

REGIONAL, RURAL AND REMOTE ABORTION ACCESS PROGRAM

PROJECT OUTCOMES REPORT SEPTEMBER 2021

EXECUTIVE SUMMARY

- In response to Children by Choice (CbyC) service data, in August 2018, funding was received from the Lionel and Yvonne Spencer Trust to deliver the three year Regional Rural and Remote Abortion Access Project (RRRAAP).
- The RRRAAP aimed to improve access to equitable access to abortion care in regional, rural and remote Queensland by focusing on three core elements: building capacity among professionals and supporting referral development; providing direct financial support for abortion care; and establishing an abortion doula program.
- This is the first in a series of reports relating to the project, each including their own recommendations.
- The project:
 - supported access to training and information to almost 1000 health and community professionals, through direct delivery as well as sponsorship programs
 - provided financial support for abortion access to 125 regional, rural and remote clients
 - donated 6 portable ultrasound devices
 - established Australia's first abortion doula training program, and trained 17 abortion doulas. This face to face training was also developed into an online self-paced course, available nationwide.
 - developed an online interactive map of abortion and contraception providers – the first of its kind in Queensland
 - created a series of educational resources, including a suite of videos for health professionals to further their knowledge of abortion in Queensland, as well as videos created for and with consumers around how to support someone accessing an abortion
- A list of recommendations can be found at the end of this report relating to the project.

ABOUT CHILDREN BY CHOICE

Children by Choice provides counselling, information and education services on all pregnancy options, including abortion, adoption and parenting. We provide a Queensland-wide counselling, information and referral service, offer financial assistance for contraceptive and abortion access, deliver sexual and reproductive health education sessions in schools and community settings, and offer training for GPs and other health and community professionals on pregnancy options counselling, reproductive coercion and post abortion support.

We also advocate for improvements to law and policy that would increase access to reproductive health services and information. We are recognised nationally and internationally as a key advocacy group for reproductive and sexual health rights.

ABOUT THE PROJECT

Clients contacting CbyC from regional rural and remote Queensland seeking pregnancy decision making support and abortion access, when compared with those in metropolitan areas, required more contact with our counsellors, needed greater financial support, were more likely to report domestic violence (38% vs 32%) and sexual assault (17% vs 13%), and travelled more than five times the distance (205km vs 41km each way) to access abortion services (CbyC client data, 2017).

In response to this data, in August 2018, funding was received to deliver the three year Regional Rural and Remote Abortion Access Project (RRRAAP), which aimed to address these inequities in abortion access in Queensland. The project was funded by the Lionel and Yvonne Spencer Trust, managed by Perpetual.

This report is the first of a series of RRRAAP Outcomes Reports, covering an overview of the whole project, with more in depth information provided on individual project pieces in the following reports.

It's important to note that around the time of the projects' commencement, abortion was decriminalised in Queensland, with the passing of the Termination of Pregnancy Bill coming into effect on December 3rd, 2018. This change in legislation had a significant positive impact on the availability and accessibility of abortion care across the state. CbyC has since seen a decrease in the number of requests for financial support from regional areas due to the implementation of public access for abortion care, either via public hospitals and sexual health clinics, or through public private partnerships set up between Hospital and Health Services (HHS) and private abortion provider Marie Stopes, which allowed for publically funded abortions in the private system. An ongoing challenge across Queensland is the lack of financial support for abortion seekers without access to Medicare.

The legislation change also ensured patients accessing terminations were eligible for travel and accommodation support via the Patient Travel Subsidy Scheme (PTSS). As a result of these changes, the original proposed expenditure for direct abortion access was not required, and the majority of the funds were reallocated to other project goals.

The project was also being implemented throughout the global Covid-19 pandemic, which limited opportunities to travel to regional areas, and required a lot of creative thinking around project deliverables.

The RRRAAP aimed to improve equitable access to abortion care in regional, rural and remote Queensland by focusing on three core elements:

1. **Referral:** Build capacity among professionals, organisations and communities to provide coordinated support, accurate information and ultrasounds to improve abortion referral pathways.
2. **Access:** Streamline and improve access for the most vulnerable women and pregnant people by providing direct financial support for abortion, and related transport and accommodation costs.
3. **Support:** Establish mechanisms for support people to accompany women through an abortion doula initiative.

PROJECT OUTCOMES

Over the three years which the project was delivered:

1. **Referral**

- ❖ training and information sessions were delivered to 844 health professionals across 11 areas in regional, rural and remote Queensland
- ❖ a series of workshops were delivered in 3 regions in partnership with Primary Health Networks (PHN's) and Iris Education to support GP's to prescribe medical termination of pregnancy (MTOP) in general practice
- ❖ 25 training sponsorships were presented to rural health professionals from 8 different Hospital and Health Service areas to attend CbyC training and conferences, including registration, travel and accommodation support
- ❖ 6 Philips Lumify portable ultrasound devices, and 11 ultrasound for early pregnancy training packages were donated to MTOP GP's in rural Queensland. This training was pivoted to virtual due to the impacts of Covid-19
- ❖ a suite of educational video resources were developed for health professionals covering topics of surgical and medication abortion, and contraception which are now being utilised in our training
- ❖ an online interactive map of abortion and contraception providers across Queensland was developed and launched to improve referral pathways (see *Mapping Access Pathways Project Summary Report*)
- ❖ the project was presented at 5 national conferences and 1 international conference, expanding awareness of the project, and the work of CbyC more broadly

- ❖ in partnership with Health Consumers Queensland, a series of 5 ‘Kitchen Table Discussions’ with First Nations women on the topic of pregnancy and abortion were held across the state, providing invaluable insight into these communities
- ❖ the project partnered with The University of Queensland and Marie Stopes Australia to conduct “*The Rural and Remote Access to Abortion Study: Medical Termination of Pregnancy Prescribing in Rural and Remote Queensland, Australia*”.

2. Access

- ❖ direct financial support was provided for abortion access for 125 regional, rural and remote clients to the amount of \$47, 663.80
- ❖ financial support was also provided for travel and accommodation related to abortion care for regional, rural and remote clients to the amount of \$5,047.90

3. Support

- ❖ consumers were engaged to develop a publicly available video resource around how to best support someone who’s having an abortion
- ❖ Australia’s first abortion doula training program was established, in partnership with the Australian Doula College (ADC), garnering extensive media coverage and community support (see *Abortion Doula Summary Report*)
- ❖ 17 birth doulas were upskilled across two face to face 2-day workshops
- ❖ a referral pathway was established between CbyC and ADC to refer Queensland clients seeking doula support
- ❖ an online self-paced masterclass of the abortion doula training was also developed to expand the reach of the training, and avoid the impacts of Covid-19 on face to face training delivery

RECOMMENDATIONS

1. The RRRAAP has developed and strengthened key relationships in Government, non-Government and the not for profit and domestic and family violence and sexual assault (DFVSA) sector in Queensland, interstate, and internationally. It is recommended that these relationships be handed over to the Education team and CEO (where relevant) to allow for continuity and further relationship building.

This can be achieved by:

- extensive project handover notes to be shared with Education team and CEO for future reference
- warm introductions sent between key stakeholders and relevant CbyC staff
- Project Officer emails forwarded to Education email for follow up
- scheduling quarterly check-ins with rural and remote sexual health clinic staff with regards to the status of access to termination of pregnancy (TOP) in their region (this could be held by the Advocacy Working Group)

2. The RRRAAP was a significant opportunity for CbyC in terms of the length of the project, and the amount of funding it received. It is recommended that further funding be sought to continue the work of ensuring access to TOP in regional, rural and remote Queensland, based on the outcomes from this project.

Examples include:

- A regional, rural and remote pathways project to coordinate a series of regional forums linking HHS, NGO, private providers and consumers to plan and promote access to TOP; this could include some stigma addressing measures/activities
 - Funding for a similar project could be sort for South East Queensland regions, including West Moreton (an area with poor TOP access)
 - Ongoing funding should be sought for the annual hosting and further expansion of the online interactive map of abortion and contraception providers. This could include the development of promotional materials, and direct contact methods with GPs, pharmacists and sonographers
 - The abortion doula training (face to face) with further funding, could easily be delivered nationally, as a fee for service product. This would require further engagement with the Australian Doula College to expand the existing project
 - The online version of the abortion doula training requires funding for a small ongoing hosting cost, and hours for Education team staff to review and update information annually.
 - Funding is being sought for the expansion of the abortion doula training into a multicultural project, upskilling cultural support workers to be birth and abortion doulas
 - Funding is being sought to expand the 'Kitchen Table Discussions' consumer engagement with First Nations women, to hold yarning and healing circles across Queensland, in partnership with consumers and [Culture Weave](#). There is also opportunity to explore this as an independent research piece.
 - Ongoing funding should be sought from PHN and HHS to deliver MTOP in General Practice workshops across the state. HHS's may be interested in funding this work as demand on the HHS is reduced by having increased access to TOP in the primary care setting.
3. There are two key pieces of research stemming from RRRAAP. These should be utilized to consider future project opportunities:
 - The abortion doula pilot research in partnership with ADC and Southern Cross University. This research will provide qualitative data around the impacts of abortion doula support, and will be beneficial in determining how the abortion doula training progresses
 - The online interactive map (Mapping Access Pathways Project – MAPP) evaluation being conducted over 18 months following the completion of RRRAAP will feed into future needs for rural areas (including barriers and enablers for GPs to become MTOP prescribers, stigma, conscientious objection, and workforce planning)

CONCLUSION

The RRAAP has been a highly innovative, responsive and well received project for CbyC, and has significantly expanded the reach of the organisation to a range of new stakeholders, including PHN, Queensland Health, consumers, and community organisations in regional, rural and remote Queensland. Although one of the primary needs for the project – access to funding for abortion care – shifted dramatically, the project was able to conduct regular and thorough consultations with rural communities, and address new and emerging trends and needs.

It is hoped that CbyC will continue to nurture the genuine relationships formed through this project, and further support the unique needs of regional, rural and remote Queenslanders involved in accessing and supporting abortion care.