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Adoption in the early seventies

By 1970, my husband and I had been married for four years and we had been unable to conceive a child. Both of us, we discovered, had fertility problems, so when I was 28, we applied to adopt a baby.

The Social Worker at the hospital's adoption agency told us we should expect to wait some time for a child. At this meeting, which lasted an hour and 20 minutes, the Social Worker spent a great deal of time talking about her own daughter and very little time talking about our situation or our lives or the issues of infertility and adoption. One issue that had been troubling us was whether, as agnostics, we would be able to adopt, as most parents were expected to be Christians. Agnosticism was not a problem, we were told, so we should baby sit for friends and buy and read Doctor Spock's child care book. We might have to wait for two years, we were told.

Five weeks after we put in the application, and before we had any other discussion or meeting with the Social Worker, we were phoned at 4.30pm on a Friday evening and told to come in on Monday because, 'We have your child.'

Childlessness had caused me such anguish during the preceding years that I had averted my eyes when walking past baby-wear shops, so when the agency phoned, all I had for a baby was a dozen nappies, a singlet and a jacket. In those days, that left three hours shopping time, to get all the things required for a new baby.

After a whirl of borrowing and buying to be ready, we went to the hospital to pick up our new baby. We had a few minutes discussion with the Social Worker and were taken by a young assistant to the nursery, to have 'instruction' in bathing and feeding. In this state of high emotion of meeting our new baby for the first time, we tried to absorb the lesson on how to give him a bath and then I fed him the last remaining quarter of the bottle for which he was so loudly crying.

Back to the Social Worker for a few minutes more discussion. We were told to phone in our son's weight to the Almoner's office every week, to visit the local Health Centre within a week, at three months to take him to a doctor for a check-up and then to apply to a solicitor (from a list of names shown to us) to formally adopt our son. We were not allowed to baptise or circumcise him till he was formally adopted. The Social Worker said she would 'shortly' come and visit us at our home and then with our new two-week old baby boy, we were free to go home. 'His mother was a New Zealand born house-keeper', we were told, 'with warm-coloured hair. His father was an Englishman in the merchant marine.' There was very little other detail.

We phoned our son's weight through to her office as requested, but we were never put through to the Social Worker, nor given any opportunity or encouragement to speak about our child to anyone at her office. The staff never asked me to hold the line while they got hold of files to keep a record of his weight gain; I always wondered if they knew who I was, or which baby I was talking about.

The Social Worker never at any time came to visit us at our home or phoned to find out how we were going, or how our baby was.

At the hospital, we had been given the wrong formula for our son, so for several weeks, we had unknowingly been feeding him an incorrect strength. I would never have been able to cope with it all except for help from my mother, who raised five children, and from an exceptionally good Infant Welfare Centre nurse. Our doctor said that circumcision was a medical necessity for our boy but, at the age of nearly one, when this operation took place, it was an enormous trauma for him.

Our son turned out to be such a wonderful, gorgeous, healthy child, that when he was about two, we applied for another baby. Despite an incredibly stressful time in our lives, we had applied for a little girl though we were not quite ready to care for a second child, because the Social Worker had told us, when we picked up our baby boy, that matching us with a little girl could take two years.

When we applied we sought a meeting with the Social Worker to show her our young boy, but that was actively discouraged. All we needed to do, we were told by someone else in that office, was to fill in some forms. There were questions on the form about my husband's job, medical reasons for childlessness and a few other matters, but only one question relating to the child: 'Age and sex of desired child'.

My husband's new employer took three weeks to write a letter of reference and two weeks after that, we were stunned to receive a call from someone in the social worker's office to say, 'There is a little girl ready for you. We are most anxious for you to come in at one o'clock this afternoon.' This was at 10.30am, five days before Christmas. When I hesitated, she said, 'You could come in tomorrow; we would much prefer you to come in today, but, if absolutely necessary, you can come in tomorrow.'

After discussion with my husband, I called back to say that we would come in the following day, but requested details of the new baby's diet. She said she couldn't get that for me (it would have taken her just a phone call to the nursery ward), but that we would be given one day's milk which would be sufficient. The woman on the phone (whom we never met) was most keen to know what name we had chosen for our child. When we said we would come in the next day, she responded, 'Well, you will have been able to decide on the baby's name', although it seemed to us there were very many more important things to organise for a two week old new baby.

So, in a heatwave temperatures above 40, after a frantic afternoon and night of organising clothes, nappies, pram, sleeping accommodation and feeding equipment – and telling our son about his new little sister's imminent arrival – we collected our new baby.

As before, we were given strict instructions to wait to be called 'on that seat there', opposite their office door, and among the outpatients. We saw the Social Worker for a few minutes to be told some details about our new seventeen-day old baby and were then escorted by an office assistant to pick up our new baby daughter. At the nursery, one nursing sister kept saying what a beautiful little *boy* the baby was, which made us wonder if the baby they gave us was the one they intended to give us. They gave us one baby's bottle of formula, and we returned to sit again 'on that seat there' again among the outpatients till the Social Worker would beckon us in. These were our first moments as a new family, with an elderly woman on one side telling me in broken English to give my incessantly crying baby a dummy and the woman on the other side telling us about

her ailments. It was difficult to tell strangers we were not fellow out-patients and wanted some privacy as a newly enlarged family, and impossible for our young two-year-old to comprehend this instant change in his family's situation.

After some time, we were beckoned into the office to be told some details about the physical characteristics and educational standards of our new baby's birth parents, but with no medical history at all. We were to phone in the baby's weight every month, take her for a medical examination at three months and submit the medical report. This discussion took no more than 15 minutes. Then it was out into the heat and round to the chemist to get the necessary tins of baby formula to feed her.

We found our new baby had thrush, a heart murmur, a gastric reflux and an intolerance to cow's milk. This was found, not at the thorough medical check-up which babies are alleged to have before being given to new parents, but by a paediatrician when our daughter was about seven months old. Before that we had had months of difficulties as the poor soul was vomiting 40 or 50 times a day, soiling a nappy four or five times a day, had a constantly running nose and mouth, and a recurrent wheeze. Her bedding was constantly messy from vomit. She cried frequently, was impossible to burp and often impossible to pacify or settle. 'She is always going to be a sickly child,' our local doctor said.

The medical examination at three months passed her as fit and healthy despite all her problems. I drew the doctor's attention to bluish marks like bruises on our baby's buttocks, which I had seen on her in the hospital nursery the first day. The doctor responded, "She doesn't look Negroid to me". I had at first worried that they might be an indication of abuse or accident, but my Health Centre Sister had immediately identified them as Mongolian Blue Spots, common among darker skinned ethnic groups such as Asian, East Indian, African, Chinese or Koreans. Neither the nursing sisters at the hospital nor the Social Worker had made any mention of the spots or told us anything at all about the possible ethnicity of our baby.

We phoned in her weight each month, never speaking to the Social Worker. No questions were ever asked about either of our children, or about us as a family group. Neither she nor anyone else from her office ever made a visit to our home.

By the time our daughter was six months old, I had become unbearably distressed by the fact that I felt I didn't and couldn't love her as I felt I should and she deserved and confided this to my Health Centre Sister. She arranged for a social worker from the Maternal and Child Welfare Department to call and see me. Our discussions were of vital importance in our subsequent complete and happy acceptance of our daughter by my husband and me. We discussed and I recognised the significance of her arrival when we were not emotionally prepared for her, and the hostility I felt about the adoption agency's Social Worker and what appeared to be her complete lack of concern for any member of our family. I realised that I had been projecting these feelings onto our dear little girl.

It is a fair analogy to draw, I think, between the normal pregnancy of nine months, and the 'pregnancy' time I was offered during that phone call from the adoption agency – just two and a half hours, reluctantly extended to about 24 hours.

Eventually, after the paediatrician diagnosed the cause of our baby's difficulties as a lactose intolerance, our daughter settled down swiftly and by the time she was 11 months old, we felt we could happily and whole-heartedly formally apply to adopt her. My husband phoned the Adoption Agency to find out the procedure for this and expressed surprise at the fact we had had no contact from anyone there about our daughter. The person on the phone assumed that we hadn't taken her for her three-monthly check-up and expressed annoyance at this. On being told that we had done this, she said 'Well, that's alright then.' It appears that no contact with parents after placement was normal procedure.

We were told that initiation of adoption procedure was left up to the parents, 'especially in the case of the second child' and that no instruction was given to use any particular lawyers, although we clearly remembered being shown a list of lawyers on one of the three occasions we were in the adoption agency office.

It took eleven months from the signing of the affidavit and several phone calls to the Social Worker from us, from the solicitors and from my Health Centre Sister, to get the adoption through. On one of the few occasions when the Social Worker answered the phone, she told our solicitor, 'Don't bother me, I will do it in my own good time'.

But no sooner had we come to the happy acceptance of our status as a two-child family, than we discovered that I was pregnant. This event, which should have been a happy occasion, felt to me like a third time when a baby was 'Coming, ready or not'. I was offered an abortion, but chose to have the child who was born after an unbelievably disaster filled pregnancy and birth which culminated with my being in intensive care for four and a half days with septicaemia and near fatal high temperatures after an elective caesarean. Our lovely little daughter was born with dislocatable hips, which meant she was in a splint and very much more difficult for me to handle physically.

The Social Worker was told about my forthcoming confinement by my Health Centre Sister, and said 'Why wasn't I told about this?' but even though her office was just three floors away in a neighbouring building she didn't come after the birth or during sojourn in my intensive care to see how I was going to cope. She was 'too busy'.

When things settled down, and our oldest daughter was 22 months old, we attended the adoption hearing. The Social Worker did not recognise us till we were summoned into the hearing. We had no conversation with her before, during or after the hearing but out of her presence, we had a lengthy discussion about our experience with the judge and our solicitor.

A few months later, I phoned the Social Worker to tell her of the difficulties we had in dealing with our oldest daughter, which I said I believed would have been easier to handle if we had had some contact with her. 'This brings me back to what I explained to your husband', she replied. 'We leave it up to the adoptive parents to initiate the adoption proceedings'. This was not at all what I meant, but there was just some further discussion about the baby's milk intolerance and the fact that her birth mother's divorce papers contained an error as an explanation for the delay in finalizing the adoption. It was an unsatisfactory conversation as far as I was concerned, with no real exchange of feelings or acknowledgement of my distress.

For two adoptions, and over four years, we spent a total of around one and three quarter hours in contact with the Social Worker. We had no home visits, no letters and just two phone calls, one to say we have a boy for you and one to say we have a girl for you. There were no concerns or interest expressed about the children, or about us in our role as parents. No interest in the feelings of our adopted children about their new sister, or in my feelings about this, or my husband's feelings as parents. The most concerned question was whether our fair-haired son felt 'strange' among brunettes.

There may be many adoptive parents who would love to have less intrusion into their lives by social workers when they seek to adopt. But there is certainly an incalculable amount of stress and strain imposed by too little notice, too little preparation and too little contact.

Attached is a list of recommendations, all of which may be in current use, but unfortunately none of which was in use in our situation.

Recommendations:

- Notice of at least a week with definite opportunity for parents to negotiate the time when they collect their infant or child, with knowledge that a request for a delay will not put them at the bottom of the list.
- Mothercraft classes before a baby's arrival, or preferably a few days' stay at an establishment for mothers and babies, so the mother can get to know her baby with expert and ever-present help and the invaluable feedback of other mothers.
- Full medical background given with each baby – birth, likely allergies, history of mother's pregnancy.
- Proper co-ordination between social workers, doctor giving pre-adoption check-up, infant welfare sister, parents and child.
- Detailed instructions on diet and list of child's food, medical and chemist supplies needed to be given before baby's arrival.
- Discussions before and after placement between social worker and parents to work through the parents' feelings about adoption, to follow development of previously placed children and to see if the parents are coping adequately. Parents must feel absolutely certain they can approach social workers with any problems they have.
- Privacy for the new family to get to know each other, while waiting for the social worker.

A brief history of a single mother's child in the forties

My husband was born illegitimate in the nineteen forties in England. His mother became pregnant in her forties after her first experience of intercourse. Her siblings all lived abroad, and her parents had died. She chose to keep her son, rather than put him up for adoption. She only once again saw the boy's father. She watched him crossing the street, in order to avoid her.

As his mother worked as a house-keeper, my husband as a boy, was looked after much of the time when he was young by an elderly woman in a household with an unmarried son in his fifties. As his mother changed jobs, he lived with her in rooms in a succession of different houses, and later in accommodation his mother rented. There, each night he slept in a bed in a small alcove. In the day-time, a lodger slept in this same bed. The lodger was an elderly, tiny, hard-of-hearing man who worked as a night-watchman.

Around the age of eight, his mother married the boarder, who was subsequently found to have molested young children, and who tried to commit suicide by gassing himself in the household's oven, but was prevented from dying by my husband's mother discovering him in the act.

There was a lot of tension between the young boy and the step-father and on at least one occasion, the boy was interfered with by a friend of the step-father, perhaps with the knowledge of his mother and step-father. As they were in the room when the incident happened, it seems hard to believe they were unaware of it taking place. No mention was made of it, however. He had been encouraged to go and visit this man who exposed himself to the boy on at least one occasion.

When the boy was twelve, his mother had to go to hospital to have an operation and he was sent off to a Doctor Barnado's Children's Home, so that he would not be at home alone with the stepfather. He stayed in the Homes, moving between two different Children's Homes over the next four years. There he was occasionally quite severely treated, being molested by a house master and being beaten for not eating a disliked vegetable, for example, even when it brought him to the point of vomiting.

During his childhood, he went to five different schools, with these frequent changes resulting in him having to repeat a year. He failed his eleven plus, which meant in those days, that he had to leave school at fifteen and go to work. He left the Children's home at fifteen, and mostly moved into a succession of single or shared rooms in boarding houses, after commencing work in a sanitary ware factory.

He was fortunate enough at sixteen to work with someone who appreciated his creative ability and who set him on the path towards a successful, enjoyable and award-winning career with recognition of his talents in Melbourne, Sydney, Hollywood, Cannes, London and New York. From there he went onto a long and happy marriage, a wonderful relationship with his parents-in-law and the adoption of two children who had a much easier and more enjoyable young life than he had led.

Seeking out a birth mother: Our son's story

Our two adopted children have both sought out and met their birth mothers. Our son wanted to find out as much as he could about his medical history. He was married with children by the time he started on the search. He applied to 'Vanish' (the organisation that helps adopted children and relinquishing mothers to get in touch with each other), to get the information, which lead him to the phone number for his birth mother's father who was still alive in another country.

From Melbourne, our son phoned the number given and spoke to the second wife of his birth mother's father, telling her (in the manner suggested by Vanish) that he had met this particular woman many years ago and wished to get in touch with her again. He was given an address in Adelaide

and wrote to his birth mother introducing himself. The next day she phoned him, sounding nervous, according to our son, and they had a five minute chat, till she cut their talk short, because she said she had to go out.

They had further phone conversations, and arrangements were subsequently made to meet her at a café in Adelaide, so hotel and plane bookings were made for my son and his wife to go to Adelaide for a weekend.

On the Friday afternoon before the Saturday morning flight they were due to take, our son's birth mother texted him to tell him not to come because she was going to Albury with her fiancé to visit her future father-in-law who was in hospital after a heart attack.

This was a quite profound shock to our son, but some time later, another arrangement was made to meet, and our son went alone to meet his birth mother at a hotel restaurant.

They had about an hour and a half conversation together during which she told him that she had never told anyone of his existence except for her 16 year old grand-daughter.

The pregnancy in Australia had been concealed from her father in his home country and from our son's full sister, who lived overseas, and from his half-brother who lived in Australia. His mother had chosen to keep his older sister and his younger brother, but had put him up for adoption. She had been married and divorced and was planning to marry again and told him that she planned to tell everyone about his existence at the wedding, a few months away. She undertook to find, among her belongings, a photo of his father, which she said she would send to him.

On her wedding day, our son phoned her to congratulate her and wish her luck, but she cut the conversation short by saying she was busy.

She has not sent the photo of his father and has presumably not told anyone in the family about our son's existence. No further contact has been made.

Our son's primary motive in getting in touch with his birth mother was to find out his medical history. He feels he didn't get a great deal of information about that and that it was 'almost a fruitless exercise'.

His birth mother didn't seem to want to participate in any relationship. She asked him about his adoptive family and our son told her that he had had a wonderful childhood in a happy family, during which he had gone to a private school and on overseas holidays. He has a marvellous, supportive relationship with his adoptive parents, he told her.

He is disappointed that his birth mother didn't do as she said she would and 'chickened out' of telling her family about his existence.

Of the encounter, he says, 'I don't wish that I hadn't done it, but I went in with expectations of what I wanted, which was just information, and I got that.'

Our son found dealing with the Department of Human Services rather puzzling in his attempt to get what was termed the 'golden ticket', which was right to have the address of his birth mother. 'It seemed as if they expected me to cry', he said. They seemed to want to incite emotion in him about meeting his birth mother, and dragged out the moment when the address would be revealed as though it was some game show moment. He felt they seemed disappointed in him for not being as excited as they expected.

He says for many adopted children, trying to meet their birth mothers is not a good idea. If you want information about your background, meeting is possibly useful, he feels, but if you want anything else, it can lead to 'more heartache'. Fortunately, he is in a very committed relationship with a most supportive partner.

Our daughter's story

Our daughter was 21 when she first tried to track down her birth mother.

She found the whole process very difficult, mainly because her birth mother chose to make it so. She has met her twice and has no interest in meeting her again.

Our daughter applied to Community Services for information about her birth mother, and was told at the departmental psychological assessment that her birth mother's immediate reaction on being told by the social worker that the phone call was from Community Services, 'If this is about adoption, I don't know anything about it.' The social worker declared to our daughter that the mother's reaction was the most extreme of any she had encountered.

At first the birth mother flatly denied to the social worker that she had given birth at all. She claimed that she had given her own birth certificate to a friend of a friend when that woman was due to give birth, so that our daughter's birth was falsely recorded against her name, rather than that of the 'friend of a friend'. This was the tale that she told to our daughter, which our daughter found very hard to accept as the truth. 'I felt it was total bullshit, and left it for ten years.'

Some ten years later, when our daughter tried again to find out information, she approached by telephone one of the half sisters she had discovered that her birth mother had borne eighteen months after her own birth. The half sister immediately agreed that it absolutely likely that she and her twin were half sisters to our daughter. In fact, one of them has the same given name that our daughter was known by at the hospital immediately after she was born. The young woman volunteered to help our daughter in her search for information and urged her mother to meet her adopted out daughter.

Both twins are critical of their mother for her evasive response to our daughter and insisted that she should admit that she had in fact been the birth mother. They said the lies and coverings-up explained many of the mysteries they had wondered about in their mother's life.

At a meeting between the four of them, our daughter's birth mother agreed that she had in fact given birth to her adopted out child. She had been married for nine years, but had been divorced for at least a year when she became pregnant. She had begun a relationship with another man,

who had moved away to take up another job. When she became pregnant she said she tried but was unable to make contact with the father of her child. This man came back into her life when she was just due to give birth, protesting that he had never been contacted but by that time she had entered into a relationship with a third man who was much older.

The older man wanted a relationship with our daughter's birth mother (which still continues though in fact they have never married) but said she could not bring another man's child into the relationship, so the birth mother, in our daughter's words 'preferred a life as a wife rather than as a single mother'.

Both the birth father, and his parents apparently tried to get custody of the baby a week after she was born but they were told 'She was gone'. The birth mother signed the adoption papers fifteen days after the birth.

Her birth mother told our daughter that she could have afforded to keep her if she had wanted to, but that her partner had insisted that this should not happen, so our daughter was put up for adoption.

Our daughter maintains a pleasant relationship with her twin half-sisters whom she sees a couple of times a year and has entertained them in her home. The mother, though, has said 'Having you ring, would break up my family'. Our daughter does not want to see her again. She says, "She gave me up for a man to get a better life for herself."

One of the twin's husbands confided to our daughter's husband that our daughter is fortunate that she was raised by someone else, because the birth mother is a 'domineering and not pleasant woman' and very difficult to get on with. The husband said of the life our daughter lived with us, that this had given her 'so much better a life, than she would have had otherwise.'

It was after our daughter developed an auto-immune disease, that she wanted to find out details of her background from her birth mother. Fortunately, the disease is in remission, our daughter's health is good and she is in a very happy marriage with two children. She has some information about someone who may be her birth father, but has not tried to contact him.

She cautions against other adopted children going into a search for a birth mother with too much optimism. She says that adoptees need to be prepared to fail in their quest and most importantly, they need to be prepared for the very real possibility of rejection. 'Have zero expectations, so you get zero disappointment. You have to be prepared for a bad result'.

As our family came into being, my husband and I planned, hoped and expected that we would raise three children whom we would think about with care, concern, pride and love till our dying days.

And that is just how all our lives have evolved.