Submission from

The Australian Association of Social Workers AASW

Senate Community Affairs References Committee Inquiry into the Commonwealth Contribution to Former Forced Adoption Policies and Practices

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Introduction

The Australian Association of Social Workers (AASW) welcomes this opportunity to make a submission to Senate Community Affairs References Committee Inquiry into the Commonwealth Contribution to Former Forced Adoption Policies and Practices. This submission represents the AASW's acknowledgement of past injustices towards parents and their children, now adults, concerning previous adoption laws, policies and practices, particularly where the involvement of social workers is implicated.

The term "forced adoption" has been used to refer to adoptions where there was a failure to obtain a fully informed and freely given consent from the birth mother (and in some cases the birth father) before the adoption proceeded. In many cases formal consents appear to have been given as evidenced by the available, relevant, signed legal paperwork. However, many women whose children were lost to them through closed adoptions between the 1940s and 1980s recount anguished stories that suggest they were subjected to a high degree of emotional pressure and coercion and/or they were not fully informed of their rights to keep their baby if they chose to do so.[1] [2] [3] We understand that social workers were involved in adoption processes across Australia during these decades, predominantly through their employment in hospitals and in the Departments of Children's Services*.

The AASW is the only national organisation for social workers in Australia, with over 6,000 members. AASW members currently work in child protection, child and family welfare and wellbeing, family support, health, mental health and community development. Social work roles encompass project and agency management, casework, community work, group work, policy development, early intervention, research and training. Many AASW members involved in the delivery of direct services, including mental health care, acknowledge that they see individuals who have experienced significant emotional trauma related to adoption, including past forced adoptions.

The historical beginnings of social work in Australia, while not extensively documented, are understood to have developed between the two world wars of the 20th century, building on and extending the role of almoners[4]. AASW was not a registered profession across this time, or during the decades identified as those where forced adoptions most often occurred in Australia. Indeed, while the AASW has actively pursued statutory regulation for 43 years to become a registered profession, in 2011, mostly unbeknownst to the general public, social work remains a non-registered profession[5]. In 2011 in Australia anyone can still call themselves a social worker.

**The name of these Departments was different across Australian States and Territories, and within States name changes occurred across different time periods in the 20th Century.*

[1] Transcript of Evidence, Legislative Council 27th August, 1998
[2] Inglis, K. Living Mistakes. Allen & Unwin 1984
[3] Swain & Swain P & S To Search for Self. Federation Press 1992
[4] Kennedy R. Charity Warfare Highland House 1985.
[5] Roy Morgan Catibus Survey, conducted March 22-24, 2011, commissioned by the AASW, forthcoming publication

There is research evidence to suggest that over more recent decades, as the AASW strengthened its self-regulation processes, social workers increasingly contributed to advancing ethical, professional social work processes in adoption work[6]. Equally, in the past many social workers strived to work positively and professionally for clients' self-determination and for changes to a heartless system [7] [8]. It seems apparent that there was a continuum of thinking across the decades 1950's-1990's, where social workers believed they needed to help release girls from the burden and shameful stigma of conceiving a baby outside marriage, through to social workers being outraged at the lack of justice in the forced separation of young women and their babies. Social workers, the young women who came to their attention, and their families, all were products of an era where options at times were extremely limited and without family support, so called 'fallen women' and their children became outcasts. Notwithstanding these outlined circumstances, the AASW acknowledges that the public can be vulnerable to injustices and ill-informed, unprofessional intervention, however well intentioned, from professionals of any discipline including social work. We acknowledge that in any profession, including social work, a minority of workers fail to meet fitness of character, practice standards, membership criteria or ethical values of the profession.

We recognise that ethical professions, organisations and governments must constantly review and spotlight their past practices, hear and privilege the stories of those who have suffered, and allow these stories to inform our future practice.

Terms of Reference:

(a) *the role, if any, of the Commonwealth Government, its policies and practices in contributing to forced adoptions.*

- A key role the Commonwealth government played in forced adoption policies and practices was its refusal to make clear and transparent any income support that might have been available to these women, or extend its availability to young mothers in crisis, until the early 1970's. The denial to single mothers of financial support that was available to other more 'legitimate' mothers raising children alone (widows, deserted wives and divorcees) by the Commonwealth, may be seen to have condoned forced adoption and contributed to the forced adoption policies and practices of State welfare, health, church and charity organizations.

- In the 1940'5, 1950's, 1960s and 1970s, with good birth control difficult to access and disallowed by some religious groups, there were many unplanned pregnancies. Termination of pregnancy was illegal under Commonwealth and State legislation, or at least extremely difficult to arrange legally, and with little Commonwealth income maintenance made available, the adoption of babies was commonplace in the States because of the stance of the Commonwealth.

[6] Gair, S. Hearing the voices of social workers in past adoption practice with mothers and their babies for adoption: What can we learn? Spark & Cuthbert, eds, Other People's Children: Adoption in Australia. Australian Scholarly Publishing 2009
[7] Transcript of Evidence, Legislative Council 27th August, 1998
[8] Inglis, K. Living Mistakes. Allen & Unwin 1984

- Commonwealth public and social policies endorsed and condoned a moral, religious stance that facilitated strong social mores, in turn enforcing marriage or adoption (or extended family care) to secure care for children. The hardships and shortcomings of these enforced alternatives may have been ignored by the Commonwealth, and the Commonwealth may have failed to correct public misconceptions that there was no income support available at all, thereby deflecting public financial responsibility. It is acknowledged by the AASW that State adoption laws governed adoption processes across much of the last 50 years, although uniform legislation across all states existed across some of these time periods with Commonwealth endorsement.

(b) the potential role of the Commonwealth in developing a national framework to assist states and territories to address the consequences for the mothers, their families and children who were subject to forced adoption policies.

The AASW believes that the Commonwealth can play a significant leadership role in helping to heal the wounds of past wrongs in forced adoption. This leadership would include generously and publicly acknowledging and really listening to the many stories of distress, trauma, maternal violations, and sacrificial dismissal that many people experienced. This public leadership role will help redress these hidden injustices and human rights violations in relation to past forced adoptions. Here are the AASW's recommendations:

- At the completion of the Inquiry, and if the Inquiry receives evidence from those persons before the Inquiry, or the Inquiry understands from those persons who have made a submission, that an apology would be welcomed, then such an apology is recommended. This apology is recommended for the ongoing trauma caused to (birth) mothers and fathers as a result of forced, coerced, unethical adoptions and/or those adoptions where informed consent to the adoption of a child was not gained and the mother or parents were not informed of available options. The apology would identify the losses and ongoing trauma for adopted children separated forcibly or removed with coercion from their mothers and fathers as babies and who are now adults. Further the apology would be extended to encapsulate the grief, loss and trauma experienced by grandparents and extended family from the forced or coerced removal of a child then made available for closed adoption.

- The Commonwealth also could acknowledge that there has been evidence submitted that professionals involved in past adoptions of babies and children might have acted unprofessionally, inappropriately, unethically and without informed consent to facilitate the adoption of children. At times these actions may have served to favourably benefit potential adoptive parents to the detriment of loving birth parents.

- The AASW would welcome a national framework, guidelines and accredited training, that would be developed and delivered in consultation with affected stakeholders (birth parents, their extended families and adopted people), for adoption trauma support. Training would be specific and tailored to the needs of those persons whose lives have been damaged by forced and coerced adoptions, with a primary purpose of aiding whatever healing may be possible. Such professionals would include social

workers, psychologists, nurses, doctors, mental health workers and counsellors in women's services, almost all of who have national representative bodies.

- The AASW would welcome being involved, should such involvement be deemed appropriate, as the relevant national body for social workers. The AASW Code of Ethics establishes that social workers strive to challenge and change potential oppressive, disempowering or culturally inappropriate courses of action (AASW Code of Ethics 4.2.2d). The social work profession is committed to maximising the well being of individuals and society. The AASW considers that individual and societal wellbeing is underpinned by socially inclusive communities who uphold principles of social justice, human dignity and human rights, including the right to freedom from intimidation. Social workers are recognised on a local, national and international scale as key stakeholders in the effective provision of human, social and community-based services.

- The AASW notes Income Support provisions announced in the 2011-12 Federal Budget. Under these provisions teenage mothers will be forced into compulsory participation requirements when their babies are as young as 6 months or face having income support payments withheld. While the commitment of additional support and services to assist teenage mothers to complete or further their education is welcomed, the intimidation to withhold their payments should they not provide a reasonable excuse, as deemed by Centrelink, appears harsh, and counterintuitive to the principles of support and assistance. Despite this the Federal Government is moving increasing numbers of single mothers off the Parenting Payment Single and onto the much lower Newstart Allowance. The AASW notes, while acknowledging it is outside the Terms of Reference of this Inquiry, that the above changes may be somewhat incongruous to the processes under investigation here. That is, up to 5o years on, this Inquiry is looking at the role of the Commonwealth, if any, in facilitating circumstances that led to the separation of mothers and babies, inadequate support for teenage mothers with young babies, and the active restriction of a financial income that consequently pressured young mothers to make decisions that were detrimental to themselves and their babies.

Acknowledgement

Acknowledging birth mothers who experienced being forced to relinquish their child

The ASSW acknowledges that many birth parents were young, in personal crisis, and vulnerable, and that many young, single or stigmatised mothers were made to feel inadequate, disempowered, isolated and shamed by health and welfare staff including social workers.

The AASW acknowledges that many women were not given the necessary assistance, and in some cases were deliberately denied access to counselling services prior to giving consent and were not informed of their legal rights.

Notwithstanding that some workers may not have been trained and accredited social workers, the AASW acknowledges that the historical actions of some social workers as government agents and instruments of governmental health and welfare policies have contributed to the significant and increasing pain and loss experienced by birth parents, adoptees and their families. Instead of challenging and seeking to change oppressive, judgemental, and inequitable policies and/or practices, some social workers in the health and welfare sectors may have been coopted to uphold and enact unjust practices. These actions were in contravention of core values of social work such as human dignity and worth, social justice and self-determination. These actions may have been outside and in contravention of Commonwealth and State policies.

The AASW acknowledges but regrets that these policies and practices reflected the values and attitudes of the times and, for unmarried pregnant women, adoption was assumed to be one of very few possible options because of lack of financial and other support and the stigma associated with illegitimacy and motherhood out of wedlock.

The AASW acknowledges that, decades later, many of these parents, adopted people and their families continue to grapple with the long-lasting effects of forced or coerced adoptions.

The AASW also acknowledges that as time passes the grief and pain of such separation has not diminished as may have been advised at the time, rather this grief has worsened with the passage of time not unlike any other incident of post-traumatic stress. Through our present-day work with women affected by past adoption practices, we understand and acknowledge the deep grief that many mothers, fathers, adopted people and their extended families have experienced after the loss of a child to adoption.

Finally, AASW notes that social work may have been part of the past problems and pain caused by past, forced adoptions. However, some social workers also sought to be active players in advocating for client-centred solutions, even under severe pressure from family members and other professionals that they conform to the dominant ideology and preferred societal solutions of the day (for example see Appendix one). This work has continued to this day. There is research evidence that since the 1960's, the AASW has strengthened its self-regulation processes, and social workers have contributed to advancing ethical, professional social work processes in adoption work (for example see Appendix two). In 2011 the AASW continues to lobby the Commonwealth Government in order that social work becomes a registered and regulated profession in Australia.

AASW Recommendations

1. The AASW recommends that the Commonwealth Government make apologies, if such apologies appear to be welcomed by evidence to the Inquiry, and lead the nation in assisting the healing. This should be followed up with practical, supportive measures.

2. The AASW recommends that the Commonwealth Government lead the States and Territories in supporting specialist counselling services and trauma support for people affected by past adoption practices undertaken by trained specialists.

3. The AASW welcomes the Commonwealth Government's recognition that past adoption practices have had painful long-term consequences for many parents and children, and welcomes its beginning dialogue with mothers, fathers and adult adoptees affected by past adoption practices. We note the Commonwealth's role, through the Community and Disability Ministers' Conference; in commissioning research through the Australian Institute of Family Studies into past adoption practices and we will welcome the findings.

4. The Commonwealth acknowledging that States and territories, hospitals and other welfare institutions were primarily responsible for implementing past laws, policies and practices related to adoption. However, the Commonwealth Government, on behalf of the nation, can play a crucial role in addressing the ongoing consequences for birth mothers, their families and children (now adults) who were subject to forced adoption practices, irrespective of the state or territory in which the adoption occurred or where the individuals concerned now live.

5. People affected by adoption to be provided access to counselling services and trauma support that are specifically tailored to their needs, with staff that are specialists trained and experienced in working with loss and grief, and trauma in adoption. The services would best be independent of the statutory child welfare bodies that have responsibility for adoption.

6. The AASW recommends the involvement of all stakeholders in the development of a specialist framework and training, including those persons whose lives have been irrevocably damaged by adoption, but also including support groups, and those national professional associations who can contribute to changing the nature of adoption related support services in the future.

Appendix one

A social worker gave this personal account of being posted to a country town as a new graduate in the early 1970's, as the sole representative of the state child welfare department.

The practice in the town had been for the sister in charge of the maternity section of the public hospital to take adoption consents from relinquishing mothers. He (social worker) attempted to negotiate an arrangement whereby he would be advised as early as possible when an expectant mother was contemplating relinquishment to enable him to counsel her as to her options and support her to reach an informed decision. The sister in charge voiced her firm view that single mothers should not be provided with alternatives to adoption and continued with the past practice.

The social worker then arranged to have the sister's authority to take adoption consents revoked so that he was then the only person in town who could take a consent from a relinquishing mother.

That Christmas day the social worker was contacted by the sister in charge and informed that a young mother was in hospital ready to give consent and wanting to go home that day. He went to the hospital where he was confronted by the sister in charge, and the girl's mother, both of whom were insistent that the consent be taken that day. They initially refused to leave the room to allow him to interview the young woman alone, only relenting when he threatened to leave the hospital.

The social worker talked to the teenage mother about her options; including the possibility of state financial assistance should she choose to keep her child. After learning for the first time of the alternatives available to her the young woman began to express some ambivalence about adoption. However she wanted to go home for Christmas and said that it was not possible for her to take the baby with her. She agreed to the social worker's suggestion that she go home for the holiday period without signing the adoption consent and that they discuss the matter further the following week.

When advised of this decision, the girl's mother was furious, insisting that the consent be taken that day and that there was no alternative to adoption. The sister in charge stated categorically that if the girl was to leave the hospital she would report her to the police for abandoning a child. The girl became acutely distressed and said that she now wished to sign the consent to adopt.

After much persuasion the sister in charge and the girl's mother reluctantly left the room again to allow the social worker to speak privately with the girl. By this time the girl was insistent that she wished to sign the consent that day. In the circumstances the social worker was reluctant to take a consent, but the girl pleaded to be allowed to do so, now believing that there was no other alternative

and wanting to go home for Christmas. Ultimately the social worker agreed to take the consent but explained her rights to revoke the consent within 30 days and gave the girl his contact details with the offer of further counselling. The adoption consent was signed and the girl left the hospital with her mother and did not make further contact with the social worker.

Nearly 40 years later this social worker has continuing regrets at having failed the young mother by allowing both him and her to be coerced by the two older women.

Appendix two

Attachment

Gair, S. Hearing the voices of social workers in past adoption practice with mothers and their babies for adoption: What can we learn? In C. Spark and D. Cuthbert, eds, *Other People's Children: Adoption in Australia*. (pp75-94) Melbourne, Australian Scholarly Publishing. 2009

Chapter 5

Hearing the voices of social workers in past adoption practice with mothers and their babies for adoption: What can we learn?

Susan Gair

Introduction

> No field of practice in social work is more before the public, more sensitive or more controversial than adoption. (Reid 1957, p. 22)

A groundbreaking Australian inquiry in 1998 into past closed adoption practices acknowledged allegations by birth mothers of improper and coercive practice by some doctors, nurses and social workers (NSW Standing Committee on Social Issues, 1998). In subsequently reviewing the literature, a critical reflection on past adoption practice approaches from a social work perspective was not evident. D'Cruz et al (2006, p. 5) write that 'social work should subject its own knowledge claims and practice to analysis' and 'scrutiny'. Similarly, in relation to adoption, McDonald and Marshall (1999, p. 88) argue that 'in a contemporary world unjust practices of the past are increasingly and properly scrutinised'.

The purpose of this study is to provide a space in which the voices of social workers may be heard and placed on the public record of past adoption in Australia, thereby making available a now closed chapter in professional practice that may inform current and future practice in adoption. The primary aim of the study is to document the stories of a group of Queensland social workers involved in past adoption practice. Australia has similar (but not identical) adoption legislation in each state. This study focuses on Queensland legislation and practices, however it may have implications for a much wider audience. The chosen timeframe, 1960–1990, encompasses the high point in the practice of closed adoptions in Queensland but excludes the era following the enactment of the Adoption of Children (Qld) Amendments (1990 & 1991) allowing some information and contact in adoption.

A brief historical background

Western adoption evolved during the 20th century to become a confidential, regulated, legal practice undertaken by professionals who authorised the rearing of children by persons other than their biological parents. Adoption within Australian Indigenous groups differed from this formal process with a more extended family arrangement (Ban 1989). By the middle of the 20th century, religious and moral attitudes condemning extramarital conception contributed to a supply of babies for domestic adoption, although despite this stigma, significant numbers of single mothers kept their babies (Friedman 1975; Marshall & McDonald 2001; O'Halloran 2006, p. 14). A need for adopted babies and children was driven partially by emerging ideologies of marriage and motherhood that required (re)production of heirs within marriage (Inglis 1984, x, xi; Matthews 1984), but also by a need for productive labor. With falling birthrates, infertile (and fertile) married women constructed families through adoption of babies predominantly born to women who were unmarried. Some babies for adoption were born within a marriage but were unable to be cared for within that union. Adoption legally relieved the state of any burden of care (Burns et al 1979).

In Queensland, the early amended *Infant Life Protection Act 1921* paved the way for adoption of infants. The *Adoption of Children Act (Qld) 1935* authorised the Director-General to make adoption orders (Healey 1999). With the passage of the *Adoption of Children Act (Qld) 1964*, adoption legislation in all Australian states was temporarily aligned, although the sole authorisation of the Director General as distinct from the order of a court, was retained. The child became 'as if…born to the adoptive parents' (Boss & Edwards 1992, p. 26). Amendments to the Adoption of Children Act were made in 1967, 1987, 1990, and 1991. In Queensland, since 1921 there have been approximately 50,000 adoption orders, while between 1968–1994, almost 20,000 orders were made (Zabar & Angus 1995)—the majority of which were closed, domestic adoptions (relative adoptions are included in some available figures). Children under one year adopted by non-relatives represented the majority of all adoptions (Healey 1999). Between 1968–1994, Australia-wide, over 97,000 adoption orders were made (Zabar and Angus 1995). By 1990 numbers were declining significantly. Zabar and Angus (1995) note that between 1968 up until 1994 there was a 92% reduction in babies available for domestic adoption.

Decreasing numbers of domestic adoptions have been attributed to many factors including financial support for single mothers from 1973, the de-stigmatising of illegitimacy, and recognition of the legal rights of single mothers, the child and single fathers (Asche 1981). Changing national legislation included the *Family Law Act 1975*, the Levine Judgment (1971) permitting termination of pregnancy under certain conditions, the *Child Care Act 1972*, the *Children Equality of Status Act 1976*, the *Status of Children Act 1978*, and Australia's ratification of the United Nations Convention on the Rights of the Child, 1989 (West 1991). Until the introduction of the Children Equality of Status Act, children of unmarried parents were illegitimate and, in law, 'fillius nullius, the child of no one' (Inglis 1984, p. 1). By the 1990s legislation acknowledged the rights of adults to know their heritage.

Single mothers and fathers in context

From the 1950s single mothers faced a socially constructed 'catch 22' situation. To be viewed as selfless and mature, young mothers appear to have been supported by professionals to sacrifice their own needs for the greater good—the needs of the baby and of society—by making adoption plans for the child. Yet a co-existing maternal code dictated that a caring mother would not abandon her baby (Howe, et al 1992). Research later revealed the ongoing torment and grief many birth mothers experienced (Inglis 1984; Shawyer 1979; Winkler & Van Keppel 1984). In her very personal account Murdock (1996, p. 57) speaks of adoption as 'dishonest', 'corrupt' and 'violent'.

The construction of the 'good woman' knowing her 'place' within patriarchal ideology, 'that all girls be virtuous, all women be mothers and all mothers be wives' (Inglis 1984, xi; Matthews 1984, pp. 10,198), excluded childless married women and unmarried mothers for differing reasons. However, the 'illegitimate baby' label positioned unmarried women as immoral, 'unfit' mothers and unacceptable social problems. (Matthews 1984,180; Swain & Howe 1995, pp. 12–14). Bernoth (1999) and Giese (2004) identify that pressure on Australian single mothers to place their babies for adoption resulted in a 'white' stolen generation. Conversely, Arndt (1999) argues that many people view adoption as a success story, and a sacrifice by birth mothers that has been devalued by revisionist thinking.

Regarding birth fathers, Gritter (2000) says society dismissed them for corrupting innocent girls and being unwilling to father. Yet Condon (1992) and others discredit the stereotype of a

heartless, abandoning Don Juan, identifying some men as willing but excluded parents (Coles 2004).

Emerging social work services

In the late 19th and early 20th centuries in Australia, charity workers, almoners, lawyers and state employees including police, managed alternative placements for children. However, social workers gradually claimed greater child welfare expertise in adoption, as compared with available workers. United Nations publications in 1953 and 1956 argued for advancement of social workers involvement in adoption (as cited in O'Shaughnessy 1994, p. 114). A ‘profession’ of social work was emerging in Australia at this time (Kennedy 1985) and increasingly social workers were claiming ground as legitimate professionals in adopting processes.

Social work services appeared to evolve disproportionately across Australian states. For example, between 1936 and 1950, 21 organisations in South Australia had employed one or more trained social workers (Martin, 1985), and in Sydney in 1931 the founding of Australia’s second training centre for ‘medical’ social workers was progressing (Lawrence, cited in Marchant, 1985, p. 35). Yet social work services in Queensland were minimal, with the first hospital social worker appointed in 1953 and only one hospital social worker serving the whole of Northern Queensland until 1962 (Innes Reid & Thorpe 1996, pp. 55, 97). Subsequently, numbers of social workers in Queensland grew and practice in adoption-related services expanded.

The study method

Alston and Bowles (1998, p. 12) say that researchers traditionally have studied ‘downwards’—meaning that research is more likely to be undertaken with disadvantaged groups than with professionals. My study reverses that tradition and researches professionals—social workers. The sample of 20 social workers (17 females and 3 males) all spoke extensively of their adoption-related practice. Participants’ ages at the time of the interviews ranged from 42–80 years. Participants had worked in hospitals, and the Queensland government’s Department of Families—this department had several changes of name in the period under examination and is hereafter referred to simply as The Department— and small charitable institutions in a range of Queensland cities, towns and

smaller centres. Analysis of the data was completed in 2007. The names of participants have been changed to maintain confidentiality.

Findings

Overall, five broad practice approaches in adoption social work during the decades 1960–1990 emerged, seemingly influenced by the discourse of the day. These are i) a forgone conclusion, ii) a fledgling profession iii) facing competing forces, iv) facilitating choice, and v) forging a reflective practice. These themes are discussed in turn below.

A foregone conclusion (for white girls) 1960s-early 1970s

In answer to the broad question concerning what was influencing social work and adoption processes from the 1960s, the three participants who worked in this decade spoke of adoption as the only sanctioned solution to single motherhood, while it also was identified that Aboriginal women seemed to be exempt from pressure to surrender their babies because of illegitimacy:

> It was a social expectation at the time that it was an accident. I think the fathers were 'fly by nights' they were not serious…Or country girls would pick up a lift and they would get raped, or they would get caught up and find themselves in a 'bother'. It was an accident, why should the girls have to cop it?…Often they were referred to me almost automatically…If they were a minor there would be a parent. They [parents] were working on the social codes at the time…they were coming to see what could be done. I didn't intervene…gave them information to make the best plans they could. It wasn't socially acceptable…they [society] applied a sort of leverage, which sent these girls to girls' homes. They technically let them decide…but the assumption was they would place the child for adoption…There was no expectation in the social life that the girl can keep the child. I [also] found myself dealing with girls who thought it was perfectly alright to take their babies back to Palm Island [Aboriginal community]…illegitimacy was not an offence [to them]...(Jean)

Ken elaborates on the theme of a prescribed process:

> Technically it was about weighing up the options…what occurred fairly regularly [was] the person that referred them…relatives, residential care workers, former foster parents…was pretty much saying this will be the best way for you to go…[T]he referral …was already prescribing a context of thinking about adoption, there wouldn't have been any other line of thinking on the part of the referral person. It was realistic as I recall. The idea of getting resources around a parent to manage the additional tasks with them was not really a frequent kind of thought…(Ken)

A fledgling profession in Queensland: 1960s–early 1980s

In answer to the broad question asking 'what was the role of social workers in past adoption practice', most participants spoke of the profession of social work as very new to Queensland in the 1960s, and barely evident in some regions into the 1970s. Participants said that many

employees within the adoption sector, even those known as 'social workers', may have had backgrounds other than social work. Further, they identify that where social work existed, it may have reflected the discourse of the day but that social workers had minimal power, professional status or legitimacy to implement change:

> [Social Work] was just starting to become a recognised qualification to do the work. In those days if a social worker wanted to find ways to go against the tide, they'd better make it work! Social work was in its fledgling days…(Ken)

> By the time I was working…in 1964–65 [there was] a small working party to make recommendations on the [adoption] legislation to go before Queensland Parliament… our advice was ignored. You need to be aware there were no professional social workers employed in The Department in those days…(Esme)

> When I was at Redcliffe [Hospital] taking consents, hospital staff were not allowing birth mothers to see their babies and that was against the law…I'll tell you plainly, I never ever saw social workers influence [mothers]…a lot of people who worked for The Department did not have a professional background…[except] in terms of being a minister of religion, ex nuns…(Daphne)

> It was my first job, I worked here for four years 1978–1982, it was only two years before I started working here that they actually had a social worker allocated to maternity…I just turned up and I had a social work degree and it was 'when can you start?'…we didn't have full staff for a long time it wasn't too many years before that Joan Innes Reid[i] was running the show virtually on her own…so certainly in Townsville it was embryonic in terms of social work…(Ruth)

> Many practices happened that were damaging…but I wonder if social workers were the ones involved…I imagine if they were they would have been captives of the dominant discourse…if we were we can't run away from it…(Jenny)

iii) Facing competing forces

The key players, and the most significant forces to emerge were parental pressure, the organisational cultures of the hospital and of the then Department of Family Services, and the 'good' adoptive parents.

Parental pressure 1960s–1980s

> They would come through the clinic…or they would come via (Dept of) Family Services. I can remember a few parents put a lot of pressure on them to place the baby for adoption. It was definitely a 'shame thing' for the parents rather than the girl herself. I always found them difficult because I would [be] trying to help the girl to come to her own decision…very often I felt you were fighting a losing battle because the kid knew she would displease her family. I would often pose the question 'In an ideal world…?' (Cath)

Equally, Ruth and Nigel recognised parental (and hospital staff) influences:

> There certainly were occasions when I felt there was pressure being applied to girls to adopt their babies. In those cases I would arrange to see them without their parents… (Ruth)

> I think there were [girls] who…resented signing the consent but felt the pressure from family was so great that they had to go along with it. I remember taking consents from two quite small hospitals in far

> North Queensland. I think the matron and the nurse were pretty much involved in putting some pressure…because they knew the birth mother's parents. (Nigel)

The older guard – 1960s–1970s

This participant's narrative identifies practice in The Department in Brisbane in the 1960s including the tensions between public servants and the emerging university trained social workers. His comments reflect common threads in several narratives:

> It wasn't a cynicism but a skepticism 'well, can they do it better than the way we've—meaning the older guard of children's services—have done it?'…'let's see you do it!' As you came down to senior management it got a bit more hard-nosed. 'Oh yes, we've had enough of university people telling us how to run the world'. When you got down to the troops it was 'oh you won't last long in the place'. The big one would have been if you support a single parent caring for their child and that child turns up as a 'complaint' …you are going to have egg all over your face aren't you!(Ken)

Battling the hospital culture 1960-1980s

These quotations reflect a number of similar stories of hospital practice:

> We had a director of pediatrics with immensely rigid views…She was an older single woman and she ran the neonatal nursery…and those babies were hers…'these women should see it as their good deed…give it to someone who is secure'…(Leanne)

> Everybody had their own ideas on how this woman *should* do things what she *should* be doing, whether she *should* be having contact with her baby what *was best* for her…social workers would say you can have contact with your baby, but almost always there were doctors and nurses involved and the babies would go to the nursery and then there would be a battle between myself and the nursing staff who refused to allow her to see her baby. I was a [past] nurse too. I remember working in a small hospital in Western Queensland. A baby had a medical problem and she remained in hospital…the whole time the mother never had any contact. It was the nursing staff who *owned that baby*… the mother simply wasn't an issue. *We owned that baby; it was us who grieved*… (Cath—her emphasis)

The happy work of The Department 1970s-1980s

A significant majority of participants identified that adoption placements were the 'happy work' of The Department—although a reflective, critical analysis of this concept is evident in some comments:

> When I was at Children's Services the babies were the pot of gold, Children Services for a long time worked on the 'other side' to the biological mother…they had these nice families…these lovely people that are assessed and these beautiful babies that were going to make these people happy…they were told they were good and they were saving the baby…but if you opened your eyes…half your clients…the ones 'acting out' with poor parental communication were the adopted kids…(Leanne)

> The taking of consents was always a very sad experience for me but that would be balanced out when you were placing a baby with people who were just so delightful… an experience you don't really get unless you are a doctor…you'd think 'I am just so glad the baby has gone home with them'…very few [adoptive parents] were rejected… (Colleen)

> In the world of child protection it's so rare you get to do something nice, this baby's going to nice people, what I'm doing here is good, just, right and nice. It had some sort of feeling of…I don't say power but…We were doing something genuinely beneficial—and who wants that bubble pricked? (Mandy)

> The same people were taking adoption consents and doing adoption assessments and even though they didn't place the child they took a consent from the couple they'd assessed, there was still reinforcement of these good families and what these good families could offer…(Ralph)

iv) Facilitating choices - early 1980s to late 1980s

When asked about their experiences of adoption practice in the 1980s, almost all participants spoke of a time of rapid change, with professional social work practice expanding. Some comments identify past values and restricted choices for birth mothers:

> The sort of thing they'd say is they wanted to get on with their lives and they weren't ready for parenthood…this baby deserves two parents…I was involved in a regular counselling situation…I didn't feel any pressure to push them in a particular direction… young women would choose adoption, well, *sort of a free choice*…I could hear them parroting views about 'I can't give my baby what it needs'…Some had chosen a pregnancy and had no intention of adopting…even very young women. I still felt there was a stigma…there would be discussion amongst the nursing staff…they would think it was selfish if they didn't opt for adoption. There was a shift in societal attitudes around the 80s that I was a part of as a new social worker…(Jenny)

> I had a referral to a private patient…a young woman who was saying she was placing the baby for adoption…she didn't go through with it and I was linked to her change of mind to such an extent that the doctor said that I was not to have anything to do with his patients…(Jill)

> I worked at the Mater Mothers' [in] 82, and The Department…in 85. I had a little pamphlet…points to consider if you were keeping the baby—points if you were going to place the baby for adoption. I did a lot of interviews with girls…going through the options…telling them what the social security benefits were…termination wasn't an option at the Mater Mothers'…(Audrey)

> It was certainly drummed into me when I started that it was a choice…there was no way that you pressured anyone. Whether they chose to have contact with their babies. I can remember a woman who breast fed her baby and then gave it up...They could keep their babies beside them, kept up in the nursery and visit…We used to talk to a whole lot more women than [those who] actually gave [up] their babies …It was rarely the 15, 16 year olds who actually did give their babies up for adoption…[it was] the 19, 20, 21 year olds, almost a decision of maturity...(Ruth)

v) Forging a reflective practice 1980s-1990

A number of participants' comments identify an evolving, reflective and even activist social work practice emerging during the 1980s, informed by a growing body of knowledge:

> We have done a lot of work with women considering adoption who go through to the consent stage and then change their mind…I think a major change was acknowledgement that women who were placing children for adoption actually love and care for those children…that women felt the loss of their babies. (Cath)

> We put a lot of time and effort into our professional education in the area of adoption and increasing knowledge about the long-term impact. We had a video, it graphically illustrated the grieving of

> relinquishing mothers and we used it in our lectures…we felt we were changing and we were trying to bring people along with us…(Jill)
>
> I felt that as time went on we humanised the process…we had a regular slot with residents [doctors]…and some nursing staff…about the role of the social worker and… we did talk specifically about adoption…(Leanne)
>
> I think social work had a lot to do with attitude change…the appointment of social workers into hospitals. I had a lot of support from AASW [Australian Association of Social Workers]. I had a lot of fire. I could be pretty demanding in relation to the welfare of a child…I used to just 'take them [nursing staff] on! (Maree)

In answer to a question concerning acknowledgement of past practices, a small minority of participants recommended a national apology to birth mothers. Other participants were ambivalent or unsupportive of an apology if it meant agreement with the claim of coercive practice. Several participants made unsolicited comments that perhaps 'the pendulum had swung too far away from adoption' as a valid and acceptable option for women.

Discussion

The stories above reveal a range of approaches in keeping with the ideologies of the era. In the1960s it appears that social work may have accepted and facilitated the *solution* of adoption. De Maria (1992, p. 4) observes that early social work was salvationist—'the poor were being saved from pauperism and young women were saved from single motherhood'.

Narratives from the 1970s describe an embryonic social work practice in Queensland where workers may have felt some satisfaction from their practice, but they were still somewhat captive of the dominant moral discourse and were without any real power or authority to drive any change. Some medical and nursing staff were reportedly overriding young women's choices and such findings echo previous research (Farrar 1997; Gair & Croker 2007/8; Thorley 2001). Gair and Croker (2007/8) found a rigid hospital hierarchy existed, where staff followed 'old fashioned ways', 'whisked' babies away and 'named and claimed' the babies as their own. Gritter's belief (2000), that single mothers were viewed by some as irrelevant, is evident in several narratives above, as is a 'selfless duty' discourse that prescribed how single mothers *should* give up their child for adoption. Overall, it appears that such factors were influential as social work practice sought to establish its expertise in adoption. Other influences include parental pressure, organisational cultures, societal attitudes, and an 'idealised family ideology' (Clare 1991, p. 4) including the 'good adoptive family'.

By the early 1980s practice appears to reflect the dismantling of the powerful construction of 'fit' or 'unfit' mothers, the recognition of maternal grief and loss, and the promotion of rights and choices for all women (Healey 1999). Finally, findings support the notion that by the 1990s, a social justice agenda, empowerment approaches, critical thinking and the (re)claiming of a feminist, activist agenda were evident in professional social work evolved through a humanist, reflective practice (Marchant 1985; Weeks 2000).

Of interest, no participant named his or her past practice as improper or coercive. Such findings could be evidence of a sample of Queensland social workers who are not representative of social workers across Queensland or Australia during the decades 1960–1990. Equally, the participants may have been reluctant to speak with honesty about past practice for fear of condemnation, or they may be a group of practitioners with limited reflective capacity regarding their own profession. None of these positions seems evidenced elsewhere in the data.

These narratives from social workers align with stories told by birth mothers over the last two decades that an accepted discourse was applied routinely to their circumstances; that of an *unwanted baby* and an *unfit mother* who was not capable of, nor deserving of, motherhood. How much was evident to the participants at the time seems less clear. Kelly (2005) identifies that the silencing of girls, the denial of their motherhood status, and the placing of the baby for adoption was their sacrifice for the family and for society.

Considering aspects of the findings discussed above, and reviewing the words of Murdock (1996), noted earlier, that adoption was a disempowering and violent process for relinquishing mothers, Girard's (1977) theory of sacrificial violence may be a useful consideration. In Girardian theory, (discussed by Girard in relation to war) when seeking to render people of no consequence, several steps are required. First, an object of desire must exist. Second, this fosters an 'acquisitive mimesis' where a human seeks appropriation of that object. Third, a scapegoat or victim is identified; 'vulnerable and close at hand' such as 'those causing social disorder' (Girard 1977,2,1986; Townsley 2003). An element of atonement is promised after the actual or symbolic destruction of the scapegoat. Applying Girardian theory to adoption ideology in the middle decades of the 20th century, it could be suggested that once babies were in high demand, single mothers became scapegoats, and their

babies became the sacrifice for atonement. Some redemption was promised to single mothers but only if without protest they relinquished their babies.

This study was not conceived to condemn past social workers thereby securing new scapegoats in the adoption story. Rather, it was to add the voices of social workers to the literature concerning past practice. Overall, social workers interviewed for this study saw themselves as being on the threshold of a developing new practice, arising from a harsh, judgmental era by current standards. The majority of participants implied they had recognised the need for change and they had been active in facilitating change. As revealed above, participants had identified their contribution to the affirmation of adoptive parents as legitimate, good people who were viewed differently to single mothers.

Whilst respecting all stories told, they seem worthy of additional consideration. In these findings, practice appears to mirror dominant discourses and evolving social change. Evident is social conservatism in the 1960s, with psychiatric, medical and psycho-dynamic influences focusing on individuals, through to social activism, as workers aligned themselves with social justice and human rights by the 1980s (Du Bois, Krogsrud, & Miley 2005; Martin 2003, p. 20). Yet, if social work prides itself on listening to and amplifying marginalised voices then this profession, and associated professions, may like to learn lessons from their past close alignment with dominant attitudes, as seems apparent in this study.

The master narrative, according to Stanley (2006, p. 14), is a 'script that specifies and controls how social processes are carried out' while stories running opposite to the presumed order and control are counter narratives. According to Stanley (2006, p. 23) when master narratives meet counter narratives there should be a deliberate intent to privilege counter narratives. It appears from the stories documented here that social work practice in adoption emerged within a larger, evolving philosophical, social and moral context that privileged, justified and legitimised some individuals' narratives while obscuring others, especially the experiences of many birth mothers. Social workers must remain open to the counter narratives in past, present and future adoption work, and this recommendation may even offer food for thought beyond adoption and beyond social work.

The words of McDonald and Marshall (2001, p. 256) offer a final decisive comment:

> What the recent examination of past adoption practice has taught us is that philosophical and value positions underlying practice should constantly be reviewed.

Conclusion

With allegations of past coercive adoption practices by a range of Australian professionals, it seemed important to undertake research with a group of social workers. Findings reveal a previously undocumented history of social work approaches in adoption work in Queensland across the decades 1960–1990. These findings can contribute to an informed, reflective social work practice in adoption by putting these narratives onto the public record. Further, these stories may illuminate the broader Australian adoption context regarding social workers and associated professionals embracing a socially acceptable master narrative of adoption to the exclusion of some counter narratives. Overall, findings reveal movement across the nominated decades from a prescribed practice through to a reflective practice, with this movement appearing to mirror the ideologies of the day.

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[i] Joan Innes Reid (1915–2001) was a pioneering social worker and a staunch advocate for social justice. Many social services in North Queensland have their origins in her activism. She was made a Member of the Order of Australia in 1984 for her contributions to social services in North Queensland.

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