

# TRANSCRIPT

## LEGISLATIVE ASSEMBLY LEGAL AND SOCIAL ISSUES COMMITTEE

### **Inquiry into Responses to Historical Forced Adoptions in Victoria**

Melbourne—Wednesday, 12 May 2021

#### **MEMBERS**

Ms Natalie Suleyman—Chair

Mr James Newbury—Deputy Chair

Ms Christine Couzens

Ms Emma Kealy

Ms Michaela Settle

Mr David Southwick

Mr Meng Heang Tak

#### **WITNESS**

Dr Robyn Miller, Chief Executive Officer, and

Ms Jenny Glare, General Manager, Heritage and Information Service, MacKillop Family Services.

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**The ACTING CHAIR (Ms Settle):** Welcome to the Inquiry into Responses to Historical Forced Adoptions in Victoria. I would firstly like to acknowledge the traditional owners of the land upon which we meet and to pay my respects to their elders past and present and to any other Aboriginal elders who may be with us or watching any of the live feeds.

I officially declare open this public hearing for the Legal and Social Issues Committee's Inquiry into Responses to Historical Forced Adoptions in Victoria. Could I ask that all mobile phones are turned to silent now.

I would like to introduce my colleague Heang Meng Tak, who is the Member for Clarinda. My name is Michaela Settle. I am the Member for Buninyong, which is up near Ballarat—so it was a little colder up there when I left this morning.

I would very much like to welcome Dr Robyn Miller and also Jenny Glare from MacKillop Family Services—welcome.

All evidence taken by this committee is protected by parliamentary privilege. Therefore you are protected against any action for what you might say here today; however, if you go outside and repeat the same things, including on social media, those comments may not be protected by that privilege.

All evidence given today is being recorded by Hansard. You will be provided with a proof version of the transcript for you to check as soon as it is available. Verified transcripts, PowerPoint presentations and handouts will be placed on the committee's website as soon as possible—unless of course confidentiality has been requested.

The committee is very interested to hear about your understanding and experiences in your roles with MacKillop Family Services in relation to forced adoption. I will invite you to make a presentation to us, and then that will be followed by questions. So we are in your hands. Thank you, Dr Robyn Miller.

**Dr MILLER:** Thank you very much, Michaela. It is a wonderful opportunity to present today. This is such an important issue, so we thank you for your time and for being invited to attend. We acknowledge, first of all, country and pay our respects to the traditional owners of land that has never been ceded—always was, always will be Aboriginal land.

We also want to acknowledge the profound and lasting trauma of the practice of forced adoption, particularly for the women, the fathers and the children and their extended family—the grandparents, the siblings. The impact of adoption lasts a lifetime. There are many consequences that cause suffering throughout a person's life, both for parents and for adopted persons. This suffering is added to by the secrecy around records and the wait time to access records and the way that people receive their records at times. So we commend the important work of this committee in investigating the responses to the historical practice of forced adoption and welcome the opportunity to contribute to recommendations to ensure enhanced and more timely service and support responses.

I am joined here today by Jenny Glare, our General Manager of the Heritage and Information Service at MacKillop. Jenny has led the heritage service since MacKillop was formed in 1997, and that was the year that MacKillop began. She is regarded as an international expert on the support of release of records. I have been the CEO at MacKillop for almost five years—I began in 2016—but I began my career as a social worker and family therapist in 1980. I have also had significant experience as a therapist both in publicly funded agencies—a practice leadership role in the department for nine years—and in my private practice as well. I do not do private practice anymore, but historically with many families where forced adoption was an issue, the sequela of that goes across generations. So I have a very personal connection as well after having worked with the grieving parents who were forced or felt pressured to relinquish children and with those adults and children who have suffered.

I thought I will present, and then Jenny will be able to embellish and talk to the case studies and enlarge upon the detail. So we were formed as MacKillop on 1 July 1997, and there were three congregations, religious Catholic orders, that formed. Seven of their institutions came together. The Christian Brothers, the Sisters of St Joseph and the Mercies merged seven of their services, mostly children's homes, and it was groundbreaking in its day to have that collaboration. Since then, five other agencies have merged with MacKillop.

We are quite large. We have almost 1500 staff now across four different states and territories, and we provide training and consultation across all states and internationally as well. We are involved in family support services and are also working to provide foster care and residential care. We have about 60 homes for children, small houses up to four children, in Victoria and also in New South Wales. But the strongest part of our innovative practice is to actually prevent children coming into care. So we have developed evidence-based programs that outreach, and we are very passionate about that.

Whilst we provide services and out-of-home care services to children and their families, we are not an adoption service, we are not one of the four adoption information services and we, as MacKillop since 1997, so 24 years now, have not been involved in forced adoption. So we just want to clarify that from the outset.

But most relevantly for this inquiry, at the time of our formation 24 years ago we became the custodian of the records of the founding agencies, so that has been a very important part of our work. We have over 115 000 records, dating back to the mid-19th century, so the 1850s. We estimate that approximately 10 000 of these records were created by the Sisters of St Joseph in relation to adoption. The sisters provided accommodation for mothers at their home in Carlton and for mothers and babies at their home in Broadmeadows. One of the first actions of the new board when MacKillop formed was to establish a records management committee to advise on how to ensure these important historical records were maintained and were made available to the people whose life stories were told. The committee recognised that whilst we could not change the past what we could do was ensure that anyone with a connection to our founding agencies could find their individual or family records in a supported, trauma-informed way. So the compassionate response has been the core value since then.

The board established and self-funded this heritage centre, and you are very welcome to visit at any time. It is in our large old building in South Melbourne, on Cecil Street. The heritage centre is a place now where people are welcomed and can access records—and there is a display, too, of some of those earlier homes. This information service is responsible for the release of the records to care leavers and to mothers and children involved in adoption. We do not have government funding for that, but MacKillop is committed to self-funding that in a continuing way; it is such an important part of the work. We have recently completed a project to digitise all of the records—and that work was acknowledged in the royal commission as well—to make it easier for search and for those records to be released. We fundamentally believe it is a human right for people to access records and to know their story, and it is critical to an individual's search for their identity and to the family's wellbeing. The heritage centre and our work are founded on that.

A formal apology from the founding congregations was made in 2013, and that is very prominently displayed on the wall. As soon as you walk in, you see that apology. I cannot take credit for any of this, this was all done before my time, but I think it was very sound and appropriate that it happened. There was a commissioning of a history detailing the experience of the residents—mothers, parents—involved with the founding congregations and the children. This history was published in 2004—it is called  *Holding on to Hope* —and it actually has a chapter entitled 'Keeping the secret', which relates to the involvement of the residents speaking out loud about their experience, particularly around their work with the Sisters of St Joseph. A number of interviews with mothers who were in the care of the sisters informed the content of that chapter, and it is a very important way of keeping their stories alive.

So to come to the present—I hope that sort of sets the context—in the last financial year, 2019–20, MacKillop received and responded to 1057 requests for the release of records. Of these, 140 were requests for adoptions records. The heritage and information service operates within the framework of our Sanctuary model. It is a very strong commitment as a whole agency for a trauma-informed, person-centred, relationship-based practice. So we are very committed to that. We have six staff that work with Jenny, all of whom are social workers. We have administrative and archive assistants as well, all of whom are trained in this model. It is all about tailoring the service to individually respond to the particular needs, rather than having a one size fits all. We recognise that each person will have their own unique experience and require a different response at times.

We have expertise in the location of historical records relating to Catholic children's homes across Australia, and often we are the first point of contact for children beginning their journey for searching. If we do not hold their record, we provide detailed advice about how to search for and locate the records held by other record holders across Australia. So our team is skilled in responding to the large range of requests that relate to separation from family of origin, either by adoption or by the institutional care. We receive requests from extended family, from adult children, from parents et cetera.

The people impacted by adoption make contact with our heritage and information service for the same reasons as people who grew up in children's homes and orphanages do. They want to know what happened, they want to know how they were cared for as infants. They are looking for missing pieces of information. They want to know their birth weight, they want to know their siblings, the colour of people's hair et cetera. People also contact after lodging their DNA with Ancestry and try to make a match in our records. So it has changed over time.

The requests come in predominantly through our website, and it is a website inquiries service. All requests logged on the website receive a return mail or an outreach telephone call within the first 24 hours. We are really committed to that. Our staff work incredibly hard, particularly as numbers have increased. We do not use an application form. Our preference, through respect for the sensitivity required—and this is based on years of practice experience—is for people to disclose as much information about themselves or as little as they choose in that very first, initial inquiry. Always where there is an adoption request there is a phone call rather than an email response because, as you no doubt know, that section 87 is a very complicated process and we cannot give out that interview certificate. They have to go to one of the four registered adoption information services to get that before we can release records for adopted people. As you know, that can often take 18 months. That delay is a huge issue for us.

The purpose of that initial email response or phone call is to explain how our service works, what needs to be provided in terms of proof of identity, how long it will take for a search of records and the expected time frame for when a heritage worker will recontact. So we try to give the overall sort of process information up front.

Requests for records are responded to in order from when they were received. The average time is three to six weeks, which can be a lifetime when you are wanting to know. Sometimes we receive a request with somebody literally on their deathbed and we respond within hours, and that has happened, even since I have been there in the last five years. It is a queueing system, as I have said, but according to advanced age or ill health we will prioritise.

Once the search has been completed people are contacted to arrange access, and that meeting can be face to face. We actually prefer, and we have got special rooms set up, to meet in person. They are always welcome to bring family members, support members, and we try to give choice. During COVID it was a real challenge, and again it was giving people choice. We adapted by releasing records by registered post, lots of phone calls or Zoom, electronic transfer, video calls et cetera.

As you know, the Act governs everything, that section 87. The people who have already accessed their adopted information and who have a certificate of interview, which is the legislative requirement, are usually seeking information about a range of things. Sometimes it is about the preadoptive experience when they were in foster care or in the babies home, and often their original baptism certificate, for example. Mothers whose children were adopted are seeking information about their time in the home or how their babies were cared for, how arrangements were made.

Our website, as I have said, prioritises people seeking information about adoption. The first-time inquirers are advised in Victoria that information relating to adoption needs to be accessed through adoption information services, one of the four. As I said, it can take up to 18 months, and people are often confused about that and frustrated. What we try to say is, 'Look, let them know straight up that you have contacted MacKillop and we hold records too', because if it is, say, the Department of Human Services—or now DFFH—or, say, St Vincent's Hospital, they may not see that MacKillop also have records, and often we have a lot more and information that is invaluable for people to have. So we advise them about that straightaway. It is particularly important when the adoption was arranged by another agency.

During the outreach call and the follow-up email we invite people to recontact MacKillop once they have got their certificate, and again we have a whole process of helping them to discern how they would like to hear the information we have—in person, give them choices, invite family to come—and those records are released. That wait time is the key problem. I can say hand on heart that we go above and beyond to be sensitive in the way the service is conducted, and they are very moving. There is often family reunification. Often one sibling, for example, was placed for adoption, another grew up in institutional care, another might have grown up through a series of foster care, so we are often piecing together whole family histories. Sometimes the mother grew up in the care of one of the orphanages—they had a child, that child then was adopted. So there are often complex transgenerational releases that occur. We provide that search and support service and facilitate the family reconnections, so there are many moving stories there.

If an adopted person wants to meet a mothercraft nurse or a sister of St Joseph that worked in the baby nursery at St Joseph's in Broadmeadows, we facilitate that, and that has been really important for some people. We also hold a big photographic collection from the babies home, and again people delight in receiving the photographs, and we facilitate that. We have the display, as I said.

I want to mention the importance of fathers. Their name is often not found in adoption records. The practice, I think, decades earlier was just a bare description and that was it—not even always the medical information was recorded. That lifelong pain, as we know, it is not just over; it lasts—and for their children and their children's children. We believe strongly that people should be able to choose which provider to access records from. We would dearly love to be authorised to release adoption information and not make people wait for that certificate. The consequences of that compound the suffering that is already there, so we work with that every day. Some of that pain can be avoided with regulatory and perhaps legislative change.

The other recommendation we would like to make is the need for brokerage and financial support at different points across the life span. When the person who was adopted has children, that can raise issues—or when they become grandparents. At different points in the life cycle people need support, so there needs to be much more attuned and flexible understanding. Not everybody wants to get a service from an adoption agency or an adoption information service. That aggravates the pain. So those two areas are the way that we think the service could be improved. I think my 10 minutes is well and truly up.

**The ACTING CHAIR:** Thank you, Dr Miller. That was wonderful. And for the purposes of Hansard I would like to welcome David Southwick, who is the member for Caulfield. Welcome, David. Thank you very much, Dr Miller. Do you want to present as well, Jenny, or should we go to questions?

**Ms GLARE:** I think one of the things that I would like to add is that some of the most satisfying work that we have been able to do for people seeking adoption information is when we have done a joint release of records with the adoption information service—so clearly when we know that we have got more information that relates to siblings or more information that actually relates to the person who was adopted. Because not all forced adoptions were newborn babies; some of them can be older children in their first year of life. But when we have been able to offer to AIS at the department that we do a joint release of records, and that has been accepted—and in fact we just did one on Friday, so we have very recent experience—that adds so much more to the understanding. And particularly where all the parties agree to their information being shared it means that there is less information redacted in what people are getting.

So things like that are really important, and I guess the thing is that for many years there has been a view that adoption information is so precious, but my view, after working in this area for many, many years, will be that everything that we have already had experience in releasing related to children in children's homes is very similar to what is in adoption records. And I think this layer of secrecy makes it even more difficult for people to access their information. There is a sort of a mystique about it, and it is really repeated, from the time that consent is made to how difficult it is to actually get your information. So I would really like to see that change for people.

**The ACTING CHAIR:** Could I ask you about that, Jenny? Where is the system going wrong, as it were? If you are the holder of the information, then where is the mystique coming from, if not from the holders?

**Ms GLARE:** Well, because we cannot release records relating to adoption in the first instance, because we are not an adoption information service. So I think that clearly there needs to be more money put into the

organisations that are the adoption information services, so that they can release more records and do not have a waiting list, or there needs to be some really creative thought done to broadening the circumstances when an organisation that holds a lot of records relating to adoption, as we do, can release the records.

Once the federal government and then the state governments made the apology, clearly in the public domain, that heightened the knowledge that you can get records, but people still do not know where they are. I think the reason we get so many inquiries is that people just google St Joseph's Babies Home, because they know that is where they were adopted from, and then that is what gets it to us, so then we have to chat on the phone to them and go through what the situation is in Victoria and then give them the choice of CatholicCare or going to the department.

**The ACTING CHAIR:** Queensland have a single government system, and I am just interested to know whether you think that perhaps a single system might alleviate any of these times—or perhaps the opposite. I would be interested in your opinion on a single system.

**Ms GLARE:** Well, a single system could work as long as people have real choice about who they go to to get their information from. So not everybody will want to go to the provider that created the records in the beginning. Some people will want to go through more of an advocacy and support organisation and have them standing with them. Other people may well not want to get their information, but they may sign consent for another child of theirs to get it.

So it is very complex, but it seems to me that there is not a lot of lateral thinking. The rules are followed very strictly, and it is probably really time to open that up and look at things based on really good practice of what will work. And we do not want it to be controlling, because a social worker had to take the consent in the beginning, and we are not saying the social worker has to give the information to you; it is really about the quality of the service and how it is released and how you sit with the discomfort and how you sit with the trauma and the terrible things that happened to the women and listen to that story. It is really truth telling, and if you are just doing it concentrating on how it was done and not listening to how it has impacted on people, then you are not doing your job properly.

**The ACTING CHAIR:** Thank you.

**Mr TAK:** Thank you, Chair. So it is all about that storytelling. We heard from other submitters that reunifying with family sometimes can be a very—what is the word?—adverse adoption. What has been the experience of MacKillop in terms of helping to connect with family who were separated during birth or by birth?

**Ms GLARE:** Sorry, what—

**Dr MILLER:** What has been the experience—

**Mr TAK:** Well, yes, the experience.

**Dr MILLER:** of reunification?

**Ms GLARE:** Well, our experience has been really varied. We have got many stories of people that want to find their parents. So we have done the outreaches to look for mothers. We have also done outreaches to look for fathers, bearing in mind that at some point in time when the people were taking the adoption consents I think there was a real shift in recording the names of the fathers. Our very early records have the fathers' names there, and then later on it is just a physical description of the father. So often the fathers are very hard to locate and try and work out. Many adopted persons seem to me to get into very, very stressful power battles with their mothers to try and get the name of the father disclosed. So I think that is definitely an area where mediation and support would well have a place, where someone could outreach to the mother on behalf of the person seeking information, because I think it is very, very painful for the mothers to relive what happened to them, and if they cannot remember who the father is or they are not sure, that could be a reason why they do not record information or they make up information. But that is a source of deep trauma, because that is never resolved for some people.

**Dr MILLER:** The other thing I would add to that, Jenny, is alongside that is that incredible sense of rejection if a parent chooses not to meet or disappoints the adult adoptee when they do meet—who is not actually interested. In the years past I have worked as a family therapist working with this complexity, and there is deep pain on both sides. Then you have often got the partner of the adult adoptee or their children. Sometimes there is a wonderful part connection that is established very quickly, and I have teared up many a time when I have had the privilege of being present and bearing witness to that reunion and that gradual relationship building when people will embrace and become part of each other's lives and family. At other times it does not go so well, or there is a choice: 'Actually I feel better that I've had the right to meet, but I don't necessarily like the life that that person has led'. It is very complex, and this is where certainly one size does not fit all. It is really engaging with each of the needs rather than sort of being on the side of one or the other, if that makes sense, because you can do harm.

So it is very important to be able to support—and what our team do very well is that it is all in the planning. It is all in the preparation and being timely but equally not rushing into something that will do harm. Previously I have worked in the department, for example, where people received records in a car park and they were redacted. This is their time in care, not necessarily adoptees. But you are dealing with people's whole lives; it is not just a record. So it has to be exquisitely sensitively handled, I think.

**Mr TAK:** All right. Thank you, Chair.

**Mr SOUTHWICK:** Thank you for your presentation. I just wonder if you got a view from the perspective of the adopted parents. We have heard a lot from mums and children, but certainly in terms of those that you would have come across in the very first instance, can you add anything there?

**Dr MILLER:** Sure, and that is a very important point because of that ripple effect. You know, they have been Mum and Dad. As they often say, 'We've loved you as our own, you are our own'. So it is interesting. Practice, I think, has changed so much for the better—the open adoption, the acknowledgement of the mothers and fathers. 'Yes, we're your adoptive parents, we're your parents, but we embrace that'—that is much more expected now. It was not earlier on; it was the secrecy. And so often they were incredibly obstructive, and psychologically made it—in some cases I worked with—impossible for people, and it was not until their adoptive parents had died or were in aged care perhaps that they actually felt they could do the search. It was almost this double bind. They are suffering because they feel like they are causing suffering, and often that was unspoken. Sometimes it was very deliberately spoken. So the pain inside about their own need to know 'Who am I?' and also feeling paralysed—'I want to, but I can't. I'm going to hurt this person and that person'. So the depression and often incredible suffering that happens, often in silence, is extraordinary. So again it is a whole range of reactions. Some adoptive parents actually are cheering and behind them and celebrate when they get each little bit of information. For others it is cold war and the person just knows they cannot talk about it. So we see a range. Would you agree, Jen?

**Ms GLARE:** Well, I think that the learnings from the historical practice of adoption have shaped any adoption that happens today, because clearly in the past children were not informed that they were adopted. They grew up thinking they were living with their parents that had given birth to them, and I think that the adoptive parents in fact were not encouraged to tell the children that it was the truth, so this is everything that has been shrouded in secrecy that just adds to the legacy. So now for anyone engaging in adoption, we are very, very clear who the parents of the child are, who the adoptive or permanent carers are. So I think that is a lesson that we have learnt, but I think, personally, we have been very slow to learn that lesson and it has taken a long time. And we have misunderstood lots of the trauma that was happening and probably blamed the children when in fact the origins are in the separation and that.

**Mr SOUTHWICK:** In terms of the blame, obviously the practice at the time was something that was abhorrent in many instances, and we have got to learn from those. But I am just interested in terms of the comments from those parents at the time, because there were not any learnings then like there are now. So they would have followed a process, I would understand. I would envisage that many of them considered that they were doing the right thing and were trying to help. So I just wonder: in your contacts with some of those parents, have they taken some of the blame themselves? And do they need some of the support as well going forward?

**Dr MILLER:** Oh, absolutely.

**Mr SOUTHWICK:** From an agency that has had a lot of contact with both, I would just be very interested in hearing a bit more about that.

**Dr MILLER:** Yes, I absolutely think they do. And in order for their own sort of shock and grief at the—  
It depends. If they were secretive about it and were working under the misguided belief that they were doing the right thing and acting in the child's best interest, because that is how it was framed—like, I began practice in 1980 and it had certainly changed then. The expectation was that couples being assessed as adoptive parents would be open. The laws changed in 1984—I think it was 84, the *Adoption Act*, yes. So that open adoption was much more—that was a big deal at the time, and certainly secrecy was frowned upon. By then it was much more enlightened around the right of people to know. And I think in practice that has taken a long time.

I have personally worked with some parents who were marvellous but who had really struggled with their own grief and shock when their child found out when they were an adolescent or when they were an adult and came back to them with huge anger. And they understood it at one level but could not cope with it, so there was incredible suffering within the family and often family breakdown. If the adult adoptee had sort of anaesthetised the pain and the trauma with drugs and alcohol, and certainly that is true for some, they were beside themselves with how to help them.

So to your point, Chair, there is a need to have flexible services that can help adoptive parents cope, particularly where they have been poorly assessed sometimes or misguided in the way they were trained.

**Ms GLARE:** Can I just give an example. A few years ago we had an inquiry from a person who was adopted as a baby from the babies home at Broadmeadows, and that person in the records—we knew that the mother had stayed at Broadmeadows in the mothers unit and the baby was in the baby nursery until the baby was adopted. What we actually arranged to do was for the baby, the mother and the adoptive mother to all come in together. They all sat around the table in our room where we do our work, and we sort of did it in a way that each of them could say why they were there and what they wanted to learn. The really important thing and the key thing to all of this was that the two mothers listened to each other and the baby listened to the two mothers—everyone listened to each other—and they each shared what it had been like for them. So the three parts of the triangle were all together.

Now, I can still remember what happened on that day and how positive it was for all of them. What they said was not necessarily pleasant, but they all said what was on their mind. So in answer to your question I think part of the legacy is that you can do more of this work with people, because I am sure that adoptive parents looking back wish they had done more to bring their children up in a way that they did know about their identity, so when the children start asking the questions—‘How come I've got red hair and everyone else in our family hasn't?’—they would feel confident to tell the story. Because I think it was often their lack of confidence and not knowing what to say that blocked that. So I think there is always work that you can do for healing. There are always things that can happen.

**Dr MILLER:** But I would add you need sensitivity and you need the right people. And it is not just about the training; it is about their values, their attitudes, their style, the way they can warmly help people to be engaged. It is that therapeutic, trauma-informed response, and what Jenny is describing is very sophisticated family therapy work really, or using those skills to facilitate family sessions. Jen, how old was that baby?

**Ms GLARE:** When they came in?

**Dr MILLER:** Yes.

**Ms GLARE:** That baby was in her 40s, so the mothers were in their 60s.

**Dr MILLER:** So the ripple effects were her children, her partner—you know, again. The other bit I would add is the aftercare. What the team do beautifully is the follow-up work. So it is the preparation, the work in the actual meetings—and it is not just one, it can be a series—and then the follow-up individually—and there are lots of cups of tea. We make the room very homely, with food. So again it is about setting it up in a way that promotes healing, not conflict.

**Mr SOUTHWICK:** Thank you.



**The CHAIR:** Thank you. I will just ask a couple of quick questions, if I may, just in wrapping up, and I do understand completely the history of the organisation as separate to the organisations that were perhaps the adopting services. Does MacKillop have a position on the idea of a redress scheme for forced adoptions? As I said, I understand it is a separate organisation, but is there a position on whether there should be a redress scheme at all?

**Dr MILLER:** Yes. Our core value is justice. I think there is a need to acknowledge, and a redress scheme I think is appropriate. I was at the public apology years ago and meant to be giving out the tissues supporting people, and I think I had more. You know, wrongs were done. They are the facts. We have got a redress scheme. MacKillop absolutely embraced the redress scheme for institutional responses to child sexual abuse. I worked as a consultant to the commissioners for 18 months. I was immersed in the development of that on the sidelines. So I am very aware of the complexity of setting it up, but I think it is actions, not just words and apologies, isn't it, that make a difference for people who have been harmed.

**The ACTING CHAIR:** In closing, you mentioned two things you would like to see changed. One was around the speed with which the service is provided and—sorry, can you remind me of the second?

**Dr MILLER:** The other was brokerage and goes to redress, I suppose. It is around the support—

**The ACTING CHAIR:** Continuous support.

**Dr MILLER:** Yes, and giving people choice about how that happens. That is where I am a bit wary about the one agency doing it. I know we do it very honourably and sensitively. If we had to give all our records to one agency and then hand over these families, I would be worried about how it would be done.

**The ACTING CHAIR:** Though the one agency was more around the adoption information services and whether that would alleviate some of this.

**Ms GLARE:** I think it will not in Victoria. The waiting list to actually get the records, once you have logged your applications—that is where the problem is.

**Dr MILLER:** We could become, if we were not stymied by people needing to have the certificate—

**The ACTING CHAIR:** The 87—yes.

**Dr MILLER:** They have to wait 18 months, sometimes, for that.

**The ACTING CHAIR:** Someone did tell us there has been a new directive and they are supposed to do it within 75 days. But you have not seen that at your end yet?

**Ms GLARE:** No, but we have seen ones where we have supported the person to be fast-tracked, and that is where they are a late disclosure—they have just found out that they had been adopted. We sometimes get on the phone and say to AIS, 'Well, you're probably not going to find these records, but we can tell you where they are, so just tag that to the person's application so when they get to the top of the list you have got it'. So we really try to do things like that to be helpful, to get people's service quicker.

**Dr MILLER:** The team have an incredible network and information, so there are lots of emails and advocacy that go on with the range of all the agencies, I think that is fair to say.

**Ms GLARE:** That is true.

**The ACTING CHAIR:** Thank you both very much for your valuable contribution today and your submission. The committee appreciates the time and effort that you have put into your submission for us here. Please be assured that your evidence will help inform our understanding of the relevant issues, and we will be making some strong recommendations to the Victorian government. The committee will table a report in the coming months, and we will endeavour to keep you updated on the government response to those recommendations. Thank you again very much for your time.

**Witnesses withdrew.**