And local councils did take much of this credit. In 1942, 25 years since the first centre was established in Richmond, the Council celebrated this jubilee with a wide recognition that they had pioneered a health system that brought inestimable benefits to mothers and babies across the state.²⁹ The centres were credited with a marked lowering of the infant mortality rate and fewer preventable deaths.

²³ PROV, VPRS 15912/P1, Committee Minutes Fitzroy Baby Health Centre, Minutes 12 July 1933.

²⁴ PROV, 16683/P1, Annual Report 1930-1931.

²⁵ PROV, VPRS 15912/P1, Committee Minutes Book, Fitzroy Baby Health Centres, Minutes 3 July 1940.

²⁶ John Daly, Sandra Speedy and Debra Jackson, *Contexts of Nursing*, Churchill Livingstone, Sydney, 2013.

²⁷ PROV, 15912/P1, Committee Minutes Book, Fitzroy Baby Health Centres, Minutes 3 February 1943.

²⁸ The Infant Welfare Centre as a Community Service, Department of Health, Commonwealth of Australia, 1944.

²⁹ *The Age*, 15 August 1942.

1950s

Changing pressures: migration and diversity

The 1950s saw the population of the inner city change as many families moved to the suburbs and new migrants began to settle in the inner suburbs.

The area had a large intake of European migrants, many of whom lacked English and did not understand the role of maternal and child health services.

They also lacked the support of their extended families, and many found it very difficult to adapt to their new home.

The Central Committee of the Victorian Baby Health Centres noted that many of the new mothers who were arriving in the country faced particular distress:

According to the Central Committee, the influx of migrants called for:

... much patience and wise judgement from the sisters concerned for many of our New Australian mothers [who are] fearful of new procedures and often reluctant to abandon customs more suited to colder climates..³¹

Alongside the migration rates, there was a post-war baby boom, and more housing was required to accommodate Melbourne's growing population.

... deep concern has been felt throughout the state for the mothers newly arrived in this country with young babies and have had the tragedy of losing their infants so soon after their arrival. There are great difficulties in bringing large groups of individuals from one country to another but it is felt that a great deal could be done to alleviate and make difficult conditions better on migrant ships.³⁰

³⁰ State Library of Victoria, MS 11019, Box 3, Records of Victorian Baby Health Centres, Minutes of meeting held 13 September 1949.

³¹ PROV VPRS 16683/P1, Draft of Annual Report 1951, Director's Notes.

Areas such as Burnley experienced high birth rates, and a new maternal and child health centre was built in 1952 to replace the service previously delivered from St Bartholomew's church hall. Another centre was opened in Clifton Hill's Darling Gardens in 1956.³²

As centres continued to be built around the state, the role of the local maternal and child health service became enshrined in the *Health Act 1958 (Vic)*, which obliged birth notifications to be sent to maternal and child health centres within 24 hours of birth. This marked a significant development in Victorian health services and enabled nurses to reach out to all families, including those who may have been vulnerable. Some historians have seen this role as an intrusion on the integrity of the family, with working-class families possibly alienated from the predominantly middle-class nurses.³³

Certainly, class divisions meant that inner-city locations continued to be unfavourably compared to the rapidly-developing new outer suburbs as places for raising children.

In advice given to mothers in 1955 about child care, this contrast was clearly made:

The industrialised areas were seen as 'second best' for mothers. But there were also advantages to the inner city, which came to be recognised by a new group of educated professionals who were drawn to its proximity to universities and the city. These new arrivals included women who took on active roles in local politics, including advocating for improvements to services for babies and children.³⁵

Baby Health Centre in Tudor Street, Burnley, 1955.

Source: Richmond Historical Society Collection



When planning for a family, it is important to think of the kind of home you want to live in ... of course in these days of housing shortages, it is often quite impossible to get anything better for some time. If you must live in the city try to choose a locality that is free from heavy smoke, traffic and noise. A house with a garden is best, but if the house has no garden, it is wise to try and be near a park where the family can go for sunshine and relaxation.³⁴

³² City of Yarra, *Darling Gardens Masterplan*, 2014.

³³ Janet McCalman, *Struggletown. Public and Private Life in Richmond 1900–1965*, Melbourne University Press, 1985.

³⁴ *Child Care: A Manual for the Guidance of all caring for Infants and Young Children from 0–6*, Department of Health, Maternal and Child Hygiene Branch, 1955.

³⁵ Renate Howe, David Nichols and Graeme Davison, *Trendyville. The Battle for Australia's Inner Cities*, Monash University Publishing, 2014.

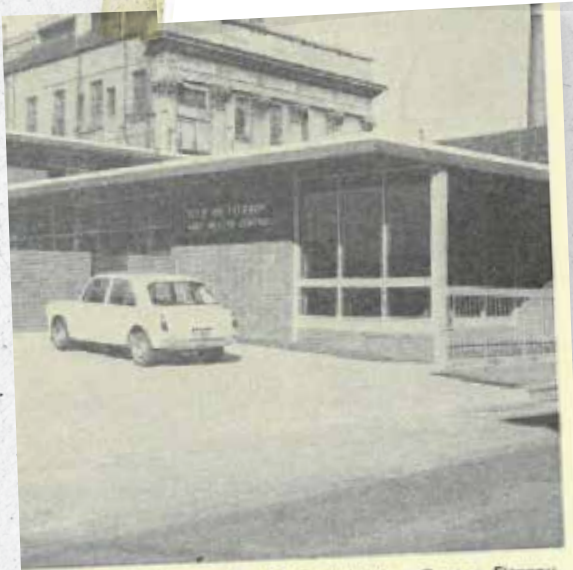
1960s to 1980s

A more holistic approach

From the 1960s, the inner-city 'slums' in Fitzroy, North Richmond and Collingwood identified by Barnett 30 years earlier as health risks for babies, were replaced by high-rise towers constructed by the Housing Commission of Victoria. This process marked a change in the physical and social landscape of the inner city. Many of the new families who lived in these estates had babies and small children with very different needs to those living in small houses with access to the street. Once again, maternal and child health services set about to become a part of these new communities. A new maternal and child health centre, the Florence Peel Centre, named after a former Fitzroy mayor, was opened in 1969 on the corner of Young and Moor Streets and serviced many of these high rise families.



Lady Delacombe opening new
Fitzroy Day Centre, 1970.
Source: PROV, VPRS, 16684/P3, Unit 2



Florence Peel, Pre-natal and Infant Welfare Centre, Fitzroy.



During the 1960s and 1970s, families from outer suburbs moved into the inner city, drawn to the offerings of the area. One woman, Margaret, who moved to North Fitzroy from the eastern suburbs in the mid-1960s, felt welcomed by the inner city with its parks, access to the city and close-knit street life. She recalled how exciting the area was because of its ethnic diversity. While her friends and family were surprised with her decision to move, she never regretted it. But more than that, when she had the first of three babies in 1966, she valued the help of her local baby health centre in Edinburgh Gardens. Echoing many women's experience, she was amazed how the sister came knocking on her door soon after the birth.

Margaret also remembered a shift in their approach with her later babies as the centre became more focused on organising support groups and looking after the needs of the mother, rather than just weighing the baby and talking about feeding.³⁶

The change from the limited weighing and measuring clinical service to a more responsive family support service facilitated informal social ties between women. There was also a move to integrate the services with mainstream services, and the new library and infant welfare complex, which opened in South Richmond in 1977, marked a move away from stand-alone services.

But, like the early days of the service, there were still higher levels of infant mortality in the inner city compared to outer suburbs.

In 1972, a Monash University geography professor, Dr M G A Wilson reported that infant deaths in Melbourne's inner suburbs were two to three times the rate of deaths in outer suburbs.³⁷ He also concluded that 'industrialised, more densely settled and less affluent inner suburbs have the highest infant death rates'.³⁸

This awareness of the social cost of poverty triggered attempts to create a more caring community for the most vulnerable. For example, there was an increase in the profile of the single mother, which meant that more flexible models of support were developed. The formation of the Council of the Single Mother and Her Child in 1969 gave a voice to women who decided to keep their 'illegitimate' child, enabling them to contribute to the formation of policy. In 1972, the Victorian Council of Social Services released 'Information for Single Mothers' and noted that single mothers were increasingly being referred to the Fitzroy Council's social worker for counselling.³⁹

Alongside these social changes, the large numbers of Aboriginal people who had moved into Fitzroy had by this period established close local networks. They voiced their needs for greater awareness of the particular needs of their community's mothers and children. In 1973, the Victorian Aboriginal Health Service was opened at 229 Gertrude Street, Fitzroy. This service used an Aboriginal-controlled model of health and worked with Aboriginal families to care for children. It later opened the Yappera Childcare centre at 105 Argyle Street, Fitzroy.

³⁶ Oral history interview with Margaret, conducted by Australian Catholic University, 16 September 2015.

³⁷ *The Sun*, June 19, 1972.

³⁸ '2500 too many infant deaths in Melbourne', *Monash Reporter, A Magazine for the University*, no 14, 15 June 1972.

³⁹ 'Information for Single Mothers', Victorian Council on Social Services (VCOSS), 1972.

The discussion about how to best care for Aboriginal children was also occupying the mind of leaders in the maternal and child health services. In the early 1970s, Dr Elizabeth (Betty) Wilmot, Director of Maternal, Infant and Preschool Welfare within the Department of Health, appeared at conference on Aboriginal children's welfare, discussing the value of stand-alone over mixed services for aboriginal children. She said:

I have had experience of a situation where a kindergarten was set up for the aborigines through the aborigines. A proposal that this should be superseded by a 'mixed' kindergarten was not entirely welcomed by the aboriginal community.⁴⁰

Betty Wilmot also raised the profile of other social issues. On 1 March 1978, she addressed the Colac Quota Club about child-beating. She spoke of the success of a scheme devised by Infant Welfare Centre sisters in Melbourne where mothers were invited to ring them up if, under stress, they were unable to handle situations with their children.

'So many parents of young children live in flats where the walls are thin and the neighbours were angered when the baby cried'. She added that women's increasing role in the paid work force created stresses, and felt that a more flexible model of part time work would help women with children.⁴¹

As women's economic role changed with increased employment, maternal and child health services also became involved in other social issues. There were closer ties between maternal and child health staff at Fitzroy with the Social Planning Office, giving maternal and child health staff exposure to a more social rather than clinical model of health.⁴²

The role of maternal and child health services expanded into delivering family planning services. Between January and June 1981, the Fitzroy service saw 84 women to discuss this issue for the first time.⁴³ Problems such as domestic violence, child abuse and post-natal depression were also being increasingly recognised by the maternal and child health centres. Two women with post-natal depression who were introduced to each other by their Maternal and Child Health nurse began a self-help group that would become the Perinatal Anxiety and Depression Australia (PANDA).

The maternal and child health services incorporated some of the new ideas about women and mothering, adopting a stronger feminist and political framework to inform their work. While not abandoning their primary clinical role, they continued to deepen their understanding about what was happening in their clients' homes and used this information to create more flexible models of care.

⁴⁰State Library of Victoria (SLV), Box 4, PA 98/26, Conference on 'The Australian Aboriginal child', held in Sydney 3 December 1971. Report printed by Ross Laboratories in 1972; in Dr A Elizabeth Wilmot Papers.

⁴¹ Dr A Elizabeth Wilmot Papers, State Library of Victoria (SLV), Box 4, PA 98/26.

⁴² Jenny Wills, Local Government and Community Services. *Fitzroy – A Study in Social Planning*, Hard Pressed Publications, Melbourne 1985.

⁴³'Annual Report of Maternal and Infant Health 1981–1982', Public Health Division, Health Commission of Victoria.

1990s and 2000s

Professionals, apartment-dwellers and their families

During the 1980s, Yarra's demographics changed with the arrival of student households and an increasingly lively bar, live music and café culture. The cultural profile also changed with the arrival of Vietnamese into the North Richmond area. Maternal and child health services became involved in linking mothers from different cultures to each other through play groups.

Faye Stanesby commenced as a nurse at the Fitzroy maternal and child health centre in 1983. Commenting on the changing demographic profile, she described it as 'the most amazing place to work. The world changed around me while I sat in the same seat'. In the 1980s, there were still the post-war European migrants, but the arrival of the Vietnamese and Hmong people from Laos created new challenges that the services had to learn to respond to.

Some of the Hmong families had up to 16 children, creating very different relationships to the centres. In response, Faye and her colleagues started a clinic on Monday mornings for the Hmong people, which became an important point of social contact for the mothers. Nurses also had to find ways to communicate concepts that were new to the mothers, such as the role of kindergarten and the dietary needs of children.⁴⁴

⁴⁴Faye Stanesby, interview, 6 April 2017.

Faye Stanesby's work at the Fitzroy maternal and child health centre: photo weighing baby from 1995
Article from *The Melbourne Times*
13 September 2006.



In 1994, the three local councils of Fitzroy, Collingwood and Richmond, as well as the Carlton North segment of the former Melbourne Council, were amalgamated to create the Yarra City Council. This resulted in the former separate maternal and child health centres of these cities coming together under a shared central administration. It also meant that the City of Melbourne's centre on the corner of Pigdon and Wilson Streets, Princes Hill, was now managed by the Yarra City Council. Because these services had already been operating as a regional network, this change did not impact on the services.

In contrast, Compulsory Competitive Tendering (CCT) did have more of an impact in service delivery. CCT was a state government policy that required selected local government services to tender to deliver their services in competition with alternative providers. Yarra's maternal and child health services won the tender, but Faye Stanesby recalled that the process was stressful and created difficulties in working relationships with other agencies who also tendered to deliver the service.⁴⁵

These tensions were felt by consumers of maternal and child health services: a consumer group consulted in 1998 by the Department of Human Services expressed concerns about the cut backs to services, which had led to reduced opening hours and limits on the number of appointments offered.

Yarra, however, compared well to neighbouring councils. A survey conducted in the early 2000s found that Yarra's service at the time had a higher participation rate than Hume, Moreland and statewide rates from the four-week visit until the three-and-a-half year-old visit. Yarra's service conducted careful examination of non-attenders, ran a flexible home-visiting service, and did not restrict the number of sessions. This openness to visitors meant that it was well-used by women for longer.⁴⁶

While the municipality of Yarra had approximately half of the births of Moreland and Hume and projected further reductions in the numbers of children in the early 2000s, it had a high proportion of children living in the public housing estates. This enabled services to respond to the social needs of more vulnerable families.



Billy carts in Fitzroy, January 1952.
Source: Children play in the streets of Fitzroy. -Melbourne's slums | City's slum heritage | Photo Galleries and News Photos | News Pictures and Photos | Herald Sun.

⁴⁵Faye Stanesby, interview, 6 April 2017.

⁴⁶Rosemary Rogers and Jenny Martin, 'The early years: consultation with providers of early childhood services in the Melbourne municipalities of Yarra, Hume and Moreland', Brotherhood of St Laurence, 2002.

As the 2000s progressed, Yarra's demographics continued to change, with an increase in the proportion of residents with a bachelor or post graduate degree from 14.7% in 1991 to 34.4% in 2011. There was corresponding increase in people working in professional employment, from 29% in 1991 to 43% in 2011 and a decline in the percentage of the population who spoke a non-English language from 37% in 1991 to 23% in 2011. Gentrification created high land values and a high interest in the area from the property development industry.

Service models have continued to evolve to reflect the expectations of Yarra's residents. The stand-alone buildings, proudly welcomed by residents as purpose-built maternal and child health services,

are now being replaced by modern integrated services. The former Fitzroy centre moved into the Connie Benn children's centre on Brunswick Street, offering a modern service centre co-located with council staff and other children's services. Located directly beneath the Fitzroy housing estate, it serves the diverse Fitzroy population.

In 2017, the North Fitzroy Hub opened, combining maternal and child health services with a new library, the Bargoonga Nganjin, and a multi-purpose community hub. This building reflects current thinking about the importance of social and clinical services being co-located with the library, outdoor areas, community meeting spaces and a customer service centre.

Maternal and child health service at the Connie Benn Centre, Fitzroy.



100 Years

One hundred years young

While Yarra's maternal and child health services have come a long way in the past one hundred years, the attention to the needs of mothers and babies has remained central to the work of Council. The women who initially fought to convince the council of the value of supporting mothers with their babies are now recognised as offering an indispensable social and medical service. One hundred years young, the services have displayed resilience, strength and adaptability to face the future.

Women and mothers led Council's advocacy and commitment to the service, and the generosity of communities of Yarra has contributed support across generations. Indeed, the alliance of Council, residents and volunteers has meant that maternal and child health services are proudly looking towards the future as one of the last remaining universal health services delivered by a council. As noted in *Baby Health* newsletter in 1952:

One can say over the years that mothers do not change; they are always anxious to do the best for the family. The majority of mothers have the same object, to give the children the best foundation that is possible. The Health Centre is considered by the parents to be an essential service. They realise that to prevent is better than to cure, and less costly!⁴⁷

Prevention has meant many things. Providing milk, education and advice was the core of the service from its earliest days. Thankfully, many mothers now have the basic resources to safely feed their children. Nevertheless, they still benefit immeasurably from expert knowledge and assurance. While women and their partners are now seen through the lens of contemporary knowledge, the crying of a hungry and sleepless child (and mother) has a timeless resonance that can be heard across the generations.



North Richmond Baby Health Centre Committee.
From left to right, first row—Mesdames Kennedy, Harrison, Dodds (President V.B.H.C. Assn.), Sister Stevenson, Mary Rogers, H. H. Lightfoot (Mayoress). Second Row—Mesdames Bradshaw, Waters, White (Secretary V.B.H.C. Assn.), Ornes, Forbes, Murphy. Third Row—Mesdames Cremon, Archer, Dr. Younger Ross, and Mrs. Izmer.

North Richmond Baby Health Centre Committee. Includes Mary Rogers, second from left in the front row, and Dr Younger Ross, second from left back row.

Source: Richmond Historical Society Collection

⁴⁷ *Baby Health*, Vol 2, No 5, June 1952. 'Mothers value their baby health centres.'