

Opening Statement of Martin Lavery, CEO, Catholic Health Australia
to the Senate Community Affairs Committee Inquiry into the Commonwealth
Contribution to Former Forced Adoption Policies and Practices

2.15pm 28 September 2011

(Check against delivery)

There are some women across Australia who live with broken hearts, who because of practices of the past had their babies taken from them and placed up for adoption.

There are some children, now adults, across Australia who live with broken hearts because they were taken from their mothers and placed in adoption.

There are some fathers, siblings and other family members who, over the course of their lifetimes, have lived with broken hearts because of past adoption practices. Indeed, there are many parents who have cared for their adopted children who also have different experiences as a result of their roles in caring for adopted children.

I today represent Catholic hospitals and health services, some of which played roles in years past of promoting and implementing the widespread public policy of placing the children of some unmarried young mothers in the care of adoptive parents. To those present today, and to those across Australia who carry broken hearts as a result of the role that some Catholic organisations played in this public policy practice of years past, I say sorry.

I've come to this Inquiry willingly, with no intent to justify past adoption practices in Catholic hospitals. The practice of placing some babies of young unwed mothers in adoption was the policy of governments across Australia over many decades. The

practice was carried out in government hospitals, Catholic hospitals and in other formal and informal organisations around Australia. With some Catholic organisations having played a part in this wider public policy, I again say sorry.

I would like to share with you the stories of three different families I've had contact with in the course of the last three months since Catholic Health Australia first made a public recognition of the role some hospitals played in past adoption practices. In two of these stories, I will not reveal the identities of those involved. Each of these three experiences are different and deeply personal. Indeed, each person's birth or adoption experience is different and deeply personal.

The first story I seek to share is that of a mother who delivered her two children in a Catholic hospital in the early 1970s, shortly after having stayed for a period in a Catholic home for women to which she was taken by her parents. She describes the births as painful, she describes the removal of her children as heartbreaking, and she struggled in the years after to access medical and birth records in order to make contact with her two children. That contact is now made. They've done what they can to put their lives together, but the heartbreak remains obvious and there have been periods of challenge in their lives. They have encouraged me to do what I can to improve access to medical and birth records, and to offer peer counselling to birth parents, to children and to the parents who have cared for adopted children. I pass on their advice for the consideration of this Inquiry, as I promised them I would.

The second story is that of a man in regional Queensland, born in the 1960s. It appears his birth was in a government hospital in Sydney, and this man is now trying to put together the jigsaw puzzle of his early life. He does not know his mother and, in turn, his mother does not know him.

The final story is that of a woman who today is still searching for her brother that she has never met. She has asked that I name her and tell the Senate of her experience, in the hope that by doing so perhaps, just perhaps, a connection to her brother

might be established. The woman's name is Vera Pickford. Her brother was born in St Agnes Private Hospital in Orange in 1928. Her personal situation is one for which finding a solution is going to be tough - there appear to be no reliable records, and no system to easily enable a family reunion, which in all reality because of the passing of time may now simply be too late. I thank Vera for sharing her very personal story with me, and in turn with the Senate.

Each of these stories is different, each is deeply personal, as are the experiences of all touched by past adoption practices. For some, adoption has been positive. For others, tragically not so.

Having acknowledged that some Catholic hospitals played a role in past adoption practices that were part of the public policy of a different time, I now turn to what is required in response to needs of the present.

First, some people today still have difficulty in accessing their records, regardless of if their births occurred in government, Catholic or other hospitals, and despite the existence of post-adoption services in all states and territories. We recommend to this Inquiry that the Community and Disability Services Ministers' Conference establish a national strategy involving all governments and any non-government agencies involved in past adoptions to enable easier access to medical and birth records.

Secondly, there exists a continuing need for post-adoption counselling. It's been put to me there is a place for peer-led counselling, just as there is a place for better access to qualified trauma counselling, by counsellors with experience in post-adoption care. Again, the Community and Disability Services Ministers' Conference is best placed to develop a national strategy to support access to counselling focused on the differing personal needs of mothers, fathers, adopted children, their siblings and, if needed, the parents who have cared for adopted children.

Thirdly, some mothers continue to have grievances about their birth experience or the consent procedure that led to their child being adopted. Adoption was and is a legal responsibility of states and territories. The processes that exist to hear grievances about medical care and consent differ across states, and they are complex and difficult to access. Again, the Community and Disability Services Ministers' Conference should develop a strategy for those who seek to have grievances considered, and better system navigation could be offered to help support those with grievances in dealing with the fragmented complaints process. We in Catholic hospitals have in place a protocol to respond to those seeking these types of supports where a birth occurred within one of our hospitals. Our protocols are not perfect and work slowly, but we're at least able to respond to those who come forward.

Finally, there is a role for an apology of Governments. We have issued our apology in recognition of the role of Catholic organisations in past adoption practices. The West Australian Government has done the same. Others should follow. The place where work on a government-led apology should start is the Community and Disability Services Ministers' Conference. We would be happy to work with that Conference in shaping such an apology, and the strategy needed to go with it.

Senators, my words here today will not satisfy everyone, as words can not put broken families back together. I'm nonetheless pleased to have been able to make our formal apology here in this Parliament.