

Anonymous Storyteller 4

During the 1960s I was a student, then social worker, with a Melbourne adoption agency which was part of a church-run family counselling/welfare program including a Babies' Home, foster care and family group homes. Generally speaking, most children's homes were then beginning to recognise the emotional and social damage to infants and children brought up in large institutions. Many were employing trained social workers to try to prevent these prolonged separations using early intervention, intensive counselling and high quality substitute care where there seemed to be no alternative to placement. Adoption was seen as a last resort where the parent/s were unable to make a home for the child even with support.

The 1950s and 1960s were very different from today. The age of majority was 21, and many people lived at home with their parents until marriage or employment made a change necessary. The junior wage was small, and the female junior wage even smaller. Relatively few middle class women worked outside of the home or had financial means of their own. Working class women were paid a pittance. So few women were able to help their daughters with financial and emotional support without their husband's consent and support, and usually the husband's opinion dominated the household financially dependent upon him.

In this conservative society illegitimate infants were seen as a disgrace, a slur upon the family and an obstacle to the girl's future happiness and marriage. Under-age girls could not access birth control advice from family GPs without parental consent. Assertive or sexually active teenage girls could be taken to court, charged with being "uncontrollable" or "in moral danger", and placed in care e.g., Good Shepherd Convents. There were no Family Planning Clinics accessible to all, and public hospitals seldom gave contraceptive advice even to married patients. Abortion was illegal, expensive and safely obtained only by well-to-do women; otherwise risky backyard abortions were sought by desperate women and girls.

Child Endowment was 5/- (50 cents) to 10/- (\$1) per child. A single pregnant woman was entitled to a Welfare Benefit for 6 weeks before and after the birth of her child. Female wages were low. Affordable accommodation was difficult to find -- even one room and shared facilities -- for a single mother and her child. Live-in domestic positions were often exploitative. Day care was scarce, usually provided by retired nurses caring for up to 5 infants in their homes under the Infant Life Protection Provisions for children under 5. Babies' Homes were increasingly reluctant to admit babies who would linger on, becoming daily more institutionalised, and sometimes unvisited by parents, until the age of 5 was reached, when they moved into further institutional care. Under ILP provisions if agreed payments and parental contact lapsed for over a month Wardship was automatic. For older children the period was 6 months. Visiting was emotionally (and often financially) difficult for parents, especially when the child became upset when they left or failed to recognise them, heart-breaking experiences which made further visits less likely, despite explanation, support and encouragement of these fragile people by caring staff. Often a "second family" replaced the children lost when taken into Wardship.

In this climate of outward respectability and paternalism, family secrecy was rife. The adoption of illegitimate babies was seen as a pragmatic solution to the young mother's problems and to that of infertile parents who had few medical aids to conception beyond taking the wife's temperatures to determine ovulation cycles or pursuing better nutrition. For generations adoptions had been arranged informally by family members, doctors and ministers within their own circle. A mother who had lost an infant might return home from hospital with the baby of an unmarried girl also confined there, or an infertile wife would secretly adopt a friend's or relative's child and pass it off as her own. There were few records and little thought was given to "matching" baby to family.

The 1964 Adoption Act required that all adoptions were carried out through a Principal Officer who acted as the child's guardian and approved her placement with suitable parents, chosen from a pool of prospective adoptive parents, for 12 months before the legal process of adoption was completed in court. After the birth 5 days had to elapse before adoption consents could be obtained, and consent could be revoked within the next 30 days. Our agency usually placed the infant with foster parents or the Babies' Home for that period, especially if the mother was wavering. Some agencies, e.g. Mother and Baby homes, required mothers to care for their children until the adoption placement was made. Some hospitals placed the infant as soon as consent was obtained. There was then and still is NO simple or right answer in terms of mother/child bonding in these circumstances!

Young social workers were most sympathetic to the plight of these relinquishing mothers whose ability to keep their children were blocked by conservative and sometimes punitive community attitudes, the lack of financial, partner/family support, and their own youth and immaturity. Realistically only an exceptional, strong-minded woman could nurture her child emotionally and physically in these circumstances. Even then some women later relinquished their children as toddlers after a heart-breaking struggle. The damaging effect on all mothers relinquishing their babies was recognised and regretted, and we tried very hard to help them grieve appropriately and somehow move on with their lives, but understandably we were often the last people they wished to continue seeing.

"Obliterating the child's birth identity" -- by issuing a new birth certificate upon adoption -- was seen then as a means of giving both the infant and the relinquishing mother a fresh start in life. Social Workers tried hard to obtain personal and family medical details about the relinquishing mother and putative father. Sadly the identity of the father was sometimes unknown, or few details known of him or his family. A teenage mother often had no idea of her own parents' or grandparents' medical, educational or social history.

Adoptive parents were urged to tell children of their adoption from an early age, of being "chosen children", but, just as some IVF "gift" parents do nowadays, some concealed adoption, adding to the trauma of the child finding out by accident from others or after their adoptive parents' deaths. Once legislative changes made it possible for adoptees to access their original records there were opportunities ranging from heartfelt reunions to tragic rejections on both sides for all the parties in the adoptions (I have personal knowledge of these outcomes from my friends who have adopted children, as well as adopted children themselves). For some adoption is the ultimate parental rejection, especially if the found birth parent cannot accept or incorporate the child into a subsequent marriage and family situation, or the child cannot identify with her birth parent or adoptive parent either. For others adoptive gave many opportunities, a loving family which might even embrace her birth parents. A lot of situations fell in between.

Adoption is one of the biggest human dilemmas. There is no perfect solution. The interest of the child should always be paramount but maternal attachment is so strong and natural. Open adoption may be an option for mature adoptive parents and natural parents, given appropriate support. There will always be a tug of love between custodial/residential parents and the other parent/s (as there may be between the children of divorced

and separated parents) but adoption is complicated by the eternal quest for identity, “who am I?”, as a child matures into adulthood. Fortunately society has moved on and nowadays at least recognises that parents, regardless of age or marital status, are entitled to income support, decent child care and accommodation, so that they can nurture their children themselves. Nevertheless the essential wellbeing and safety of the child must be paramount and safeguarded by society.