20 September 1999
Room 814/815, Parliament House, Sydney

At the request of the witnesses, this evidence was heard by Committee Members only and the names of the witnesses have been withheld. These witnesses will be known as WITNESS I and WITNESS J.

Evidence in-confidence by WITNESSES I AND J:

CHAIR: In what capacity are you appearing before the Committee?

WITNESS I: I was the former Principal Officer of the Church of England Adoption Agency.

CHAIR: Did you receive a summons issued under my hand in accordance with the provisions of the Parliamentary Evidence Act 1901 requiring you to attend before this Committee?

WITNESS I: Yes.

CHAIR: In what capacity are you appearing before the Committee?

WITNESS J: I am a retired adoption and foster worker for the Anglican Church Adoption Agency at Carramar.

CHAIR: Did you receive a summons issued under my hand in accordance with the provisions of the Parliamentary Evidence Act 1901 requiring you to attend before this Committee?

WITNESS J: Yes.

CHAIR: You also received a rather frightening quantity of questions, but do not be frightened by them. They are to virtually jog your memories about all of the sorts of issues that have come up.

WITNESS J: Yes, they certainly have.

CHAIR: We understand that one of you or both of you will answer, depending on whether it is limited to a particular period or whether you have got something to say. We can be fairly informal about it. I might ask the first questions and then I will ask the other members if anybody else wants to ask questions. You have not prepared a statement to make at the beginning?

WITNESS J: No.

WITNESS I: No.

CHAIR: Would you please tell the Committee about the role and the function of the Principal Officer at Carramar?

WITNESS J: Yes. The role and function was mainly to supervise the whole of the adoption work and be responsible for the work and to assess and select the social workers who did the assessments for the adoptions, and also the staff, at Carramar where the young mothers were staying.

We also had to assess adopting parents. There were three members of the committee that did this. We also had to prepare a report for the court when the adoption finalisation came through, explaining the full background of the adopting parents and the reasons why these people were chosen for this particular baby, the situation of the young mother and why she had decided on adoption and her special wishes with regard to that adoption.

We also made policies and had a great deal of communication with what was then called the Department of Youth and Community Services, because once the Adoption Act in 1965 came through, when an adoption was approved by our agency, it had to be approved again by the department, so this meant a very close working relationship with them, and this was important for the Principal Officer and the Director of the Department of Youth and Community Services.

We also undertook assessment of the adopting parents, and in our cases, the other witness and I, we also interviewed young mothers and did the matching and placement of the babies.

CHAIR: You mentioned a staff of three?

WITNESS J: A committee of three to just read through the applications. After adopting parents had been assessed and a social worker's report had been written up, we sent them to three different committee members for approval or non-approval, and they were also sent to an honorary medical officer too. This was before and after the Adoption Act.

CHAIR: Did you want to add anything to that?

WITNESS I: No, I think the witness covered that very well.

CHAIR: The second question is about further background. Do you have any information on how adoptions were arranged at Carramar prior to the commencement of the Adoption of Children Act in 1967? For instance, who was responsible for organising the adoption, what procedures were in place for the taking of consents and how were adoptive parents selected and prepared for the adoption?

WITNESS I: I think I can answer that one. I might be too lengthy once I get off on my favourite subject. I came to Carramar early in the 1960s, and I can remember quite vividly how the matron and Archdeacon Fillingham came to see me at home to ask if I would help as a social worker in the assessment of adopting parents, and I was employed, first of all, just in assessing adopting parents, but I learnt a lot about adoption procedures in that time, and I suppose when I became Principal Officer, I was the one who was responsible for the organisation of adoptions.

I thought you might like to know perhaps more about the adoption, how we did the assessments, because looking at the Compass program recently, it appeared that the only thing that you were interested in really was the ages of the adopting parents, which at that time were 38 for the wife and 40 for the husband, and the church affiliation, whereas in fact we looked at many many other factors in the assessment of the adopting parents. So would you like to know more about how we went about assessing the adopting parents?

CHAIR: Yes, please.

WITNESS I: I think it was important for the girls to know that a lot of trouble was taken to find just the right families for their babies, if that was what they really wanted to do, and I think it was, in some cases, a great consolation to know that the babies that they had decided to place into adoption were going to the most suitable family that we could possibly find for them.

As a social worker, first of all there was a long application form to be filled in, with a medical report and two references and in our case, being a church organisation, a reference from a minister. That was the first thing. Then an appointment was made to interview the adoptive parents jointly. This was followed up by separate interviews with both husband and wife, most important, a home visit or possibly more, a personal approach to referees, because all referees' letters were usually quite good, so I mean you need a little bit more than just a reference letter, consultation with the medical officer who made the report, including the reasons and fertility factors. That was just basic procedures.

Then we had to make a report to the Church of England Home Mission selection board, which was a panel of ministers and solicitors and other people who were interested, especially selected, and then finally a letter of approval was sent to the parents.

I always felt that I had to handle the parents who were not accepted very sympathetically. That was one of the most difficult things to do. When I first interviewed them I would say that it was always a two way process. When adoptive parents came to me to be interviewed, they wanted to learn from me about adoption and all that was involved, and I wanted to learn from them about their own situation and what their family situation was, so that between us we could make the best plan. I always sort of kept that in mind.

I did make it a process to forget names, and that stands me in good stead now, so if I forget names I can say that is part of my experience in a professional background.

In the actual report that I made, apart from the age and church affiliation, I would make a report on a lot of factors, home conditions, family background, educational, professional and other training, their employment and interests very specially, because when you were trying to place a baby it was very important to place the baby that the girl's background matched up with.

Church affiliation was important as it was a church agency. Their motivation for adoption was something that I discussed at length, and which was very important, and their acceptance and their marriage relationships, because so often people sometimes adopt a child or want to have a child to improve a marriage, so I went into that and their acceptance of their infertility problems.

I spent a lot of time discussing their choice of baby, whether they wanted a boy or girl, whether they would be accepting of a physical handicap, or someone from a mixed racial background.

All this was very similar to the history that I would also take from the girl. I would always go up to Carramar and see the girls shortly after their admission, so that when it came to placing the baby, we could match the two together as much as we possibly could.

I could enlarge on that, but we did go to a lot of trouble and it was really quite rewarding.

CHAIR: You mentioned there the problem of explaining to those ones that you rejected. Have you any rough idea of what sort of percentage you might have rejected and why you rejected them? You mentioned one where you felt people were trying to heal a rift in their marriage.

WITNESS I: When I felt it was not a satisfactory marital relationship, where one was keen and one was not, or where one had not accepted their infertility problems, or worked through it, or whether they were just wanting a baby for the wrong reasons, you know, not for what they could give to a baby but what a child could give to them.

CHAIR: Would you have rejected very many?

WITNESS I: Not very many. It was always very difficult. I would try to prepare them for rejection. I would say sometimes throughout the interview not what would happen if they were rejected, but if their application was not accepted. I thought that was a kinder way of putting it. I can remember quite vividly in one case a father said, "Oh, that would be all right. I would buy a boat and call it Clare", or whatever they wanted to call it.

I can remember a woman who sort of said, "I think I would like a cat", and fortunately our matron at Carramar at the time had a beautiful cat who was about to have kittens, so at the time before they got the letter they also got a kitten. We got photos about the kitten. It was a much better placement than a baby would have been. Normally we were able to sort of get over it as comfortably as we could.

Dr CHESTERFIELD-EVANS: Can you put a percentage on the rejections?

WITNESS I: No, I am afraid I could not.

Dr CHESTERFIELD-EVANS: Would it have been 20 per cent, or 3 per cent?

WITNESS I: I think it would be more like five to 10.

Dr CHESTERFIELD-EVANS: Up to 10 per cent?

WITNESS I: Not that many. Usually they would withdraw before. Often I would help them to withdraw their application before it came to actually sort of not accepting it. Sometimes in the very first interview I would decide that it really wasn't for them, or they would decide.

CHAIR: We have had evidence from homes associated with other churches that sometimes parents who had already adopted one child were actually contacted to see if they would like another one. Was it a fairly automatic process, for instance, if someone came back and wanted to adopt a second child? Did you handle it at all that way?

WITNESS I: Yes, and also if there were siblings involved. I can think of one couple where they had already adopted one child and then the mother had another baby and they adopted the second one too.

CHAIR: Would you have contacted them to make them aware?

WITNESS I: Possibly, yes. I think in adoption every case is different and for everyone it is an individual decision. You cannot make blanket arrangements. Everyone is an individual.

CHAIR: Just on that question, still trying to stick before 1967, you did not tell us about the procedures for the taking of consents?

WITNESS I: I think my other witness could.

WITNESS J: It was a fairly different procedure prior to the Adoption Act. When the baby was born it was normally the staff, the person in charge of the hostel, the Matron, who was a Justice of the Peace and who knew the young women, who would arrange to take the consent. It meant that we had to get in touch with a solicitor. We had a solicitor to help us in this respect and he would prepare the consent for us and then the sister of the hostel would take the consent to the hospital and it was a very simple document in those days.

There was none of the comprehensive written information that the mother now has before she signs. The taking of the consent was in the office in the hospital and it was usually a fairly rushed affair, which was against our wishes, and this is no criticism of the hospital, but they were busy people and we were occupying their office and so it was not a really sensitive situation. It was too traumatic for the young mothers.

In some instances too I think that the consent had the names of the adoptive parents on it in those days and this meant that we had to choose the adoptive parents for that baby practically as soon as the baby was born, which was also wrong in our opinion. It was too rushed. You needed to take a lot of time to select the right parents for a particular baby.

CHAIR: Had the mother had much preparation before the birth for that process?

WITNESS J: Yes. Once again Witness I saw the young mothers at the hostel and did a very thorough interview and assessment and counselling for each young woman and explained adoption if that was what the young woman wanted, and also the implications of giving her consent, revocation, and the future. Certainly they were prepared, not only by the social worker, but by the staff too at the hostel.

WITNESS I: I think a lot of the girls who came into Carramar in those early days were under twenty. A lot of them were still at school. A lot of them had come to Carramar with the view to having their babies adopted even before they came to us. Sometimes we more or less had to give them the options, which were very limited in those days and they still did not often listen because their minds or their families minds had been made up for them before they actually came to Carramar. I think that the options have been talked about at length in previous reports, but it was a very different climate in those days. An unmarried mother was not generally accepted.

I can remember when I started working at Carramar my own mother, who was really a very tolerant person, said to me, "You should leave those naughty girls alone and come and look after me". That was more or less the attitude at the time. I did win her over, because apart from the girls and adopting of babies at Carramar, I was involved with older children for adoption, which I could talk a lot about also, and handicapped children.

I had a little boy who was born with a cleft palate and no hands who was placed for adoption because neither of his parents could actually cope with his disabilities, for many reasons, and finally it was he who won my mother to thinking it was quite a reasonable, acceptable job. Sorry, I digress. It is very easy to do.

CHAIR: We realise that. The next couple of questions you have already started on, and the next one asks about education given to mothers in the 1960s both before and after the birth of their child, and how that changed later, and then what Carramar considered to be the best course of action for single mothers and their babies in the 1950s, 1960s and early 1970s.

WITNESS I: I do not think it was that we thought it was the best action. The girls themselves decided really. A well known psychologist, Wilfred Jarvis, who appeared briefly in the last Compass program, was lecturing in behavioural science at the University of New South Wales. He was very involved at Carramar about the girls' feelings and how we should deal with them and their feelings of guilt, and he helped us a lot. He had sessions with the girls too.

CHAIR: What period was he working at Carramar?

WITNESS I: It would be about 1960. I do not think he would be still practising, but I think he would be a very valuable witness. I have got a list of other valuable people.

CHAIR: We certainly would like to talk to them.

WITNESS I: I am digressing too much, but I have got a list of other people.

CHAIR: I guess you are suggesting that most of the young women who came to Carramar, either they or their families or some combination of that, made the decision that the baby would be adopted.

WITNESS I: Yes.

CHAIR: For that reason, most of them did not need much education or preparing?

WITNESS I: I think they needed a lot of preparation for how they would really feel.

CHAIR: Can you tell us something about that?

WITNESS I: I used to see the girls shortly after their admission, but also I was able to arrange for other social workers to see them and have group discussions and have people come in to talk to them about what was involved. There were two other social workers, Margaret Lukes and Greta Cann. I know Margaret Lukes is still alive. I am not quite sure about Greta. But they were much more involved personally with the girls.

CHAIR: Did you feel the girls were adequately informed about the birth and about how they were going to feel about giving the baby up?

WITNESS I: I think the other witness could answer that.

WITNESS J: I would like this witness to explain about the interviews that we had with the mothers explaining adoption, and if they did want to retain custody of their babies, we certainly did try to find a solution for them, but when you mention education in the question, is that just education about adoption or just general education?

CHAIR: The broad area of education really.

WITNESS J: As the witness said, there was the first interview and counselling by one social worker and then the other social worker had group discussions, which were confidential. The rest of the staff at the hostel and the other social worker did not know what was being discussed, which gave the young women more reassurance to talk about their complaints about the hostel perhaps as well, and discuss amongst themselves how they felt about adoption and what they were going to do.

Apart from that, we also had a woman doctor who visited the hostel, and she would give lectures on antenatal care and also the labour and what the young women should expect during this time and also the postnatal care that they would require. She was a very gentle person and very good in talking to the young women like this, and she also did touch on the psychological effects of depression and so on with these young women.

We also had a physiotherapist who came every week to give them antenatal exercises, and that is the part touching on the birth.

CHAIR: Would that be the case over the whole period we are talking about?

WITNESS J: Before 1967, yes. I was there every day.

CHAIR: Not in the 1970s and 1980s?

WITNESS J: No, I am just talking prior to 1967 at the moment, because I think that was the question. We also felt we needed to build up the self-esteem of these young women, and we had beauticians visiting and hair dressers - they loved this, of course - and even fashion displays, and we had an arts and crafts lady who came, and a dear elderly, retired lady who was previously the secretary to the Archbishop who came, on public transport, to teach them shorthand and typing. Also, what other classes? Cooking. We had a very motherly housekeeper. They were rostered to do the cooking, but with 24 I think there were at this stage, it was not very onerous. They learnt quite a few domestic skills and cooking, and they themselves wanted to do the bottling when it was harvest festival time, because we had so much food landing on our doorsteps from the churches, bottling tomatoes and so on. We also had correspondence school lessons for the young women who were still at school. I think that covers broadly the education that they received.

CHAIR: Do you think Carramar did more than other places were doing?

WITNESS J: Yes.

CHAIR: It sounds like it from the range.

WITNESS J: It sounds like we are boasting but we do really believe that there was a lot of activity. The rooms for the young women were tastefully furnished and mainly separate rooms, and we tried to help them.

I believe one remark was made about discrimination of residents in the region where we had the hostel, but I think we tried to help them through this, and there were very many residents there that were kind to them, and the young wives from the local church used to take them every week to the clinic at the hospital in their cars, and some of them used to come to "baby sit" in the office, and some residents gave us money, so that the young women could have personal presents when they left, like diamante nail files. There was a lot of work put in to try to help them.

When you live under the same roof and eat under the same roof and have these young women coming in to chat with you and you are with them all the time, you do get a very deep understanding of their problems and you are sensitive to their needs.

CHAIR: Did the girls have to do much work? You mentioned the cooking.

WITNESS J: There were 24 of them, so it really was not very much. For lunch it was a very nice antenatal diet. We sat with them and had the meals too. They were very nice meals, and being rostered, it was not difficult. It might sound terrible, doing domestic work, but I think a lot of time was spent just in leisure time and going down to the shops and buying pies at the cake shop, instead of eating our lovely diet.

WITNESS I: We always had finger bowls on the table.

CHAIR: The other members of the Committee might want to ask some questions. We have probably covered number three, and I do not know, have you answered number four by implication, what Carramar considered to be the best course of action for single mothers and their babies?

WITNESS J: Well, the best course of action for the young women at the time was they did not have many options but we certainly tried to help them. Whatever their desires or wishes, we endeavoured to help them in this way. If they did wish to keep their babies, I know that the social worker and the staff at Carramar used to look for live-in domestic work for them, and once again, the residents of Turramurra used to help us in this respect, but it usually failed unfortunately.

I remember one young woman coming back saying that she had a domestic live-in position with her baby but the male occupant of the house was sexually harassing her. It was just like the old bad stories that you read of, and so that was very difficult. Certainly, unfortunately, adoption was often the only solution, but we helped them as much as we could in that decision.

CHAIR: Would very many of the girls keep their babies?

WITNESS J: I do not have access to the files. I know the Principal Officer at the Anglicare Adoption Agency gave a lot of figures, because she had the files, and I have read her interviews with you, and I fully support all of those things. She has given some very good facts and figures, but we are getting a little elderly and we are not so good at remembering.

WITNESS I: My long-term memory at my age is a lot better than my short-term memory frankly.

CHAIR: It is easier to go back. I know how you feel. I guess then we should move a little bit into the 70s and 80s when things changed a bit. I am looking at questions 4, 5 and 6, but we do not have to really stick to these if you do not want to. Did you think as time went on that other alternatives started to appear, and did that mean that changes occurred at Carramar?

WITNESS J: With the changes in the social, family and the economic situation, certainly more mothers kept their babies, and so our counselling procedures had more emphasis on that and more help given to the young mothers if they did retain custody. I am not quite sure what year, but gradually as this trend increased, the young mothers were allowed to come back to the hostel with their babies before they went home so that they could adjust and we could teach them a little bit about baby care and where they could go, whichever place they went to, where they could get in touch with baby health centres and perhaps health visitors and so on. I suppose our counselling changed in that respect quite a bit.

Dr CHESTERFIELD-EVANS: Was there any sharp discontinuity when the laws changed?

WITNESS J: No. I do not think so, because we already had in practice, right from the establishment of the hostel, the assessment situation that this witness has explained of the adopting parents, and we already had counselling for the young women, we already had a haven for them, which was requested under the Adoption Act, that young women should have a hostel to go to and time during their pregnancy to consider the options and whether to give their babies up for adoption.

The only change that I could see was more forms, more hard work in the office, particularly as everything was in duplicate and had to go to the Department of Youth and Community Services for their approval too, but apart from that, I think that we did discuss this with youth and community and Mr Langshaw, who did compile the new Adoption Act. We found that we were already there. I know this sounds rather smug, but there were not many changes in the policies or the procedures.

I would like to just mention here too that after about two years of taking the applications to the Department of Youth and Community Services for their approval, they finally said to us that they would dispense with this method because they had every confidence in our expertise and it was only our agency that was allowed to do this. That was good. It saved us a lot of office work.

Dr CHESTERFIELD-EVANS: It sounds like you were ahead of the game?

WITNESS J: I think perhaps establishing a hostel later than a lot of the other churches that we could gain from their experience about what not to do.

WITNESS I: I think probably that we involved professional people like social workers and psychologists much earlier than perhaps some of the other agencies would have done and we introduced a lot of group discussions, and seminars, an adoption manual, a practice of adoption. We were involved with the department in the setting up of a Standing Committee on adoption through the Council of Social Service. That was in force several years before the new Act and the staff were very much involved with the planning and the implementation long before, so I think that we were pioneers in the field at that stage.

When the actual Act came into force, apart from extra paperwork, I think that we were already carrying out the principles.

Mr MOPPETT: I am a little concerned that time is going on and I have actually been delighted to hear your description in general, but I think that you probably understand there have been people who have come forward who have made accusations or allegations and I think we should try to cut down and give shorter spots to some details.

In one submission to the inquiry a 16 year old unmarried mother attending Carramar in 1963 said that the matron at Carramar "gave her consent" for her to undergo any treatment at Hornsby Hospital. The matron signed a Consent for Minor document for the operation of "confinement, caesarean section, blood transfusion or whatever ... (the doctor)... may consider necessary under G/anas". Are you able to comment on this practice? For instance, was it common practice for the matron of Carramar to act as guardian for minors and give blanket consents?

WITNESS J: I believe that we usually asked the parents to sign this document. I have been in touch with the matron of the hostel, […] and she cannot recall having signed such a document and I could conjecture but I do not think that conjecture is what you want. You want the truth and that is all that I can say on this situation. At that point of time I was the secretary and I did not have access to all the procedures, so really that is all I could say, that [she] cannot remember signing the document.

Mr MOPPETT: In which case it is most unlikely that it was general practice.

WITNESS I: Unlikely.

Mr MOPPETT: What contact did the staff of Carramar have with the presumed father of the child? Was there any policy about allowing him access to meet with the mother and subsequently the mother and the child? Was any assistance provided to the mother to locate the father of the child and pursue affiliation applications?

WITNESS J: In those days we were very interested in meeting the fathers of the babies. It was very beneficial too. Sometimes, of course, the families themselves did not want the fathers to visit and so we had to comply with their wishes, and sometimes we were not sure whether it was the father of the baby or the boyfriend. I shouldn't really joke in this way, but it was fairly difficult for the staff to control the situation. Certainly if we felt that the father of the baby was being supportive, then we saw him and he was allowed to visit.

When I mentioned boyfriends I remember there was a boyfriend that also visited because he was going to support this young woman after her baby was born. He was not the father of the baby but they were going to have a future together.

It was very open at the hostel. The young women were allowed to go out wherever they wished. They went to Luna Park and on picnics with us and so on and I feel sure they probably did arrange to meet the fathers, even if their families said they were not allowed to. There was no set ruling but at the same time there had to be some sort of control for the sake of the staff, particularly if the fathers or boyfriends would normally visit in the evenings and it was just that little bit sort of spoiling of the harmony of the hostel.

We were overworked as it were. You have probably heard that comment before, but we were. Certainly it was a relaxed sort of situation.

Mr MOPPETT: I am sorry if I sound inquisitorial but I hope you understand where I am coming from. I want to explore some of the things that have been said. In evidence to the Committee it has been stated that while it might have been considered best practice in the 1950s and 1960s not to allow the mother to see the baby at the birth, to prevent bonding, it would have been appropriate to explain this practice to the mother prior to the birth. Are you able to say whether the staff at Carramar informed the mother of this practice and the reasons for it?

WITNESS J: I would like to state very positively here that the staff of the hostel did not only explain but discussed it with the young mothers and the matron would constantly go to the hospital and try to persuade the maternity staff to allow the young mothers to see their babies and then she would come back and talk to the young mothers about this. We did finally make a breakthrough fairly early in the sixties. I am not critical of the hospitals as they were busy people and we were sort of spoiling their neat procedures. They said all right, and from then on we were allowed to proceed.

I speak very positively about this, because I believe that a television program, Compass - I think that the film on Compass they did cut it a bit and the statement made by the matron was not true. We did want the mothers to see their babies and we were very happy when they did. When the consent was taken we would go with the young mothers to look at the babies. We would perhaps hold her hand while we admired the baby and comfort her. This was good.

Not only did we make a breakthrough in this way but we also realised that the young mothers found it very traumatic to be in the ward with married mothers. Babies were being brought to be breastfed and visiting time must have been very dreadful for them. We persuaded the hospital to allow them to have a small ward of their own. This was much better.

Later on we persuaded them to let some of our staff, who were registered nursing sisters, to attend the birth in the labour ward. As I said before, knowing the young women so well, we tried to do the best for them and understand their problems.

Mr MOPPETT: Can you comment, just to round this off, about the introduction of this policy across the other agencies involved, because it seems you were well in front.

WITNESS J: I do not know. I would not like to say we were the very first because I do not know.

WITNESS I: I think in some ways we did start the ball rolling.

CHAIR: Does that mean that there was a conscious disagreement amongst you people at Carramar and the prevailing medical orthodoxy?

WITNESS J: Not really. We got on well with the sister. She was a sweet person but she wanted to have her hospital orderly. We did really get on with them quite well. We heard from the young mothers sometimes about some discrimination. We tried to explain to them why this would happen and just to support them and comfort them. We did not like to go along to the hospital and say, "Look here, you should not be doing this." We realised that was happening and we usually had a very good relationship with them.

Dr CHESTERFIELD-EVANS: Would you say that single women were treated differently from married women by the medical staff during the birth?

WITNESS J: I do not know.

Mr CHESTERFIELD-EVANS: The allegation has been made about sedation, of being bombed out of their brains at the time of delivery. You could not comment on that?

WITNESS J: Certainly none of us ever observed this type of behaviour after the birth. The mothers seemed to be quite normal, sad of course and quiet, and I think that the only medication that we were aware of was the type of medication to dry up their breast milk, because they were giving the babies up for adoption and this was what the young women wanted themselves, because they wanted to get back home as soon as possible. Certainly we never detected any signs of dopiness or peculiarities. Certainly we would not have taken consent if that were so.

Mr MOPPETT: That is a very relevant statement you have made.

Dr CHESTERFIELD-EVANS: Could you explain the actual process of taking consent? That has been a great point of evidence from a lot of the girls, that they felt that they were like cattle in a race, you might say, that they could not deviate.

WITNESS J: Yes. It was unfortunate. I think I mentioned earlier that to take consent we used the maternity sister's office and the hospital also insisted that a Justice of the Peace from their staff was present at the taking of the consent, which meant that we had this feeling of being in the way. Once again, it is not criticism. I can understand hospital procedures, but we felt that we were a little bit in the way and also having a stranger was not in the best interests of the mothers. We always tried to make sure that the person taking the consent was somebody that the young mother knew and this was why most of the responsible staff at the hostel became Justices of the Peace, for this purpose.

I personally found it very traumatic taking consent. It is not the way I would have liked to have taken it, particularly when there were lots of babies being born and there was more than one mother waiting for consent. It was dreadful. It was as the girl

describes and we could not really do anything about that.

Dr CHESTERFIELD-EVANS: Could you not have taken the consent elsewhere?

WITNESS J: No. It was the hospital. They were not prepared to let the mother be discharged unless she had either given consent or had the baby in her arms. So that was it.

Dr CHESTERFIELD-EVANS: Which hospital was that?

WITNESS J: The Hornsby Hospital. I think most hospitals had that policy though. I am not criticising Hornsby. I am sure most hospitals had it. We did go to other hospitals.

CHAIR: The baby stayed at the hospital after the mother left?

WITNESS J: Yes.

CHAIR: Then the adoptive parents came to the hospital?

WITNESS J: Yes.

CHAIR: Carramar was shut out of that part of the proceedings?

WITNESS J: We used to go with the staff or a social worker with the adopting parents.

WITNESS I: We usually would try to have the consent taken by someone who actually knew the girl, but in the early days it was a little bit different because the hospitals wanted their own Justices of the Peace there. Then we all became JPs and that made it a little bit easier.

WITNESS J: The babies were not always left in the hospital. We had foster families for them, of course, and this was very good if the babies stayed until the 30 days revocation period. We had very good foster parents to foster the child and the adoptive parents would go to the foster parent to take the baby and we would be present too. We were still involved.

Mr MANSON: What happened when a mother wanted to revoke consent? How was that processed?

WITNESS J: It was explained to her the necessary procedure before she gave birth to the baby and we would tell her to get in touch with us. I think that this was explained quite fully, even in the early days. Before the Adoption Act any young mother could revoke consent at any time up until the adoption was made legal in court, which meant that if an adoption was delayed in the court, it could be as long as two years.

I was involved in a revocation where a mother did revoke consent when the baby had been placed for six months and I went with her to the adopting parents and it was a very sad but very loving event and it ended up with the adopting parents with their arms around the young mother and the baby. There was a good feeling about it but it was extremely sad.

The new Adoption Act was much better in that there was the 30 days revocation, which was carefully explained, and the forms were carefully read out and explained and we discussed them at the hostel with the young mothers too.

WITNESS I: It was discussed both with the adopting parents and the girls themselves, so that both parties knew.

Mr MANSON: With the adopting parents and the girls themselves, was that common for this to happen or was it very unusual?

WITNESS J: Revocation?

Mr MANSON: Yes.

WITNESS J: More common as we went into the 70s, but not very common in the early 60s I do not think, but once again, I have not got access to the files and I do not know.

CHAIR: Was any of this information written or did they explain it to the young women?

WITNESS J: Not in the early days. It came to our understanding, of course, we realised that although we were talking very intently to the young mother, "Do you understand that", and she would nod her head, we realised later on that probably they were too busy worrying about their present situation and it was not registering. It was only later that we realised that this type of information had to be put in writing. As I say, we did have the actual files pinned up in the hall in the hostel, but I do not suppose that was good enough, and unfortunately, we did not realise it.

I remember one young woman coming back to me after she had given birth and saying, - I know that you talked to me for a long time but could you tell me it all again, because I wasn't really listening". That is when we realised everything had to be put into writing.

CHAIR: Was that when you put that sort of thing into writing?

WITNESS J: Revocation of consent?

CHAIR: Yes.

WITNESS J: I suppose in the early 70s. I do not know.

CHAIR: I guess that is related a bit to question 16, the kind of written material from the various Government departments.

WITNESS J: I do not think we got written material, but we used to go to the Standing committee and adoption meetings, and we also met in hospitals with other adoption representatives and hospital staff quite regularly, right from even prior to the Adoption Act, and we would discuss these sort of issues, but we did not get any recommendation or direction from the department.

Mr MOPPETT: Are you able to comment generally about the level of training available to adoption workers during the 1950s, 1960s and 1970s, not only in Carramar?

WITNESS J: I think the very first training meeting that we attended was -

WITNESS I: That was organised by the department. It was the Child Welfare Department in those days, then it became the Department of Youth and Community Services, and it was organised by Betty Vaughan, now Mrs David Checkley. I do not know whether she is still alive, but she would be a very good witness for the committee. It was at the Blacktfriars Correspondence School which was the training school for departmental officers, and this particular seminar she did involve the private agencies, and that was the beginning.

I gave a paper at the time on adoption questions, and I think Wilfred Jarvis spoke on the psychological aspects. I am not quite sure, but there must be a record of all this somewhere. Unfortunately, we have not got records, we only have people's memories, but that was in about 1967, just before the Act.

Before that there were many meetings at the Council of Social Services, Standing Committee on Adoption, which I think their records should be available, and that was about 1964. That was really organised by Mr Ron Murden, who was one of the special officers within the department on adoption, and he was responsible for getting the Standing Committee going, which such a lot of the agencies and solicitors took part in.

The training sort of started from about the 1960s, and, as I said, a lot of professional social workers and psychologists. I think gradually that training has improved, but it was started quite early in the 1960s, and I am sure there must be more records available.

CHAIR: We will be bringing the department back. We had them at the beginning, but we will be bringing them back and talking to them again.

WITNESS I: Then there was adoption manuals. I was involved in the first adoption manual that was printed to help people working in the field. A lot of the district officers in the field were so busy, they had so many other jobs to do apart from adoption, and adoption is a very specialised sort of area. I would also like to say that I think there was a lot of co-operation between the department and the private agencies in the early days. There was a fairly small number of people involved and we all got along very happily really.

I think one thing that has not been spoken about is primarily it is what is best for the child. We have been talking about the adopting parents on one hand, we have been talking about the girls on the other hand, but what I think I have always set as my yardstick was the welfare of the child and so the decisions always had to be made on what was best for the child.

Dr CHESTERFIELD-EVANS: That question has been raised a lot at seminars. The adopting mothers, of course, have many regrets. That is the striking feature of what we have had presented to us, and the assumption was that the welfare of the child was best served by their being given to adoptive parents. The girls say that the line used continually on them was, "If you love your baby you will give it away". How does that fit into what you are saying?

WITNESS I: Sometimes the welfare of the child might be that it would be better for them to remain with its own parent or own mother.

Dr CHESTERFIELD-EVANS: That is certainly what the mothers thought. That is what they think now. What is your concept, was the welfare of the child connected either cognitively or assumed to have been connected with the process of adopting it out?

WITNESS I: No, I think every child, every case is different and what might be good for one would not be good for another. I think you have to cope with this very difficult decision and I would not say that adoption was best for the girl keeping the baby or not.

Dr CHESTERFIELD-EVANS: You were involved in both practices or principally involved in the adoption?

WITNESS I: I was principally involved in adoption, but I have been very involved with girls who have kept their babies and especially after I went to Barnardo's, where I was in charge of the fostering program. There were a lot of girls who had kept their babies and were not able to care for them any more, who came to me to be placed in foster care, and sometimes eventually adopted

or in long-term foster care, or sometimes the girls were able, with counselling and help, to be better equipped to look after their babies.

There was one case where the mother was very stressed, they were drug addicts and they came along and placed their baby, first of all in foster care and eventually it was adopted, and other cases of child abuse, and other cases where with counselling and help the girl kept the baby.

I can remember one lass, Peruvian, unmarried, determined to keep her baby. At that stage there was no Government help that you could get and she was referred to Barnardo's and she kept her baby, she learnt English. My first interview with her was through an interpreter. But she kept her baby and it has worked out wonderfully well.

Dr CHESTERFIELD-EVANS: The question I think that we have had difficulty answering in this inquiry has been to get an overall picture. We have a lot of evidence from mothers who relinquished their babies and get very upset about it, but we have not any sense of what percentage of relinquishing mothers were that upset and what percentage of adoptions did the child do very well and have no problems.

WITNESS I: That is the problem.

Dr CHESTERFIELD-EVANS: Do you have any sense of that through working at Barnardo's at all?

WITNESS I: I think it is very hard, because you only get reports when things go wrong. You do not always hear when things go right.

Dr CHESTERFIELD-EVANS: Would you necessarily hear if it did not go wrong though?

WITNESS I: I do not know that. I am sorry.

Dr CHESTERFIELD-EVANS: I am trying to understand how many successful adoptions there are, if you want to call them that, the best thing for the child, the adoptive parents are happy and the child is growing up okay, and the mother accepting her loss, as opposed to the mothers coming here, where the mother grieves over her loss for 40 years.

WITNESS I: I am sorry, I cannot give you any idea.

CHAIR: We have had 300 submissions but there were 100,000 adoptions.

WITNESS I: I think there are quite a number of personal adoptions which have been very successful. I can think of quite a number where the girls have kept their babies and had counselling and help and been able to manage very well. I am sorry, I cannot give you anything. The girls are so individual.

Mr MOPPETT: The difficulty, you understand, is that this is a group that are coming to us who are grieving people.

WITNESS I: Yes, and I hope as a result of all of this some of those grievances and anger and distress will be alleviated.

Mr MOPPETT: Some in the far spectrum have made allegations of unethical, even illegal, practices, that they were railroaded into creating a desired outcome, which was a childless couple adopting a child. From your experience, would you think, and not directly at Carramar, but in your experience in the community, do you think that there would be any veracity in that suggestion?

WITNESS I: I do not think so. At the stage that we are talking about I think everyone did it with the best of intentions in the world. In any sphere there are always a few odd people who make mistakes along the way, in any situation. In general, I do not think anything was done out of malice or illegally. I think at this stage everything was done with the best of intentions really.

CHAIR: Those comments that you made before about the rush, do you think any of those would have come close to being unethical?

WITNESS I: No.

WITNESS J: Even though I say it was rushed, we always did spend the time to really explain, read out and give them time. It is just that I would have liked the atmosphere to have been better, not so much the procedure. I would also like to point out when you talk about finding a child for an adopting couple, in our counselling I do not think we ever said, "Your baby is going to live a happy ever after life". As a matter of fact I used to try to bring them up to reality by saying, "We are finding the best parents we possibly can with our assessments but there is no guarantee it will work".

People are humans and marriages do break down and there may be a death in the family, and there was none of this, "Give your baby up for adoption and it will be all right". I did not believe in that at all. Certainly we were not trying to snatch the babies from them. In fact, we were so busy that I used to feel a slight sense of relief when a mother decided to keep her baby, because there was less work.

CHAIR: What measures do you think might assist people who are experiencing distress as far as past adoption practices are concerned?

WITNESS I: I think that the Benevolent Association with their resources centre are dealing with that very well and there

are a lot more community health centres and doctors and psychologists and social workers in the community who are available to help people. I think that the Benevolent Association Adoption Resource Exchange is doing a good job.

WITNESS J: I had a lot of experience, having been in the agency for so long, with a lot of the young mothers phoning up or coming to see me and writing in wanting to know how their babies were, or wanting to talk to me. I was the link. I knew them, the baby and the adopting parents. Even talking about what sort of employment they had, what they were doing with their lives, what school they were at, was a reassurance, just keeping in touch.

Certainly we realised that they needed to know more about their babies and we tried to educate the adoptive parents to understand the feelings of the mother and let us know about the progress of the baby. I had a tremendous workload in the end as there were a lot of the young mothers that I used to chat to, or send them a photo. I don't know whether it alleviated their grief, I agree with the witness here, what she says about the type of counselling that they might require, they certainly did need more contact after they had given their babies up for adoption. I am talking in retrospect, not now. I think that it is very difficult to repair the damage done now.

CHAIR: Thank you very much. Can you please give us the list of the people you were talking about now, or if you prefer, later on.

(The witnesses withdrew)

At the request of the witnesses, this evidence was heard by Committee Members only and the names of the witnesses have been withheld. These witnesses will be known as WITNESS K and WITNESS L.

Evidence in-confidence by WITNESS K and WITNESS L:

CHAIR: In what capacity are you appearing before the Committee?

WITNESS K: As a Sister of St Joseph and having worked at St Margaret's for many years.

CHAIR: Did you receive a summon issued under my hand in accordance with the provisions of the Parliamentary Evidence Act 1901 requiring you to attend before this Committee?

WITNESS K: I did.

CHAIR: We have sent you these questions of which there are a huge number. We have found with our previous witnesses that it is impossible to stick to them and it is silly to try if it prevents us taking up issues that arise in general. Do you want to say anything before we start, or in terms of question one can you briefly outline for the Committee your long involvement with St Margaret's and St Anthony's since 1950?

WITNESS K: To clarify a point, I have never worked at St Anthony's, although I have been involved with the girls.

CHAIR: Can you outline your long involvement with St Margaret's?

WITNESS K: I came to St Margaret's in 1950 after completion of training in both general and midwifery nursing. In 1951 and 1952 I had novitiate training in the Sisters of St Joseph. From 1953 to 1958 I worked in all areas of public and private hospitals. In 1958 I attended the New South Wales College of Nursing, to undertake the sister tutor diploma course, known today as nurse educator. From 1959 to 1969 I was part-time educator and continued working in public hospital wards. In 1970 I was appointed full-time nurse educator.

In 1979 in July I was appointed Director of Nursing. In 1981 I attended Cumberland College of Health Sciences to do the Nursing Administration course. From 1982 to 1985 I continued as Director of Nursing. In 1985 I was then appointed Sister Administrator of the public and private hospitals and in 1990 retired from hospital administration.

In 1991 and 1992 I undertook the Archives Administration course at the University of New South Wales, while working part-time in the archives. From 1993 to 1998 I continued working in archives until the closure of the private hospital.

CHAIR: It is certainly a long involvement, is not it? These questions, as you have gathered, are fairly chronological, but we realise a lot of them overlap so feel free to answer them if you want to go on to other questions. Number two, we are asking how adoptions were arranged at St Margaret's prior to the commencement of the Adoption of Children Act in 1967 and giving some examples. Can you tell us?

WITNESS K: Although I was never directly involved I believe that adoptions were all arranged through a solicitor who would have been employed by the Department of Health or the child welfare department at the particular time. I have no knowledge of the procedures in place for taking of consents, but anecdotal information suggests that prospective parents were

carefully matched with the mother of the child to be adopted, for example, ethnic, religious, educational background and physical characteristics.

CHAIR: Are you able to comment on what was considered to be the best course of action for single mothers and their babies in the fifties and sixties?

WITNESS K: What was considered to be the best course of action for single mothers and their babies in the 1950s and 1960s at St Margaret's reflected what was considered best by society in general at that time and that was adoption unless economic or family circumstances made it possible for the mother to keep her baby. I have never worked at St Anthony's, however I would like to comment that I do not believe there was undue pressure exerted on these girls to give up their babies if they wished to do otherwise, at St Margaret's or St Anthony's.

Several of the sisters from St Margaret's went to St Anthony's to do mothercraft training and most of them returned to St Margaret's to work. There would have been comments made had the policies been very different.

CHAIR: Did that point of view change in the seventies and eighties? Can you suggest what precipitated the change and how it took place?

WITNESS K: In society in general there were changing attitudes and the state of being single and pregnant or a single mother did not carry the same stigma. In some cases the family was prepared to accept the baby as a family member, or to help provide financial support. Government financial support became available in the form of supporting mother's benefit.

Existing policies were formulated and policy documents were developed at the request of the Health Commission.

Mr CHESTERFIELD-EVANS: Do you believe that there were any viable alternatives to adoption for a woman wanting to keep her baby prior to the early 1970s? If yes, what were these alternatives and how was this information given to the mother? If no, how were these women who wanted to keep the child counselled?

WITNESS K: For the young teenager without family support there were probably few alternatives. However, some of these girl were older and had secure employment and may have been able to manage. If I can refer to the statistics on page 16 of the Submission presented by Witness L on behalf of the Sisters of St Joseph, they show a definite trend towards mothers from St Margaret's keeping their babies.

These statistics came from the St Margaret's Hospital Social Work Department records. I have no knowledge of how the mothers were counselled.

Mr CHESTERFIELD-EVANS: Was there knowledge in the 1950s and 1960s of the possible long-term consequences of adoption for the relinquishing mother, including depression and regret? Are you aware of whether mothers were informed of these possible consequences? If no, when did you become aware of these possible negative consequences?

WITNESS K: I believe there was little knowledge in the fifties and sixties of possible long-term consequences of adoption for the relinquishing mother. Those who worked in this area were compassionate, caring people who could not have envisaged the long-term effects we have since become aware of. I do not know whether mothers were informed of consequences such as depression or regret. These effects of loss and grief gradually became to be recognised and known through the work of people such as Kubler-Ross, Margaret Nicol and Mal McKissock from the 1970s on.

Mr CHESTERFIELD-EVANS: How were the putative fathers of a child treated by the staff at St Margaret's and St Anthony's? Was there any policy about allowing him access to the child?

WITNESS K: The putative father was given the same rights as other visitors who wished to see the mother, and she decided if or who could see her baby, so there was no difference, other than that.

Mr CHESTERFIELD-EVANS: Could you describe the type of medical treatment given to mothers at St Margaret's who intended to relinquish their children for adoption both before and after birth? For instance, could you comment on the administration of drugs during delivery and in the days after birth and, I guess, when consent was taken?

WITNESS K: In regard to administration of drugs both in labour and in the post-natal ward, I assisted Witness L last week in doing a pilot audit of a random sample of charts of five mothers whose babies were for adoption in each year of the 1970s from St Anthony's and St Margaret's, a total of 50 charts. There was absolutely no evidence that drug usage was other than normal and average for any mother in labour at that time.

Dr CHESTERFIELD-EVANS: This is the chart we are looking at here at the end?

WITNESS K: Yes.

Dr CHESTERFIELD-EVANS: Is there a comparison between the numbers here and a control? Does it compare the -

WITNESS K: The single mothers with normal mothers?

Dr CHESTERFIELD-EVANS: Yes. There is a list here that does not seem to distinguish them?

WITNESS K: No, we did not. At that point we were just looking at single mothers only, because we knew from our own experience that that drug usage was absolutely normal. Further work can be done on that certainly.

Dr CHESTERFIELD-EVANS: There is not a control group for this group, is that what you are saying?

WITNESS K: That is right, yes.

CHAIR: Because you have been previously sworn, Witness L, you may make any comments you wish.

WITNESS L: If you want to read the preamble to it, you will note that it is very time consuming to fully chart. We have identified the control, and that chart can be accessed through the Prince of Wales records department, but we took, at least I took a decision to do a pilot audit on 60 women who had let babies for adoption. If there was anything untoward, after we have looked at it, or after the Committee has looked at it, then we would look at controls, but at this stage there is no comparison between controls and the mothers who adopted babies. We were relying on our experience.

Dr CHESTERFIELD-EVANS: So you are saying that the drug use was within the normal range, but a comparison, you are saying, was not done?

WITNESS L: Yes.

Mr MANSON: I will ask the next question.

WITNESS K: I think I probably have not quite finished answering that question in toto. Apart from that aspect of the drugs, in other respects I would say that single mothers were given even more care and emotional support. Every effort was made to ensure that the labour and delivery was as normal as possible. When the mother was nearly ready for delivery, with the baby's head pressing down on the perineum, the pelvic floor, it was normal practice for one of the nurses to put on surgical gloves and stretch the perineum as much as possible, so there was less risk of a tear occurring when the baby's head was born, and therefore there would be less evidence that the mother had had a child. We certainly did not use sheets or a pillow to prevent the mother from seeing a baby.

Another thought that came to my mind in regard to those charts was that the very last chart that I examined, when we did that random sample last week, was of a mother who had had four babies, and all of them through St Anthony's. She kept the first one and surrendered the other three. That has a bearing on other evidence that has been given, and I thought it was a point that was worth mentioning.

Mr MANSON: Could you explain the reasons for marking a mother's chart "Baby for adoption - not to be seen by mother"?

WITNESS K: At St Margaret's we marked the charts "BFA". This was important so that staff would be alerted and the mother would receive appropriate care, and in the outpatients department she would be directed to a clinic held specifically for these mothers, so they would not run the risk of meeting someone who knew them. They were also directed to physiotherapy and prenatal classes held just for single mothers. I have never seen the words "Not to be seen by mother" on any chart at St Margaret's.

Mr MOPPETT: In evidence to the Committee, it was stated that while it might have been considered best practice in the 1950s and 60s not to allow the mother to see the baby at the birth to prevent bonding, it would have been appropriate to explain this to the mother prior to the birth. Are you able to say whether the staff at St Margaret's informed the mother of this

practice and the reasons for it?

WITNESS K: I cannot recall any other birth practices which were different for single mothers. We always tried to place them in a single room or a double room on their own or with another single mother if possible. I cannot remember any details but believe that the mother would have been told that she would not see the baby.

Mr MOPPETT: Are you able to make any comments about the practice involved in the taking of consent for adoption at the time you were at St Margaret's?

WITNESS K: I have no specific knowledge of the process of taking consents, other than escorting social workers to see single mothers who had decided to adopt and ensuring that they were provided with privacy, such as a single room, if they were not already accommodated in one, or providing them with a sitting room, so that they would have privacy, but what actually went on with the social worker or whoever did it, I am not aware of it.

CHAIR: Can I ask a general question there. Our previous witnesses from Carramar made a number of comments suggesting social workers and all of the people at Carramar were perhaps more sensitive, perhaps more ahead of their time than Hornsby Hospital, and they gave us examples of the hospital's attitude to rushing consents, wanting to get them out of the way. They also said that really they felt it was them who had persuaded the hospital to make sure that women with babies who were going to give them up for adoption were not put in the same room as a mother with a baby and so on. Do you have any comments as to the relevant position as to that sort of attitude of social workers and so on?

WITNESS K: As far as being on their own, we had a strict policy that the girls, wherever possible, were put into a single room if there was one available or into a two bed room. With the volume of girls that were coming through in those days, there were often more than one at a time, and so they would go into a single bedroom or even a four bed room, but because the number of deliveries was very high in those days, sometimes we did not have a single or a double room available. We had an 11 bed ward at the end, and one of those beds was in a corner, and so she was completely private because she had three walls and a curtain. That was the least effective or the least favoured room, but at least she did not have babies on both sides of her. She certainly could hear mothers and babies, but also some of those girls elected to feed their own babies or to see their babies. There was a degree of isolation, but you did not always have accommodation for the ideal.

CHAIR: It was your view then that the staff at St Margaret's did not need to be encouraged by other people, as the Carramar people certainly felt the Hornsby Hospital needed to be urged along to take a more humane approach?

WITNESS K: I would say not. St Margaret's was founded in 1894 for the specific purpose of caring for single, destitute mothers, and that remained a strong focus for the entire history. That was absolutely part of our philosophy, to give them every bit of care and attention and consideration that was possible.

Mr MOPPETT: To avoid any discrimination?

WITNESS K: Yes. If they discriminated, it was in order to protect them and preserve their own privacy and care.

Mr MOPPETT: In your capacity as head of the School of Midwifery in the 1970s, could you outline to the Committee the changes in midwifery in the 1960s and 70s? Would you say this was a time of considerable change in obstetric practice? What brought about these changes and how were these changes communicated to midwives?

WITNESS K: There certainly was considerable change in obstetric practice in the 1960s and 70s. One such example was the length of stay in bed, which was reduced from seven days to one or two, and discharge from 10 or 12 days to approximately seven. In labour women were encouraged to be more active. There were more inductions of labour, improved methods of pain relief, ether was discarded in favour of nitrous oxide, intravenous hydration was given more frequently and epidural pain relief turned out to be a great bonus. More frequent use of forceps for deliveries helped to reduce prolonged labours. These improvements were available and in use for single mothers as for other mothers. In postnatal care binders were discarded and showers were the norm rather than sponging in bed.

The changes were brought about by improved knowledge through research, examination of practices and statistical data. Also membership of professionals in specific professional groups at local, national and international level. Attendance at in-service sessions and seminars and also through consumer demand. I can recall many sessions in the Midwives Association when these sort of topics were brought up and discussed.

Changes were communicated to midwives through policy documents, memoranda, ward reports, in-service sessions, seminars and professional literature and through lectures to students in the School of Midwifery.

CHAIR: Would you like to comment generally about the level of training available to adoption workers? You have told us about the training of midwives. What about adoption workers?

WITNESS K: I really have no knowledge of the training for adoption workers, other than it is an area included in education and practicum for social workers. I do recall social work students being placed at St Margaret's for clinical experience from the 1970s on, but the actual nature of the training, other than that, I do not know anything about adoption workers other than through social work.

CHAIR: Did the midwifery training include anything in relation to babies placed for adoption or their mothers?

WITNESS K: The social workers all gave lectures as part of the curriculum of the students, so that the students were always given general information about the girls. They certainly were not encouraged to give them advice, but to give them the best care and attention that they could get.

CHAIR: Would that have included any discussion of the psychological sort of state?

WITNESS K: No, I really cannot recall specifically that that would have been included until the social workers came in to give lectures. I honestly cannot remember specifically ahead of what I have already indicated.

CHAIR: What contact did you have with the then Department of Child Welfare and any other adoption agencies on the practice and delivery of care to single mothers? Did you receive written material from the department or from other agencies?

WITNESS K: I did not have any personal contact with the Government Department of Child Welfare or any adoption agency. Policy documents received from the Department of Health were incorporated into teaching and practice through hospital policy documents, so they were always included in policy documents throughout the hospital and teaching.

CHAIR: Do you recall specifically what information would have come with the Adoption of Children Act 1965?

WITNESS K: I do not recall details of the information when the Adoption of Children Act 1965 was introduced, but I do remember that a copy of that Act was one of the documents preserved with the other Acts when the School of Midwifery and St Margaret's Public Hospital closed. It is still retained with the hospital archival records in the care of the Mitchell Library.

By that time I was the archivist of all of the documents that were used in the School of Midwifery which came to the archives, so I had a lovely time going through things that I had taught years before and that Act was certainly one thing I could remember vividly, without the details of what was in it.

CHAIR: Are you aware of any cases of unethical or unlawful practices in adoptions at St Margaret's during the period you were there?

WITNESS K: I am not aware of any practices which were unethical or unlawful in regard to adoptions or any other practice.

CHAIR: Finally, what methods do you think might assist people who are now experiencing distress as a result of past adoption practices?

WITNESS K: I believe that there is a great need to recognise and acknowledge that some practices in the past in regard to adoptions were not in the best interests of the mother or her baby. It is easy to be wise after the event. It is also important for mothers who have been traumatised by this experience to realise and accept that in most cases the professionals who cared for them really believed they were doing what was in the best interests of the mother and her baby.

In the years of contact with these mothers and the nurses caring for them, I do not recall any nurse who would not agree with my belief that, "There but for the grace of God go I."

On a practical note I would like to see counselling services readily available for each mother and her child free of cost because I think some of them have had to pay enormous amounts in order to be able to search for their child, and access to her records and post-adoption services to be also available free of cost. I think that is a real must.

I would also like to make a statement in regard to the labour experience of one of the witnesses who gave evidence on 17 June. She had been cared for at St Anthony's and had her baby at St Margaret's, where she described her experience as horrendous and traumatic. I am not attempting to defend St Margaret's but put that experience in the context of it being 1962. I am aware of many mothers who had long and difficult labours in those years before inductions of labour and augmentation of labour became the norm, plus improved pain relief and intravenous hydration, which have been already mentioned today.

This girl was 16 and not physically mature. She described herself as a tiny, weeny little girl. She had a baby weighing 8 pounds 12 ounces, larger than average, which would have contributed significantly to the difficult labour. I often wondered how any mother could face another pregnancy and labour after such an experience, but when the result for them was a live, healthy baby they are were often brave enough to become pregnant again, generally aware that such an experience was seldom repeated.

For the single mother, however, the trauma lives on because she has lost her child, however unplanned the pregnancy was.

(The witnesses withdrew)