

TRANSCRIPT

LEGISLATIVE ASSEMBLY LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Responses to Historical Forced Adoptions in Victoria

Melbourne—Monday, 22 March 2021

MEMBERS

Ms Natalie Suleyman—Chair

Ms Michaela Settle

Mr James Newbury—Deputy Chair

Mr David Southwick

Ms Christine Couzens

Mr Meng Heang Tak

Ms Emma Kealy

WITNESSES

Ms Samantha Barton, Senior Policy Advisor, Australian Psychological Society; and

Professor Daryl Higgins, Director, Institute of Child Protection Studies, Australian Catholic University.

The CHAIR: Good morning. Before I begin I would like to acknowledge the traditional owners of the land on which we are meeting. I pay my respects to the elders, past and present, and the Aboriginal elders of other communities who may be here today. I also wish to acknowledge that yesterday, 21 March, was the eighth anniversary of the National Apology for Forced Adoptions, delivered by the then Prime Minister, Julia Gillard.

I now declare open the public hearings for the Legal and Social Issues Committee Inquiry into Responses to Historical Forced Adoptions in Victoria.

I would also like to introduce the committee members: Christine Couzens, MP, the Member for Geelong; Meng Heang Tak, MP, the Member for Clarinda; and also Michaela Settle, MP, the Member for Buninyong.

At this point I would also like to introduce Samantha Barton and Professor Daryl Higgins from the Australian Psychological Society.

All evidence taken by this committee is protected by parliamentary privilege. Therefore you are protected against any action for what you say here today, but if you go outside and repeat the same things, including on social media, these comments may not be protected by this privilege. All evidence given today is being recorded by Hansard, and you will have an opportunity to check the transcript as soon as it is available. Any verified transcripts, PowerPoint presentations or handouts will be placed on the committee's website as soon as possible unless confidentiality has been requested.

The committee is very much interested in hearing your experiences of force adoption and in particular any issues or services that you may have accessed or, most importantly, what outcomes you would like to see from this inquiry. I now invite you to proceed with a brief opening statement to the committee, which will be followed by questions from committee members. Thank you once again for being here today.

Prof. HIGGINS: Thank you, and I would like to add my acknowledgement of Wurundjeri land, where I am coming from today.

So, Professor Daryl Higgins—I have been at Australian Catholic University for the past four years. Prior to that I was at the Australian Institute of Family Studies, and that is where my connection with the Australian Psychological Society and this issue of forced adoption arose. Just as a bit of brief background, my expertise and interest in the topic of forced adoption arose from contact with the Australian government Department of Social Services or its predecessor, and they had contacted me at the Institute of Family Studies to say, 'What is the evidence that we have around both the impact of forced adoption on the various types of people who may have been impacted, such as mothers, such as sons and daughters who were separated through forced adoption, fathers, but also the adoptive parents as well?'. So I supported them in conducting some consultations with various key stakeholders and interest groups and then on the basis of that was commissioned by them to conduct the first and the only comprehensive study of all of those different interest groups and conducted a report on those findings, which is available on the DSS website and from the Institute of Family Studies.

But more importantly for the purposes of your consultation today, we then did a scoping study for them of what a good service response would be and made recommendations, and basically the substance of those recommendations was taken up in the funding that DSS provided for forced adoption support services. But on the basis of that I then worked closely with the Australian Psychological Society, who were separately funded by the Department of Health to conduct training to develop the skills of health and allied health workers, because one of the key recommendations from that work was, first of all, that the consequences of adoption for mothers, for fathers and for people who were adopted themselves go to issues of trauma and difficulty in being able to access health and allied health services to address that trauma. Of course one of the biggest issues that people described to me in the surveys and in the stakeholder interviews that we conducted and in the many consultations that I have had over the years is their difficulty, first of all, in being believed but, secondly, in having to be their own expert and to kind of educate whether it is their GP, whether it is their psychologist or psychiatrist or their Aboriginal mental health worker—whoever it might have been. They felt that they were the ones who were having to do all the hard work rather than people understanding, getting it and being able to provide that work. So that was one of the key drivers, if you like, behind the development of the various modules that the Department of Health funded the APS to run.

I was able to be both a representative of the discipline of psychology and the mental health workforce task force that was being coordinated by the APS, but I also then participated in some of the filming and webinars that

followed on. From my personal perspective—so not necessarily speaking on behalf of the APS here—I think it is a real shame that there is not further advertising and support and coordination of who has undertaken that training, and promotion and easy access to that work, because I believe that it is important work and that it does very easily get someone who might not ever have thought about or engaged with the issue of forced adoption to be thinking about what that means here and now for clients that they might be working with. I think there is a great opportunity for the Victorian government to be thinking about how to better promote, create access to and support a network of allied health professionals who have undergone such training and who are keen to better support the clients that they have accessing their services, who undoubtedly will have some interest in or contact with the issue of forced adoption, just because of its prevalence.

So that is my opening statement. I am happy to work with Samantha in answering your questions that relate to the APS and our work.

The CHAIR: Thank you so much. I do apologise; there is a bit of a delay today. My screen is not quite the way it should be, so I hope you can hear me. Committee members, do you have any questions to begin with? I might start the questions. The committee has heard from many witnesses and stakeholders that they are struggling to find the appropriate psychological support from professionals who truly understand the issue of forced adoption, whether it is to navigate the system, and then once they are actually before someone requiring support, there is a real lack of understanding about forced adoption issues. Can you tell us more about the training that the APS has developed that may assist in this space?

Prof. HIGGINS: Samantha, do you want to give an overview of the structure of the different modules and what they cover?

Ms BARTON: Sure, no problem at all. Thank you. Hello. Thank you for having me. I will just pre-empt this with: I am very new to the APS and actually was not involved at all in the training, so I will answer as much as I can but anything that I cannot answer I would be happy to find out and come back to you on with questions on notice.

As Professor Higgins has quite rightly explained, the funding was obviously introduced in 2015 to deliver an online training package for mental health professionals nationally to enable them to work more effectively with people affected by forced adoptions. That was in response to the 2012 Senate inquiry which was to establish, identify and address the range of issues that arose from the practice of the removal of babies from their mothers during the 1940s through to the 1970s. The training aims really are: to increase the awareness and understanding of health professionals about forced adoption policies and practices in Australia and also the impact that those have on not only individuals but also their families; to provide resources and materials for clinicians to better enable them to structure their treatments to meet the mental health needs of affected individuals—and there is a lot in the training which unpacks that; and obviously to enhance and upskill clinicians in the provision of clinical mental health services to this client group—and that is really through access to training, resources and guidance which advise on best practice, evidence-based diagnosis, referral, treatment and management options and obviously trauma-informed treatment and care approaches.

The APS, with the help of Professor Daryl Higgins and an expert advisory group, developed three training courses as part of the package. There is an 8-hour course, which is for mental health professionals—so they are working directly with people affected by forced adoption—and that is still active. We also have a 2-hour course which is specifically designed for GPs, again, working with people affected by forced adoption. That is actually currently inactive since 2018, but can soon be refreshed. We are discussing options around that. There is also a free 1-hour course which provides an overview on understanding forced adoption policies.

In terms of the types of modules that they cover, it is basically the introduction and the one-hour overview talks about the forced adoption policies and practices in Australia, so it sort of gives a little bit of background into the practice; and the impact that it has had on mothers, adopted people, families and people associated with that person. It is really sort of suitable for health and community professionals who wish to gain sort of a general knowledge about the practice, and there are many scenarios and sort of case studies and composite stories within that.

So really the learning objectives, if you are interested in that, are to understand the cultural and societal context of the forced adoption era and raise awareness of that—the fact that it is illegal, unjust, immoral—and the unlawful practices which surrounded it; to develop an awareness of the lived experiences of mothers, fathers,

adopted people and other people affected by forced adoption; and also to enable clinician self reflection, to enable them to sort of look at their own personal beliefs and assumptions and values about adoption. There are also sections for them training on self-care for practitioners to enable them to keep sort of providing the right types of support. Would you like me to outline the 2-hour and 8-hour courses, or shall I stop there?

The CHAIR: We might just proceed with some questions from the committee members at this stage.

Ms BARTON: Sure. Okay.

The CHAIR: I will move to Michaela and then Chris.

Ms SETTLE: Thank you, Chair, and thank you very much for your presentation. I am interested in how much data you have collated around the programs. I wondered if you had kept information on the people who have gone through the course, but also whether there has been any sort of assessment of the course at the end of it.

Ms BARTON: Sure, okay. So I think at the moment we have over 700 people who have completed the course, maybe it has even sort of snuck to over 800 now. We also have more people who have registered for the course but have not yet completed it. I would say out of those 700 people, they are not all sort of actively probably practicing and using the course. Some of those people might have retired or might no longer be in practice. I think a couple of them actually have passed away.

In terms of the feedback that we have got, at a very high level we have received very positive feedback. I think—just bear with me a moment, please—over 90 per cent of survey respondents from the one and eight-hour courses have indicated that this added to their knowledge and understanding of practices and techniques, obviously when working with people affected by forced adoption; that the learning objectives were appropriate for the level and delivery mode of the course; and that the content for the course clearly communicated sufficient information on the topics covered.

Prof. HIGGINS: Can I just add to that a couple of things. Firstly, because it was funded by the commonwealth Department of Health of course it was nationally focused, as Samantha said at the beginning. So I think there is an opportunity for the Victorian government to be thinking about what has been the take-up here in Victoria and what could be done to better promote and engage Victorian health professionals with this training—or an adaptation or the next stage of development with this kind of training. Secondly, what Samantha is talking about is the sort of immediate feedback from professionals around whether it increased their knowledge or skills, but I think there is a longer term question for evaluating whether having widespread take-up and engagement of health professionals actually lead to a change in practice. Particularly from the perspective of those who have a forced adoption experience, do they notice a change and feel better supported by engaging with allied health professionals who have undergone such training? That is really a longer term evaluation question.

Ms SETTLE: Can I expand on that slightly? Given that lots of people are going through allied health, do you see the role of this training being for them to identify it and then put them onto a referral path? What a lot of people have said is that they want that very specialised therapeutic support—so is this around training up the psychologists, or is it around making sure that people in allied are aware of it and then referring on to specific counsellors? Do you have a view on how the model should be?

Prof. HIGGINS: Look, I think it could go either way. I mean, all of the allied health groups were meant to encompass those who would see themselves as specialist counsellors, excluding those who might offer their skills in counselling but are not actually registered on the AHPRA website. So, you know, it is not just psychologists but mental health social workers who would be working with clients in this space, GPs, psychiatrists—it covers the entire field of those who are registered practitioners, not those who might just say, 'I'm really good at working with people in this space'. Of course they may be, but we are talking about within the government framework of those who are registered mental health specialists. It could be that those who are within that identify themselves as having particular expertise in the issue of forced adoption, or it could be a more generalist who wants to then improve their overall practice. The reality is that someone who has a forced adoption experience will probably be doing both, because if they have got, for example, physical or mental health issues that are being treated by a generalist, they will need to be accessing supports from any of those health and allied health groups that the APS training is targeting.

Where there might be a specialist in forced adoption—for example, the forced adoption support services that I mentioned were funded as a consequence of the scoping study that my team and I at the Australian Institute of Family Studies conducted for DSS—those specialist support services, for example, who are helping with tracing and contact and post-contact support for those with a forced adoption experience will still often be the same health and allied health professionals who are providing that kind of work. So there are kind of two elements to that. Of course that funding from DSS is quite limited both in terms of the dollar value and the number of professionals who are able to be supported, but it is a very different kind of model and needs to complement the more general health and allied health services that are funded separately from those specialist forced adoption services. I hope that kind of makes sense.

Ms SETTLE: Yes, it does. Thank you.

The CHAIR: Thanks, Michaela. We move on to Chris.

Ms COUZENS: Thanks, Samantha, and thanks, Daryl, for your time today. We greatly appreciate it. I have just got a couple of questions for clarification really. Samantha, you talked about the training for GPs, a 2-hour course. Correct me if I am wrong, but did you say that that is now inactive, that course?

Ms BARTON: That one currently is. We are just exploring options to actively redo the accreditation with RACGP on that one. It actually—

Ms COUZENS: Is there a reason that it stopped?

Ms BARTON: Basically the commonwealth funding on that one came to an end and the project sort of ceased in its current form at the same time, so it became inactive. So it is time now that it was sort of refreshed. It needs to have some funding put behind it.

Ms COUZENS: Thank you. And Daryl, you may have answered this, I was not sure. I was listening to what you were talking about the development of the training and your experience, which was quite extensive. Were there people with lived experience in forced adoption involved in the actual development of that training?

Prof. HIGGINS: Yes, so very actively involved. As well as having representatives of each of the different health and allied health groups, for example, as Samantha just mentioned, the Royal Australian College of GPs; they were one of those groups. The APS itself of course is a major provider. Because the APS was funded by the Department of Health to deliver this, it did not want to represent itself. That is why I as a member of the Australian Psychological Society but with expertise in forced adoption was asked to represent psychologists, and then there were social workers and Aboriginal mental health workers. But there were also people with lived experience, in terms of representing the needs of people who had experienced forced adoption, who were part of that advisory group. Also we had a number of engagements both in the immediate release of all of that training and over that 12 months there were a number of webinars that the APS ran, and again I was involved with I think at least three or four of those. There was a range of different target audiences with those, but also people with lived experience were very much involved in designing not only the overall training but engagement in the various webinars as well.

Ms COUZENS: Great. Thank you.

The CHAIR: Thanks, Chris. Just two questions from me. In relation to the GPs, just how many GPs undertook the course before it became inactive?

Ms BARTON: Can I take that question on notice, because I do not have quite the figures on that one on me?

The CHAIR: Sure. Okay, that is fine. And just on the—

Prof. HIGGINS: Sorry, just on the last one, I am not sure whether the APS would be able to separate out the data for Victorian versus national, and for your committee purposes I am assuming that you are more interested in the number of Victorian GPs who have participated. Is that right?

The CHAIR: Correct.

Prof. HIGGINS: We will take that on notice and see if we can.

The CHAIR: Thank you. That would be helpful. Now, the next question is: the APS submission mentions that the cost may be a barrier from accessing the training. In general, who is bearing the cost now that it is no longer for free?

Ms BARTON: The 1-hour course is free. The 8-hour course—the cost would be borne by the psychologist themselves or the allied health worker if they wanted to complete that training.

The CHAIR: Thank you so much. I take it that there are no further questions from committee members.

At this point I would like to thank you both for your valuable contribution today and for submitting as well. The committee very much appreciates the time and effort that you have taken to be here today and to go through the issues on behalf of the APS. Most importantly, the next step will be the committee will deliberate on all the evidence, all the submissions that have been received. We will be preparing a report for the Victorian government. The committee will table its report by 1 July this year. If you would like to keep up to date with the committee's progress, you can do so via the webpage and of course the secretariat as well. We will look forward to the Victorian government's response once the report is tabled.

Again, on behalf of the committee, thank you so much for being here today and presenting to us, Samantha and Daryl. All the very best.

Ms BARTON: Thank you.

Prof. HIGGINS: Thanks.

Witnesses withdrew.