

TRANSCRIPT

LEGISLATIVE ASSEMBLY LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Responses to Historical Forced Adoptions in Victoria

Melbourne—Wednesday, 10 March 2021

MEMBERS

Ms Natalie Suleyman—Chair

Mr James Newbury—Deputy Chair

Ms Christine Couzens

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Mr David Southwick

Mr Meng Heang Tak

WITNESSES

Emily Hanscamp,

Anastasia Panayiotidis, Relationships Australia Victoria

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Anastasia Panayiotidis, Relationships Australia Victoria

The CHAIR: I acknowledge the traditional owners of the land on which we are meeting. I pay my respects to their elders past and present, and the Aboriginal elders of other communities who may be here today. I declare open the public hearings for the Legal and Social Issues Committee's Inquiry into Responses to Historical Forced Adoptions in Victoria. I welcome Emily Hanscamp from Relationships Australia Victoria. My name is Natalia Suleyman, I am the Member for St Albans and the Chair of the Committee. With me is Michaela Settle MP, the Member for Buninyong, David Southwick MP, the Member for Caulfield, Christine Couzens MP, the Member for Geelong, Meng Heang Tak MP, the Member for Clarinda.

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The Committee is interested in hearing about forced adoption in particular things such as services and some perspectives on outcomes you would like from the inquiry. I now invite you to proceed with a brief opening statement to the Committee which will be then followed up by some questions. Thank you, Emily, for being here today.

Ms HANSCAMP: Thank you Natalie, and good afternoon to the Committee. Before I begin, I'd also like to acknowledge the Kulin Nation people as the traditional owners of the land and waterways where we stand. We pay our respects to their elders, past and present, and recognise and value the ongoing contributions of Aboriginal and Torres Strait Islander people which enrichen all communities within Victoria.

Thank you for the opportunity for Relationships Australia Victoria to present at this important public hearing into the responses to historic forced adoption practices in Victoria. I would also like to begin by acknowledging the survivors of forced adoption that we work with at Relationships Australia Victoria who are living in our wider community. What we share today is informed by our clients who have been affected by forced adoption. It is an honour to represent their voices. I want to acknowledge their remarkable courage in speaking out about their experiences of forced adoption, seeking support and surviving the inhumane government policies and practices of that time. The pain endured by our clients is severe but their courage, inner strength and resilience in the face of these challenges is inspiring.

Today, I would first like to talk about the Forced Adoption Support Service that we provide at Relationships Australia Victoria. I will then speak to a few of the key themes regarding the impact of historic practices of forced adoption. As we are a counselling and support focused service, I am going to focus on themes relating to trauma, grief and relationships. I will additionally share the wider feedback that we have heard directly from our clients as to some of the broader issues. I will conclude with our recommendations as to what we believe would address these psychosocial and systemic issues.

Since 2015, Relationships Australia Victoria has been providing a federally funded Forced Adoption Support Service in Victoria. Our service has resources to provide two fulltime counsellors and a program coordinator. I am the program coordinator; that is my role. We utilise these resources to employ four part-time counsellors who provide trauma-informed counselling, information about referrals to community services, support with searching for records from adoptions and/or time in care and support with searching for family members separated due to forced adoption. We also deliver a small grants program of \$25 000 per year to fund projects delivered by local stakeholders.

Since our service began in 2015, we have actively listened to the feedback of our clients. They made it clear to us that counselling was the central service they required and that this was missing in the service sector. Initially our funding guidelines did not allow us to provide this counselling. However, when these guidelines were amended in 2018 it allowed us to focus our services on the provision of counselling which we have done since

2019. So we have specialised our counselling approach to be trauma-informed and we have staff skilled in the delivery of trauma therapy. We focus on providing psycho-education about the traumatic impacts of forced adoption in our client's lives and we resource them with the psychological skills and tools to cope with distressing trauma symptoms.

We aim in our service to create an emotionally safe, confidential and compassionate space, where our clients can share the forced adoption perpetrated against them and how this has impacted them personally. We also focus on supporting clients to navigate complex decisions in responding to forced adoption-related circumstances, such as reconnecting with lost family and managing the painful aftermath when reunification is not possible, or records cannot be found.

Ms HANSCAMP: I will now go through the overarching themes that we identified through our counselling work on how forced adoption has impacted our clients. Firstly, historical practices of forced adoption have left lifelong traumatic impacts that ripple into survivors' mental health, physical health, relationships, employment prospects and financial stability. These impacts of trauma are not confined to a person's mental wellbeing, they have cascading effects on all areas of their life. These impacts cannot be resolved quickly and those affected require and deserve lifelong support through long-term services. In addressing this first theme, our Forced Adoption Support Service offers mid-term trauma-informed counselling; we extend the length of this to the full capacity of our service by offering up to 20 sessions per client.

We acknowledge that while we do our best to meet the individual needs of all our clients, our resources are limited. Therefore, we are unable to adequately meet the needs of all affected Victorians and we are not able to offer long-term support.

The second theme is disenfranchised grief. This is a shared experience among all our clients who feel that their loss is not adequately understood or acknowledged by society and that there are few rituals to mark their loss. Our service can offer specialised support with counsellors who are thoroughly trained on the issue of historic forced adoption, its impacts and the associated grief in our clients' lives. Therefore, we are able to offer a therapeutic space in which our clients can express their grief, be validated, be believed and process whatever stage of grief they are in. While we can address this issue with our counselling service, we appreciate this is one small step on a much larger journey that our society needs to take to acknowledge the devastating loss in the lives of people affected by forced adoption. There is still so much more that needs to be done.

The third theme we observed and heard from our clients is that the nature of the traumatic consequences of forced adoption in their lives is interpersonal and has long-lasting and often intergenerational impacts. The complex grief and loss that is tied to fears of abandonment and separation relates to all past, present and future relationships. Our trauma-informed counselling includes an awareness of the interpersonal nature of both the trauma consequences of forced adoption and the healing process. However, we reiterate that the length of our service is simply too short to be able to address the extent and the complexity of the traumatic interpersonal impacts of forced adoption in our clients' lives. This is an ongoing issue for our service and for people affected by forced adoption in Victoria who are looking for long-term counselling support.

Fourth, mothers expressed to us that they fear having their children taken away and have struggled at times to bond with their child. This demonstrates the long-lasting interpersonal and intergenerational impacts of trauma. Our strength and empowerment-based trauma-informed counselling aims to support mothers to explore their fears and challenges when parenting and builds on their existing capacity to address their views where possible. We are conscious that given the intergenerational nature of trauma stemming from forced adoption, our Forced Adoption Support Service will probably be required for many people in the future and for a long period of time.

The short three to four-year funding cycles for service delivery make it really challenging to build a long-term service framework and plan for continuity. This in turn reduces our capacity to establish trust among the impacted people in our community because we cannot give them assurance that this service will be here in the future. We have heard from many in the community that this causes anxiety.

Finally, we support clients through the process of searching for family. This already complex process is further complicated by the lack of an apology and acknowledgement by responsible institutions and the restricted access to their records as numerous agencies do not have a legal mandate to release records or comply with record searching. It can be a truly harrowing experience for our clients, one marked by despair when they are unable to find the information and answers about their own forced adoption history.

There are two additional things that we heard directly from our clients about the wider issues relating to historic forced adoption. Our clients shared with us that there continues to be a significant gap within mainstream services understanding the existence and impact of historic practices of forced adoption. This means when our clients attend their GP or another health professional, they need to educate that professional themselves to gain the appropriate care they need to address the physical and mental health issues stemming from the impact of forced adoption.

We also continue to hear from our clients that there are insufficient counselling services to meet the needs of people affected by forced adoption throughout the entire state of Victoria. The Federal Government funds the Forced Adoption Support Service that we provide and we offer a state-wide service. However, with two fulltime equivalent counsellors it is impossible to provide face-to-face counselling to all regional areas and to all affected Victorians.

In closing, we have several recommendations as to how these issues might be addressed. First, we recommend that the Forced Adoption Support Service continue to be funded into the future and that the current funding be increased. Increased funding is needed for two reasons. First, the funding does not provide sufficient resources to offer a service to all affected Victorians requiring support. Second, we have described the lifelong impacts of forced adoption in people's lives and, accordingly, the need for lifelong counselling. Increased funding is required to provide a long-term service; currently we only provide mid-term counselling up to 20 sessions. Second, we recommend continuing education for health, social and community service professionals to address the lack of mainstream awareness. Third, we recommend lifting the statute of limitations to address the obstacles to accessing necessary adoption-related records.

Finally, we recommend increasing recognition, compensation and support for all affected people to acknowledge the inhumane policies and practices of forced adoption and its distressing, traumatic impacts. To achieve this we recommend both further investigation into the recognition of forced adoption and the implementation of a redress scheme that provides life-long access to counselling, a monetary acknowledgement and a direct apology for those who want it from the responsible institutions.

Once again, thank you for allowing Relationships Australia Victoria to have the opportunity to speak at this public hearing.

Ms SETTLE: Thank you very much for that and thank you for providing what is obviously a much-needed service. Do we have a sense of the total number of forced adoptions that there are, or were, across Victoria?

Ms HANSCAMP: That is a challenging question that does not have a definite answer. The national numbers are up to the amount of 250 000 people being affected by adoption. The statistics and records show that it is not possible to differentiate between adoption and forced adoption, because it was such a long time period in which these practices occurred and it was blended in with non-forced adoption practices. I know that national figure, but I have not seen a figure for Victoria, specifically.

Ms PANAYIOTIDIS: You have to keep in mind that figures would include mothers who were forced to adopt their children out as well as children and babies who were adopted out as well. There are also family members who were impacted and consequent family members who later found out they had siblings or half-siblings who had been forcibly removed as well. So the numbers are exponential in that respect too.

Ms SETTLE: Since the 2015 funding, roughly how many people have you provided services for and how are they referred to you?

Ms HANSCAMP: They are referred to us through a number of avenues. The main one is actually self-referral. People reach a point in their lives where they want either support or to look for records. They start looking online and they find out about our service. Sometimes we receive referrals from some of the forced adoption stakeholders in the community. We also receive referrals from other mainstream community services such as—well all the ones that I could list there. So there is a real array of referrals. We also do some pretty active communications campaigns, particularly in certain demographics. We serve an older population so we target particular newspapers and printed magazines that go to people's houses, and they would come via that method as well. Sometimes they come through our Google ads and Facebook campaigns.

In terms of how many people we have supported, we have, on average, supported 40 individual clients per year and that is a significant increase in the last two years. It took about two or three years for our service to gain

momentum, to build trust and to build up referrals. For the first few years, 2015, 2016 and even through 2017, the numbers were very low. Recently, we have had a lot more momentum which we are thrilled about.

Ms SETTLE: Have you had to turn people away given your restricted funding? Have there been people that you have to say: 'we can't assist them'?

Ms HANSCAMP: We have not had to turn anyone away. There was a period late in 2020 where we needed to run a waiting list. We have been able to maintain a quick turnaround for the waiting list; the maximum wait was about three months. Currently, we do not have a waiting list. However, yes, we would still like to reach a lot more people throughout Victoria than we are. Forty clients a year is obviously a drop in the ocean compared to the amount of impact, as Anastasia described. We are going to actively promote the service and try to increase awareness, at which time there will be a dilemma around—you know, we will not turn people away, but it might be a longer wait. We want to provide those waiting lists as evidence to the Federal Government to increase our funding.

Ms PANAYIOTIDIS: The other impact in a positive way through COVID-19, although COVID-19 has been devastating, is that it has helped in terms of providing an agile service. Because through telephone, Zoom services and video platforms, we have been able to reach the people in regional and remote areas of Victoria who otherwise cannot attend appointments because it is centre-based or city-based. That has extended our reach a little bit as well, in that sense, you know.

Ms HANSCAMP: Yes, it has definitely increased the modality of what we can offer. Prior to that we offered phone-based counselling to more regional clients. Now we have the option of Zoom, which really enhances what we can do in a counselling space.

Ms SETTLE: I am a regional MP, so those things always matter to me. It is hard to get those services.

Ms HANSCAMP: Yes. We do travel out to places such as Ballarat, Shepparton and Traralgon, but we cannot do that on a weekly basis because our team is metro-based. We do outreach from time to time, but some clients in regional areas will still opt to stay at home and receive the service on the phone—that was even prior to COVID because that was their preference as opposed to coming into our centre.

Ms PANAYIOTIDIS: We actually have centres in those regions in Shepparton, Ballarat and Traralgon, and we have done, as Emily mentioned, campaigns through regional newspapers to empower people with the knowledge and to inform them that the services are available.

Ms SETTLE: So at Relationships Australia in Ballarat, can I walk in the door to that service?

Ms HANSCAMP: Yes.

Ms SETTLE: Specialised counselling—would you say that the counsellors in Ballarat are ones that would service me? How does that model work?

Ms HANSCAMP: We have a contained team. If you come to Ballarat, or any other centre throughout Victoria—we have 15—you would actually have the forced adoption specialist counsellor travelling to that centre. We are quite satellite in how we operate. Everyone has a home centre, but typically each of the counsellors will visit six to seven centres in the course of their work to see various clients. Yes, so you could walk in and you would get a referral and then someone would travel out to meet you at the Ballarat Centre.

Ms PANAYIOTIDIS: The resident counsellors in those centres are informed about this program and the needs of people impacted by forced adoption and to conduct the referrals to our specialist services.

Ms COUZENS: Thank you for your presentation today. We really appreciate it. You talked about 40 people per annum using the counselling service. Are those 40 people specifically forced adoption clients?

Ms HANSCAMP: Yes. I am only speaking from the point of view of our forced adoption support service counselling, none of the other aspects of Relationships Australia Victoria.

Ms COUZENS: How many sessions would they get once they have contacted you?

Ms HANSCAMP: Up to 20—that is the definition of mid-term counselling. Long-term would probably be either unlimited or 40 to 50 sessions. This is ideally what we would like to be able to offer.

Ms PANAYIOTIDIS: Our wider reach for clients is around 30 000 contacts per annum in terms of our services. This is a very specialised program and the work is very, very intense, because the people who seek help in this program have suffered complex and chronic trauma across their lifespan from birth or from when they were forced to adopt their child out.

Ms HANSCAMP: That is an additional point, actually, to the question you asked about referrals earlier. We also get receive internal referrals. We are able to spread the word about the Forced Adoption Support Service through all the different services of our organisation.

Ms COUZENS: You talked about small grants funding, which I think is 25 000 a year. Where does that get targeted? What do you actually do in terms of those small grants?

Ms HANSCAMP: We have a very well set up and established small grants program that has up to two rounds per year. People can apply for a maximum of \$10 000 per project, and we target either individuals, organisations or community groups that are working on issues of forced adoption. There are particular stakeholders who typically apply and we have a mailing list that we keep informed. We expand that mailing list as we become aware of more stakeholders who would like to be involved.

Ms COUZENS: Can you describe what they might do with that funding?

Ms HANSCAMP: Absolutely. There are a real array of projects. There are up to 20 or 30 that we have been funded since 2015 and the whole list is available on our website. One recent example is an organisation we funded to do a banner restoration project. They are a mother's corporation and when they were founded 25 years ago all the mothers created a banner to represent their lost children and their experience. Now, 25 years later they are doing new banners. Another example is training for another state-based NGO that wanted to train their staff in cultural diversity, mental health support and first aid. Another example is art therapy workshops: 'writing as therapy' workshops. Some other organisations wanted to expand their regional reach, so we have funded regional-based promotions programs to be able to get the word out there about the work of these community organisations.

Ms PANAYIOTIDIS: The art projects are very popular in terms of therapy and recovery.

Mr SOUTHWICK: Thank you for presenting today. I am interested in when a client comes to see you and they need some additional help, other than counselling. What links do you currently provide or what other services could you do to help those individuals? I am thinking about things like DNA-related stuff or legal help, for example.

Ms HANSCAMP: There are four main components to our service. The central part is counselling. The other three components include information referrals to other organisations. That can be quite an involved process because we often offer warm referrals, which means we might support someone physically to go to a particular place or organisation, or we might support them to call a particular agency or organisation and actually collaborate with whoever it is—the housing worker or the family violence worker.

The third component is supporting their search for records and information about their estranged family members. There are the sorts of things you mentioned: DNA searching, legal services, records searching agencies, government bodies and so on. We are not going to do the records searching ourselves because there are agencies funded to do searching, but we provide information about all those services. What we have is the knowledge about the service system. We understand the system, we understand the process of how searching works and we keep relationships with all of those agencies, and then we support our clients to navigate that process so they are not alone in it.

Mr SOUTHWICK: We heard evidence earlier about potentially providing clients with funding for things like Ancestry.com and being able to utilise information that is already there rather than building things. Do you think that is something that is worthwhile that could feed into finding information, but then also have counselling that supports that information that maybe found down the path?

Ms HANSCAMP: I think, certainly, finances are an obstacle for people trying to access the privilege to get that information. I think more information and more awareness should be raised about what technology can do to help people track their ancestors. I do not think people should have to pay, absolutely. I think it is a really good idea to fund access to these services, and a good point.

I had to just refresh myself, but the fourth component of our service is supporting people through that process of reconnecting with family. It is not simply about finding the records or finding the DNA testing—what do you do once you have found someone? It is such an unpredictable process and often it does not go as people hope. It is a whole phase of support that we would offer as well.

Ms PANAYIOTIDIS: Because there could be disappointment and pain in that as well.

Ms HANSCAMP: Absolutely.

Mr SOUTHWICK: Absolutely, yes.

Ms PANAYIOTIDIS: Perhaps the other party not being interested in getting to know them as well and the grief and loss around that too. Or perhaps even there has been a death and they are no longer alive. But with the question specifically about Ancestry.com, I mean that is an adjunct. It is an extra piece of information that could be useful and it costs \$200-300. It could be a worthwhile investment if it gives people some answers regarding their genetics, DNA and family heritage. The other process is record-keeping and whatever records exist in the relevant institutions, such as hospitals where babies were born and removed from mothers. I think another aspect of the referrals would be regarding any mental health issues or if there is a requirement for our clients to see a psychiatrist or get extra help in terms of their mental health. Those referrals are also actioned as well.

Mr SOUTHWICK: So the service would be involved? It is not just a counselling service from what you're indicating. It is more holistic: supporting a person all the way through. What happens at the end of 20 sessions? If you have a trusted relationship with the individual, where do they go at the end of 20 sessions?

Ms HANSCAMP: That is a real challenge, and I think for us it is the conflict between wanting to continue if the client wants to continue versus people waiting longer on our list. Because we do not have sufficient funding to offer ongoing, long-term support, despite thinking it is probably clinically needed and despite the client wanting it, we are unable to do that because it is an ethical dilemma in a way—we need to make sure people on the waiting list are getting some support.

What we do is plan very carefully for that closure so that it is not an abrupt ending, so that there is a plan in place. We would try to find alternative services to meet the ongoing needs of that client, which can at times be done. We might be able to refer them to a community counselling service, but they are not going to be specialised in forced adoption. If things are more significant: a mental health team with the specialised psychological or psychiatric expertise may be referred to.

As you have highlighted, our service is holistic. We want to continually increase and support the community connections of our clients so that they do not become dependent on us. That is our empowerment, strengths-based model. Ideally, we probably would not want indefinite support anyway, because it does imply dependency. However, 20 sessions, given that we are the only counselling service that is funded specifically to address the issue of forced adoption, is quite limited and there is not an equivalent specialist counselling service that we can refer our clients to once we finish.

Ms PANAYIOTIDIS: Bear in mind that the Medicare-funded services are 10 subsidised sessions. There are some exceptions depending on a clinical rationale and the need where we, RAV, may subsidise the service and take it on and subsidise it through our budget. We cannot do that for every client, but where there is exceptional need, there is a benefit to that person and it is established that we can help, then we make that choice to subsidise it ourselves.

But that is why we made the submission and implore the Government to extend services, because to be given away at birth or to have your baby taken away from you through forced Government practices at that time has had lifelong consequences for people. It has shattered their ability to make attachments, develop trust in other human beings, affected their development as people, their personality development and their ability to make

relationships. There is a need for lifelong support and work. So, yes, we need to look into the future and create the supports required to help the people in need.

The CHAIR: On behalf of the Committee, I just want to thank you for your evidence today and thank you for the work you do. The Committee has got a number of other public hearings. We will then deliberate on the evidence and prepare a report with strong recommendations to government by 1 July this year.

If at any point you would like to keep up to date with the Committee's work there is information on the website, but you can also reach out to Yuki or any of the Committee members. Again, I thank you for taking the time to submit on this very important matter, Emily and Anastasia. Thank you so much for being here today.

Witnesses withdrew.