

TRANSCRIPT

LEGISLATIVE ASSEMBLY LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Responses to Historical Forced Adoptions in Victoria

Melbourne—Tuesday, 20 July 2021

MEMBERS

Ms Natalie Suleyman—Chair

Mr Brad Battin—Deputy Chair

Ms Christine Couzens

Ms Emma Kealy

Ms Michaela Settle

Mr David Southwick

Mr Meng Heang Tak

WITNESSES (*via videoconference*)

Ms Lisa Lynch, Acting Chief Executive Officer,

Ms Leanne Dillon, General Counsel, Royal Women's Hospital.

The CHAIR: Before I begin I would like to acknowledge the traditional owners of the land on which we are meeting today. I pay my respects to the elders both 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.

My name is Natalie Suleyman. I am the Member for St Albans and the Chair of the committee. Today I am joined by my colleagues Michaela Settle, MP, the Member for Buninyong; we have Heang Meng Tak, MP, the Member for Clarinda; and also Christine Couzens, MP, the Member for Geelong.

Clearly this is a very unique set of circumstances, and we are probably getting used to having these online meetings, but at this stage all mobile phones should be turned to silent.

I do welcome here today Lisa Lynch, the Acting Chief Executive Officer; Leanne Dillon, the General Counsel; and of course Tania Angelini, the Chief Communications Officer. Now, I do understand that the witnesses here, Lisa and Leanne, will be presenting to the committee today.

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 of course if you go outside and repeat the same things, including on social media and other platforms, these comments may not be protected by privilege.

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

I now invite you to provide a brief opening statement to the committee, which will be followed by questions from the members. Thank you again for being here. Either Lisa or Leanne, can you please state your name for the record before you begin. Thank you.

Ms LYNCH: Thank you very much, Chair. My name is Lisa Lynch. I am the Acting CEO at the Royal Women's Hospital, and I have worked at the Women's since January 2019. Ms Sue Matthews, our Chief Executive Officer, is currently on annual leave. I too would like to acknowledge and pay my respects to the peoples of the Kulin nation, the traditional owners of the country on which our sites at Parkville and Sandringham stand, and pay my respects to elders past and present. I am here with my colleague today Leanne Dillon, who has been the General Counsel at the Women's since 2020.

The experience of single pregnant women between 1945 and 1975 was without a doubt one of secrecy, shame, guilt and invisibility. Even today in 2021 it takes enormous courage to speak publicly, and we thank them for their bravery. We welcome the opportunity to add our voice to the inquiry today. Before I begin, I would like to say that I am representing the Women's, fully acknowledging the devastating role that the hospital had in forced adoption practices and the deep and lasting impact it has had on mothers, their now adult children and their families.

The Royal Women's Hospital is one of Australia's leading specialist hospitals, dedicated to improving and advocating for the health and wellbeing of women and newborns. The Women's believe that health equality for all women is more than a vision—it is our responsibility, and we have been committed to advocating and caring for women, especially those that are vulnerable, for 160 years. We provide care to women at all life stages, and our clinical services are grouped broadly into five streams of care: maternity, which includes pregnancy, birth, postnatal care and specialist maternity services for high-risk women; cancer and precancer, which includes breast, cervical dysplasia and gynae-oncology services; gynaecology services, which includes specialist services, reproductive services, contraception and abortion; neonatal services, which includes newborn intensive care and special care nurseries; and mental health and social support services.

The Women's provides public health services in accordance with the principles established as guidelines for the delivery of public hospital services in Victoria under section 17AA of the *Health Services Act 1988*. As the state's leading tertiary hospital for women and newborns, more than 9000 babies are born annually and over 2000 babies are cared for in our neonatal nurseries. Our patient demographic is diverse. We care for women from over 180 regions. They speak more than 90 languages and have 70 separate religious faiths. At Parkville our primary catchment covers several local government areas, and our Sandringham facility serves the eastern and bayside suburbs. In addition to caring for women and babies who live locally, nearly half of our patients at Parkville are tertiary referrals from across the state, and these are women and babies who have high and complex needs.

Today we are a very different hospital to the one that operated as an adoption agency under the Victorian legislation for around four decades. As the state's primary maternity hospital, the Women's participated in thousands of adoptions both as an adoption agency in our own right and in conjunction with other welfare, adoption and accommodation agencies. Then, like now, the Women's was a public hospital caring for women from diverse backgrounds, many of whom were vulnerable. While in some ways the Women's was seen as a progressive institution, it was, however, like most hospitals, a socially conservative organisation, and while not a religious organisation, the views and practices of the hospital and its staff very much reflected the social norms of the day. I understand that the period of 1945 to 1975 was the peak adoption time in Australia, and nearly half of the babies born to single mothers were adopted. During this time the Women's was one of many adoption agencies, and sadly it was commonly thought that adoption was a good solution for all involved.

In 2009, many years after the Women's ended its involvement with adoption, we commissioned Professor Shurlee Swain from the Australian Catholic University to review the historical archives and interview former staff and patients. Our aim was to increase the hospital's understanding of its role in historic adoption practices, specifically with respect to single mothers. The resulting report was entitled *Confinement and Delivery Practices in Relation to Single Women Confined at the Royal Women's Hospital 1945–1975*. On 23 January 2012 the Women's publicly released the Swain report and submitted it to the Senate Community Affairs References Committee inquiry into the commonwealth contribution to former forced adoption policies and practices. It was also on this day, on 23 January 2012, that the Women's then chief executive officer, Dale Fisher, issued a formal apology for our role in historic forced adoption practices. She stated:

... I apologise to every woman who felt she had no choice but to relinquish her baby for adoption while in our care.

I understand that many relinquishing mothers experienced, and continue to experience, feelings of grief, pain, anger, helplessness and loss, and for this I apologise unreservedly.

Whilst the response to the Women's apology was mixed, it was an important step in acknowledging our role and recognising our part in historic forced adoption practices. The Swain report is a robust academic and very detailed document which describes the social, moral, legislative and clinical environment within which forced adoption was allowed to flourish. Swain's expertise in this area is unarguable, and she paints a compelling and disturbing picture.

This report, read alongside some of the lived experience statements from mothers who experienced forced adoption, brings into sharp focus the human impact of forced adoption practices, which included but were not limited to pre- and postnatal counselling and advice to mothers that has been described as brainwashing, with judgemental pressure placed on women and girls to make decisions based on perceived moral, social, financial, emotional and other challenges that they would face; punitive and judgemental labour and birth practices; the use of powerful sedatives throughout labour; the immediate removal of babies from their mothers, which I understand was common practice; separation of single mothers, with routine care in different wards from married mothers, many of whom described this as an isolating, lonely and a punishing experience; the routine distribution of medication to single mothers to suppress lactation; and inadequate or absent adoption consent processes and claims of coercive adoption practices. As you all know, these were very young women and sometimes girls, and it makes for harrowing reading. And while it can be argued that these were policies and practices of a long now past, when shame and stigmatisation of unmarried mothers and their children was prevalent, we find the treatment and practices imposed on these powerless young mothers disturbing today.

Swain makes a comment in her report that in regard to the Royal Women's Hospital, a public hospital catering for economically disadvantaged patients, an overarching concern was the lack of advocacy, especially for the single mother. We agree. We did not do enough to advocate for vulnerable single women throughout those four decades in the way that we proudly and unapologetically do for vulnerable and marginalised women today.

Every woman who walks through the doors of the Women's is entitled to safe, high-quality, compassionate care. This was clearly not the experience of the mothers and babies who experienced forced adoption at our hospital, and for this we are sorry. When we think of good patient care in 2021, it means making sure that every woman is listened to, respected and supported. These mothers were clearly not given that opportunity, and for this we are sorry.

We sincerely acknowledge and regret the role the Women's has had in forced adoption practices and acknowledge the deep and lasting impact it has had on the mothers who experienced this, as well as their families and their children. We also acknowledge that despite the commissioning of the Swain report and the public apology in 2012 there are some mothers who feel that this is not enough, that the Women's has not done enough to publicly acknowledge the pain and hurt that we have caused, and we would like an opportunity to address this in the future.

Today we extend a sincere apology to all the mothers and families affected by the adoption practices and policies of the past. The forcible removal of a newborn baby undoubtedly causes grief, pain and anger that lasts a lifetime. I cannot imagine the incredible strength of, as well as the toll it takes on, the mothers and now adult children who have told their stories to this and to past inquiries and who, despite how hard it is, continue to speak out about the ongoing pain and experience that loss has caused them.

Today we again acknowledge the Women's role in this grief and loss, and we would welcome the implementation at state and commonwealth government levels of all the recommendations of the 2012 Senate inquiry, in particular the introduction of a redress program that supports mothers and their adult children to recover. We would also welcome the opportunity to work with mothers and families to together find a way towards healing. I would now like to invite my colleague Leanne Dillon to speak briefly.

Ms DILLON: Good morning, Chair and committee members. My name is Leanne Dillon. As Lisa noted, I am the General Counsel at the Women's. Coincidentally, I was born at the Women's Hospital, and while I will not be sharing my personal experience today, I do feel I should note I was one of the some 5000 babies who were adopted following their birth at the Women's. So I am here today because of both my lived experience and my interest in this area. I just mention this in the interests of full disclosure.

As Lisa noted, we have both read a selection of submissions made to this current inquiry by the mothers and their children who have been affected by this practice, and I also want to thank them and to acknowledge their courage in speaking publicly about their experiences. As Lisa also noted, in preparing for this hearing today what has become clear to the Women's is that while we issued a public apology and have responded to women when they approach us individually, there is still more that we can do to acknowledge the historical role the Women's has played in the practice of forced adoption.

Access to records held by the Women's is an area where we are looking to implement some process improvements immediately, with a view to removing the cost burden and also streamlining our application process. While the Women's does not hold records now relating to adoptions, it does continue to hold the medical records of mothers and babies. All records pertaining to adoptions arranged by the Royal Women's Hospital adoption agency were transferred to the Department of Community Services Victoria after we closed our adoption agency in 1987, and mothers and adult children who are now interested in accessing those records make contact with the Family Information, Networks and Discovery department at the Department of Health. While this information is on the Department of Health website, we acknowledge that we could be clearer in communicating information about the records that we hold and so we are now looking to update our website with this information.

I would also note that while we are not in a position to comment on the conduct of individual claims, we do acknowledge that the current legal process can be challenging for mothers and their children, and we really would welcome a redress program that better supports women and their children affected by the forced adoption practices of the past. Thank you.

The CHAIR: Thank you very much, Lisa and Leanne, for those statements. I will open up to some questions from my colleagues. I can see Chris's hand. Christine, thank you.

Ms COUZENS: Thanks, Chair. Thank you, Lisa and Leanne, for your time today; it is appreciated. And of course I too want to acknowledge all of those women that have given evidence and the trauma that has been

attached to that. As you have acknowledged, there have been a number of comments about the Royal Women's, so I suppose my question is around—you are talking about putting in place a new process for managing the release of hospital records. Can you give us a bit more detail on what that entails?

Ms DILLON: I am happy to take that question. Thanks. As I mentioned, we do not hold the adoption records, and in speaking with our health information manager who processes the requests for access, we do receive a number of requests from people who are expecting to actually get their adoption record, not their medical record, and so I think we can absolutely improve the information that is available on our website so people are a little bit clearer when they come to us. And then in terms of improving the process of access, we recently became aware that we had been charging some of these women for access to their records. So as soon as, I guess, management became aware of that, bearing in mind that the freedom of information process is largely an administrative-type process under the *Freedom of Information Act*, we have also taken that decision to waive all fees and charges for access to records.

I think the only other comment I would make in relation to that is that our health information manager who deals with women and their children when they come is a very compassionate person, and she also makes sure that she refers them to the department of justice and the various services that are available for both counselling as well as giving people assistance with tracing that is available.

Ms COUZENS: So is that the level of support that is provided when women contact in relation to their records or medical record?

Ms DILLON: Yes. We process the application, and we also make sure that they are aware of the various counselling services that are available through the department as well, and the trace-and-find services available. As I said, we do not hold the adoption records, and often that is what women and their children are actually more interested in receiving—the actual records of adoption, not just the medical record.

Ms COUZENS: What is the view on a redress scheme for people affected by historical forced adoption?

Ms DILLON: I will start off. Look, I think absolutely we would welcome a redress scheme, recognising that redress needs to cover off trauma-informed counselling services. This is a really specific area, and I think it is really important that the people that are providing those counselling services have a deep understanding of the issues that people have, both the children and their mothers. I think it is really important that the services are specialised. It is not a general counselling service, in my personal opinion, that is required here, it is a dedicated counselling service. So I think a redress scheme that recognises that would be really welcome as well.

Ms COUZENS: We have also heard from many women that financial compensation in terms of a redress grant scheme would be of benefit. What is your view on that? Obviously the counselling is a big one but also that financial compensation.

Ms DILLON: I think, you know, the Women's is a public hospital, our duties and roles and functions are set out in the *Health Services Act*, and I really do not see that it is for us as a public institution to make a comment on that. I do think that it is a matter for central government to consider.

Ms COUZENS: Okay. Thanks, Chair.

The CHAIR: I just want to introduce David Southwick, the Member for Caulfield, who is also here. David, did you have a question? Yes, you do. Thank you.

Mr SOUTHWICK: Thank you, Chair. And thank you, Lisa and Leanne, for appearing. Obviously we cannot be holding anything, in terms of the current administration and the great work that the Royal Women's does currently, for what happened in the past, but I do wonder about the reluctance of the Royal Women's to appear before the committee today. Can you outline why you were reluctant to appear?

Ms LYNCH: Yes. Thank you, I am happy to answer that question. Certainly, as I am sure you can appreciate, the pandemic has actually taken a huge toll on Victoria's health service, and for about the last 18 months or so our hospital has been completely focused on ensuring that our patients and staff are safe and that our hospital continues to kind of operate in a COVID-safe way. We are one of the designated COVID hospitals and we care for women in hotel quarantine, so we have had to really focus on redesigning our health

service to ensure that we are able to safely care for women and babies at all times. And that has taken an enormous amount of energy and effort and focus, particularly of management. So I do sincerely apologise for our reluctance to appear with the original invitation and ask for your understanding in that matter.

Mr SOUTHWICK: Okay. No, thank you. I appreciate that. In terms of—just picking up from what Christine mentioned—a redress scheme and particularly the financial compensation, there have been obviously a number of women that have seen the situation they have had as being substandard, to put it mildly. Have there been approaches for compensation directly to Royal Women's at this point?

Ms DILLON: I am happy to take that question. Look, I hope you understand that because of the confidentiality provisions we cannot discuss claims in detail, but I can say that we have had a small number of claims made directly to us, yes.

Mr SOUTHWICK: And just further, in terms of the redress scheme, again we understand that, being a public hospital, it is a matter of government in terms of how that might be managed, but would you at least acknowledge that there is some role in terms of financial compensation for the many women and many that have been harmed by this, beyond the counselling? Because it appears to me something that we have heard time and time again in this committee. I would be just interested in more of your thoughts. We are not asking for an amount or necessarily how. If you have got any ideas as to how that would be, great, but I would just like a bit more on that if I could.

Ms DILLON: I think it is absolutely every person's right to seek financial redress if they have suffered harm. In Victoria the current scheme that we have is the *Wrongs Act*, and so those are sort of the parameters in which we work at the moment. Again I think I have to reiterate that we are a public hospital and that I really do not think that we are in a position to make a public comment about what financial redress should look like other than to say we would support it absolutely. I think for myself personally it is also that ongoing acknowledgement piece. Yes, we did apologise in 2012, and that was an unqualified apology that was issued then. But I do think redress also needs to look at how we continue to acknowledge that, and I think that is one area that we recognise—that perhaps we need to do more in that space to actually acknowledge it. It is not just a one-off, point-in-time apology; there are other ways that as an institution we can actually continue to recognise the role that we played in that practice. So that is, I guess, another piece of work that we are looking to do.

Mr SOUTHWICK: And just finally, 2012 was a fair way away, and you know, we are now talking about the fact that we are still working through in terms of accessing records and managing these kinds of things. Do you think that maybe the administration has not acted quick enough, particularly for those people that saw an apology? Some were not necessarily happy with the way the apology was handled. But the fact that we are talking about this now and there still is not a proper records system, support system, that is in place—do you think that is fair for many of those that are seeking that help?

Ms LYNCH: I am happy to start with that. Thank you, David, for the question. I take your point: 2012 was a long time ago, when the formal apology was issued. Since that time, though, we have had contact with several mothers. We have communicated individually with several mothers and adult children since that time, so we have had kind of an individualised response to women when they have contacted. But as Leanne has mentioned, we do believe that there is actually an opportunity to look to how can we work together with the women and their families to look at how we can, in moving forward, recognise this, whether it is an annual way or, you know, a way that would indicate our level of support.

Mr SOUTHWICK: But in terms of accessing records, why has it taken this long to have something sorted?

Ms LYNCH: I am not sure, Leanne, whether you wanted to answer that one.

Ms DILLON: Yes, look, I am happy—so I have been at the Women's for 12 months, and I think my reflection on that would be that freedom of information is an administrative process under the *Freedom of Information Act*. And we had not actually had any specific complaints from women—mothers—about how we were processing our records in that sense, and I guess it just did not have that visibility then at a higher level. We were not capturing data. So under the *Freedom of Information Act* every member of the public has a right to access any document that we hold, and the reason why they might be asking for the document is irrelevant. So we do not ask in our application form why people are wanting that information. Since I have come to the Women's and we have started perhaps talking about this a little bit more, we now recognise that capturing that

data point—is this an adoption record request?—is an important one, and so that is now part of the process. So I think really, because we had not at the management level received any complaints until recently, it was just an administrative process that happens as in any public organisation as we respond to the *Freedom of Information Act*.

I do not think it was a deliberate—there was not any sort of deliberate ignoring. I guess just at that higher management level there probably just was not that level of awareness because, as I said, we had not had a complaint, which is not to say that our freedom of information officer was not dealing with these women. As I said, there was a process of directing them to where their information may be held. As I said, many are looking for adoption records, which we do not hold anymore.

Mr SOUTHWICK: Okay. Thank you, Chair. Thank you, Leanne and Lisa.

The CHAIR: Thank you. I had a question just in relation to: what do you believe the committee should recommend to the Victorian government to do to address the harms caused by historical forced adoptions, and what is the responsibility of institutions that were involved? So two questions. Anyone can answer.

Ms LYNCH: I am happy to start. I mean, we do support that the recommendations of the 2012 commonwealth-state inquiry are implemented, and we would also—for ourselves, as one of the institutions involved—look for a way to work with women affected on what healing looks like for them into the future. Leanne, I do not know if you wanted to add anything else?

Ms DILLON: Nothing to add. I support that position.

The CHAIR: Colleagues, any further questions?

Ms COUZENS: Can I just ask another question, please, Chair?

The CHAIR: Sure, Christine.

Ms COUZENS: I am just interested in whether women who have been charged for their records up until recently when that changed will be reimbursed for that.

Ms DILLON: We have given consideration to that. The challenge being, though, that because we do not capture as a data point the reason for records being requested, we actually at the minute do not have a mechanism to do that, to identify who those women might be. And so part of what we are looking at doing—which, as Lisa says, is working with mothers and their children to understand how we can help with the healing process—is that maybe we will put something up on our website letting women know that if that has been their experience that they can seek a reimbursement from us. Just because of the way FOI is, as I said, the reason for a request does not come into the decision-making process, so it is not a data point that we captured in the past.

Ms COUZENS: So if anybody is reading the transcript of this, for example, and they were charged a fee, they could contact the Royal Women's and get a refund for money that they have had to pay out to get their records—is that right?

Ms DILLON: Yes, that is correct. And that is part of the work that I want to do on the website—to actually make it clearer about what records we hold, what we do not hold, what the process is, yes.

Ms COUZENS: Thank you.

The CHAIR: Thank you. And another question. The 2012 report commissioned by the Royal Women's Hospital and conducted by Professor Swain found no evidence of illegal practices at the hospital and also no wideranging practices against single mothers. It also highlighted that the Royal Women's Hospital's practices were in keeping with social attitudes and beliefs of that time. The question is: does the Royal Women's Hospital still maintain that position, particularly given the findings and recommendations of the 2012 Senate inquiry and the acknowledgment of illegal and unethical practices by various institutions in state and national apologies?

Ms LYNCH: I would agree with the statement that there were no illegal practices found at the Women's in relation to our role in forced adoption practices. In my introductory remarks I have commented on the

Women's Hospital's view around and acknowledged our regret in our role in forced adoption practices and some of the examples of practices that were contained in that report and also some of the lived experience descriptions of what had occurred during their time at the Women's and apologised for that. But I certainly stand by the findings in relation to our role in those practices not being considered illegal. I do not know, Leanne, if you would like to add anything else to that.

Ms DILLON: I think the only qualification I would make—and Professor Swain makes that in her report itself—is that she did not talk to every single woman and she did not review every single record, and so we do acknowledge that her report in effect was a sample of women that she spoke to and a sample from looking at the archival records that we hold. I think that is just the comment that I would make. There has been nothing that has come to our attention since that report was released that would suggest otherwise for us.

The CHAIR: Sorry, you just cut out there—I do not know if it was only me. David, you have got your hand up.

Mr SOUTHWICK: Just on that, we heard evidence of coercion in signing forced adoption papers as part of all of this. I mean, how does that sit? Is that something in the Swain report that was picked up? Because it seems to me, if someone was coerced or effectively forced into signing these papers, that that would sit as being illegal activity, criminal activity.

The CHAIR: Thanks, David.

Ms DILLON: I think the challenge that we have now is the passage of time. You are right, the Swain report did find that there were coercive practices, and I guess your characterisation of those practices as being illegal might be a reasonable conclusion to draw there, because it is absolutely regrettable that those things happened to women—absolutely regrettable that those things happened to women. I guess, as Lisa has said, we do not resile from our role in that, and we absolutely do acknowledge our role in those practices. Beyond that, I just do not know what else I could add.

The CHAIR: Thank you. Colleagues, are there any further questions? No? Perhaps, Lisa and Leanne, did you want to just add any further remarks before we conclude?

Ms LYNCH: Thank you, Chair. No, just thank you for your time today.

Ms DILLON: Nothing further, thank you.

The CHAIR: Thank you so much. Look, we do genuinely appreciate your time today and putting forward your submission to the committee. We are about to come to a conclusion on this particular inquiry. We will be deliberating all evidence, and a report of our findings and recommendations will be tabled in Parliament. Hopefully in August that report will be tabled, and I am sure Yuki and our secretariat will be in touch to provide an update of the report and also a copy of the final report.

I do take this opportunity to thank you again and in particular thank the Women's Hospital for their tireless work at the moment. Clearly these are very challenging times for us all with the pandemic, but again the committee does appreciate this is a very challenging and extremely traumatic issue that we are dealing with, so we do appreciate you taking the time to present to the committee. So thank you again, and we will see you again, Lisa and Leanne. Thank you so much.

Mr SOUTHWICK: Thank you.

Ms LYNCH: Thank you.

Committee adjourned.