

Adoptee Rights Australia (ARA) Inc. Feedback on the draft DCP Suicide Prevention Action Plan 2026-2029

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Introduction

The Department for Child Protection (DCP, the Department) Draft Suicide Prevention Action Plan is framed around staff, children, young people, carers and families. While we agree that it is crucial that these groups are included, key groups with substantial contact with the Department - adults with lived and living experience of being adopted, mothers of loss to adoption, and others affected by adoption, have been excluded. These are population groups that are at high-risk for vulnerability to suicide and suicide-related distress. Not only should they be mentioned as a responsibility of DCP, they should have been identified as priority groups and given the same opportunity for consultation as the other priority groups listed on page 9 of the draft Action Plan.¹

A significant number of people in these groups are also only in the position of having to deal with DCP at all because of past practices of forced adoption that were historically carried out by DCP (under previous names) – practices condemned by State Parliament in the [South Australian Apology for Forced Adoptions](#) in 2012.

This exclusion can only be explained either by intentional omission, or by these groups being completely forgotten, invisible and overlooked by DCP.

Both of these potential reasons are highly problematic.

¹ This submission focuses on the concerns for adopted people, but much of what is raised is relevant for the ageing population of mothers of loss to adoption, most who are still living being at least in the 60 to 90 year age group (from forced removals and adoptions taking place in the peak periods between the 1960's-70's but also including the 1950's to the 1980's).

DCP has not stated that they are responsible for these groups

The Draft Action Plan lists five pieces of legislation administered by DCP – three Acts, including the Adoption Act 1988 (it is incorrectly stated in the Action Plan as 1998), and two sets of Regulations, including the Adoption (General) Regulations 2018.

DCP's responsibilities are then summarised in the Action Plan as being to protect children and young people from harm; place and support those in care under the Chief Executive's guardianship; work toward safe family reunification; *manage the adoption process*; and support refugee children.

Managing 'the adoption process' implies organising applications and the order for adoption itself and keeps the focus on *children*. But the main role of DCP in adoptions concerns adults applying for information about the circumstances of their separation from family, their identity, birth, origins, ancestry, history and/or family members.

Adults with lived and living experience of being adopted, mothers of loss to adoption, and others affected by adoption are not mentioned at all, yet data indicates that applications for information by these population groups are likely to make up the majority of the Department's work around adoption.

Adoptions compared to Information Applications lodged (2019–20 to 2023–24)²

Adoptions in Australia by State	2019–20	2020–21	2021–22	2022–23	2023–24*
NSW	224	146	131	107	114
Vic	21	18	8	18	n.a.
Qld	34	30	21	18	32
WA	38	44	26	24	23
SA	7	15	7	13	14
Tas/ACT/NT	10	11	15	21	24
Total	334	264	208	201	207 (41 were adults)
Total (%)	100.0	100.0	100.0	100.0	100.0
Applications for access to information lodged (National figures**)	2,285	2,186	1,496	1,724	1,946
Contact and information vetoes lodged	9	12	6	5	1

*Victorian data was not included in 2023-24

** A breakdown of state figures is not supplied by the AIHW.

² Figures taken from Australian Institute of Health and Welfare. (2024). *Adoptions Australia 2023–24: Supplementary data tables*. AIHW. <https://www.aihw.gov.au/reports-data/health-welfare-services/adoptions/data>

According to the Australian Institute of Health and Welfare [AIHW], in 2023-24, there were 207 adoptions nationally, (41 of these were adults). There were 14 adoptions in South Australia, and it is not stated how many of these were adults. By contrast, there were 1,946 applications for access to information across Australia in 2023-24, not including Victoria. Numbers by state and territory would be helpful, but are not disclosed by the AIHW for unknown reasons. Nationally, even without Victorian data, the information applications are around ten times the number of adoptions, and this would be a guide for the numbers in South Australia.

The AIHW also reports that for 2023-24, over 85% of applicants were aged 45 or older and 64% of applications were lodged by adoptees. Mothers who lost their children to adoption, and increasingly the children and grandchildren of adoptees, are also represented in the groups applying for information.

The national figure of 1,946 is only for applications *lodged* in 2023-24 and does not include applications already on hand. Because there is no specified standard for processing adoption information requests, (when there is a 30 day standard for FOI requests), there are likely to be a much higher number on hand. Unfortunately, states don't provide these numbers and average processing timeframes to the AIHW, and they vary. For example, NSW is known to have average processing times over 2 years, and South Australian timeframes have recently been variously advised as up to 6, or up to 12-month average timeframes (different sources within DCP gave different figures).

Although the AIHW figures indicate that DCP deals with significantly higher numbers of adults seeking information, there is no mention of this anywhere in the Action Plan. By framing adoption only as managing 'the adoption process', the Action Plan overlooks DCP's legislated role of providing adoption information to adults with lived and living experience of being adopted and others affected by adoption. This information is not held by or available from any other government department, and no other government department is authorised to access or provide it.

Between the late 1950's to the early 1970's up to 2 infants per day were being removed for adoption in South Australia³ and most of those still living are now over 50 years old up to their 70s and beyond. Yet there is no recognition that adults – let alone ageing adults, form the overwhelming majority of people using DCP's adoption services.

Applying for information with DCP

Adopted persons do not have a guaranteed right to their records. They only have the "right" to apply for them, and the Chief Executive of DCP (or a delegate) decides what is withheld,

³ Social Welfare Advisory Council Inquiry into and Report on Unmarried Pregnant Girls and Women commenced 7/7/1966, Report Submitted 29/11/1967 – Received under the Freedom of Information Act 1991, from DCP.

redacted or released. Since 1989, policy changes - not legislative changes - have gradually increased what is provided, moving from a few scraps of paper to larger sets of documents.

Many adopted persons have applied to DCP several times across their lives - often as soon as legally able to at 18, and later when trying to piece together scant records or clarify the circumstances of their removal.

Others never apply because of reasons like social constraints, fear of secondary rejection, stigma, poor public education, waiting for adopters to die, or because they do not know where or how to go about it. Many adoptees do not apply for their information because they have not been told they are adopted. Many of these apply later in life when they finally do find out, and they are known as late discovery adoptees (LDAs)⁴.

While the impact of adoption is generally misunderstood in the wider community, being told of adoption later in life is usually readily recognised as deeply distressing and traumatising. Yet even LDA's haven't been recognised in the DCP Draft Action Plan by those who at the very least should be expected to be aware that this cohort is vulnerable.

But being told at 3 years old (for example) and then being forced to wait until 18, or feeling pressure to wait to apply later for whatever reason, can also be highly traumatising. The contrast has been described as the difference between a sudden, raging, shocking bushfire that burns everything down that person thought was true, and a slow, smouldering burn that quietly spreads uncertainty through every cognitive stage of childhood and adolescence. In both cases, being given no, or non-identifying information, (or finding out you have based your identity on a lie) means a full picture of identity cannot be formed or retained, undermining the ability to form or retain a secure sense of self, and leading to '*prolonged uncertainty*'⁵ about identity.

This is further compounded by the waiting times under the Adoption Act. Over 30 days in information release in anything but adoption is out of standard, and yet those searching for their identity, heritage and family are expected to wait indefinite amounts of time, with none of the oversight, review rights or reporting requirements that apply to FOI releases.

Whatever the pathway, applying for, waiting for and receiving adoption information is likely to be one of the most vulnerable times in an already vulnerable adopted person's life, and the responsible Department should recognise this.

⁴ There is no agreed age at which an adoptee is classed as an 'LDA', which is sometimes treated as whenever they can remember the shock of being told of the adoption. Many people with lived and living experience of being adopted also report that on some level they feel they always knew.

⁵ Prolonged uncertainty: The European Court of Human Rights condemned the Croatia authorities for making a 5-year-old child wait for adequate information to establish parentage and identity, and found this placed her in a state of "prolonged uncertainty", breaching Article 8 (Mikulić v Croatia, App No 53176/99, 7 Feb 2002).

Not being mentioned as a responsibility for DCP leads to not being included as a priority group

The DCP Draft Action Plan states that priority groups were consulted because “*People with certain life experiences or identities may experience a combination of stressors linked to increased risk of suicide*” (p. 9).

Those identified as priority groups were:

- Aboriginal and Torres Strait Islander peoples
- people with lived and living experience of suicide
- people with lived and living experience of the out-of-home care system
- frontline staff
- people living in regional South Australia
- people who identify as LGBTQIA+
- people from culturally and linguistically diverse backgrounds
- people living with disability
- men
- foster and kinship carers

Most of these priority groups were taken from those identified in the [South Australian Suicide Prevention Plan 2023-2026](#). Those highlighted in the list: Frontline staff, foster and kinship carers, and people with lived and living experience of the out of home care system, were identified as priority groups by DCP.

Why weren't adults with lived and living experience of being adopted identified as a priority group by DCP?

Does South Australia need its own inquiry before it will finally recognise and support the people it apologised to in 2012?

2012 National Inquiry: See Chapter 4, ‘[Effects of forced adoption](#)’ (2012) in the Senate Inquiry into the [Commonwealth Contribution to Former Forced Adoption Policies and Practices](#)

2021 Victoria: See Chapter 5, ‘People who are adopted’ from page 133 of the Legislative Assembly Legal and Social Issues Committee Report (2021): [Inquiry into responses to historical forced adoption in Victoria](#)

2024 Western Australia: See Chapter 9, ‘Ongoing impacts of separation’ from page 265, from page of the [Broken Bonds, Fractured Lives: report on the inquiry into past forced adoption in Western Australia](#) (2024)

Excerpts from the [South Australian Apology for Forced Adoptions](#) July 2012

That this house recognises that the lives of many members of the South Australian community have been **adversely affected by adoption practices which have caused deep distress and hurt, especially for mothers and their children, who are now**

adults.... We recognise that practices of our past mean that there are some members of our community today who **remain disconnected from their families of origin....**

We meet here today in this special sitting for two principal purposes: first, to recognise that **forcible adoption practices caused deep distress and hurt to many South Australian mothers, their children and families;** second, to apologise for those practices which we cannot condone...

We apologise for the lies, the fear, the silence, the deceptions. **We apologise for the lack of respect, the disbelief, the grief, the trauma and loss.** We offer this unreserved apology not just as an act of atonement but as an expression of open-hearted admiration and support for those to whom it is owed. I commend the motion to the house.

The South Australian Apology for Forced Adoptions (18 July 2012) was bipartisan. It was delivered by Premier Jay Weatherill (Labor). The motion was supported by the Opposition Liberal Party, whose leader at the time was Isobel Redmond (Leader of the Opposition in SA from 2009 to 2013). Members from both sides of Parliament spoke in favour. Hansard shows contributions from Labor MPs, Liberal MPs, and crossbenchers, all acknowledging the harm caused by past adoption practices.

Suicide was acknowledged specifically in the [National Apology for Forced Adoptions](#) in 2013, which was made as a result of the Senate Inquiry into the [Commonwealth Contribution to Former Forced Adoption Policies and Practices](#) in 2012.

Excerpts from the [National Apology for Forced Adoptions](#) 21 March 2013

1. Today, this Parliament, on behalf of the Australian people, takes responsibility and apologises for the policies and practices that forced the separation of mothers from their babies, which created a lifelong legacy of pain and suffering.
6. ... You were forced to endure the coercion and brutality of practices that were unethical, dishonest and in many cases **illegal**.
9. We apologise to the sons and daughters...
10. We acknowledge that many of you still experience a **constant struggle with identity, uncertainty and loss....**
13. Many are still grieving. Some families will be lost to one another forever. **To those of you who face the difficulties of reconnecting with family and establishing ongoing relationships, we say sorry.**
16. We are saddened that many others are no longer here to share this moment. **In particular, we remember those affected by these practices who took their own lives.** Our profound sympathies go to their families.
18. ...In facing future challenges, we will remember the lessons of family separation. Our focus will be on protecting the fundamental rights of children and on the importance of the child's right to know and be cared for by his or her parents.

We are a population group that is disproportionately impacted by suicide

On pages 7-11, is a copy of a letter sent by Adoptee Rights Australia (ARA) Inc. to the National Suicide and Self-harm Monitoring Project at the AIHW on the 24th May 2021. It contains numerous references to both national and international studies which show significantly higher levels of psychological distress, and significantly higher rates of suicide and suicidal ideation in adopted people compared to those who are not adopted. Among other research, it cites international studies as showing adopted people have an increased risk of suicide attempts of between 2 and 3.7 times higher than a non-adopted person, with death by suicide as between 2.5 and 3.6 times more likely for adoptees.



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24 May 2021

National Suicide and Self-harm Monitoring Project
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601
Via email: info@aihw.gov.au

Dear Sir/Madam,

In line with the National Suicide and Self-harm Monitoring Project's stated aim of "*undertaking data development activities to address identified data gaps and enhance the comprehensiveness of data*" we are writing to you requesting that suicide and self-harm data on adopted people be included in the monitoring project and be reported upon with all other population statistics.

About Adoptee Rights Australia Inc.

Adoptee Rights Australia Inc. (ARA) was established in 2018 by adopted persons to give a national voice to the lived experience of adoption, in response to the need for a national organisation to advocate for the rights of adoptees in Australia.

ARA advocates for reform in adoption legislation, policy and services in all Government jurisdictions in Australia, so that the human rights and wellbeing of adopted persons are restored, protected and promoted.

Brief History of Adoption in Australia

Legislation for adoption has existed in Australia for around 130 years, with numerous influences, amendments, and variations to the Adoption Acts throughout the decades and between jurisdictions. In this time, more than 250,000 Australians have had their identities extinguished and lives changed forever by adoption.

Adoption legislation first commenced in Western Australia in 1896 with other states following with similar legislation. The 1940s post-war era in Australia saw a huge increase in the numbers of adoptions in Australia. It is difficult to determine accurate numbers of adopted people as national data was not kept prior to 1969 and there are gaps in data collection in 1985-86 and 1986-87. Best estimates from aggregated data suggest there are approximately 250,000 known adoptions from the 1950s to date ^{[1] [2] [3]}. The number of unknown, illegal, and privately arranged adoptions is impossible to determine.

During the closed records and Forced Adoption era from the 1940s to 1980s, adoption was considered a solution to two social issues: married couples inability to conceive children, and a hostile view of unmarried mothers giving birth to illegitimate children who society considered “unfit” to parent their children ^[4].

The “clean break” theory of the time saw babies removed immediately from their mother at birth, known as neonatal maternal separation (NMS).

Neonatal Maternal Separation

Several experiments conducted with rats on the effects of NMS on neurobiology reveal long-term modification in the hypothalamo-pituitary-adrenal (HPA) axis and serotonergic system ^{[5][6]} and dopaminergic function in brain regions implicated in the neurobiology of central nervous system disorders including schizophrenia ^[7] and psychiatric disorders such as major depression and anxiety ^[5]. Even a temporary episode of NMS resulted in serotonergic system changes ^[8], signifying a relationship between early life stresses and anxiety-like disorders and depression in adulthood. Similar experiments also showed NMS rats had significantly higher gut permeability (GP) ^[9] and a vulnerability to “long-term alterations in behavioural and emotional regulation” ^[10] when exposed to social stresses in adulthood.

Caution must be taken when interpreting animal studies, however research on human adolescents also offers support of a mechanistic pathway linking GP with sympathetic nervous system activation and the possibility of it contributing to the emergence of neurovegetative symptoms of depression ^[11]. A human study of early parental loss (EPL) due to parental death or permanent separation prior to 17 years of age evaluated patients with major depression (MD), bipolar disorder (BPD) and schizophrenia (SCZ) against control subjects revealing EPL patients had higher rates of each disorder with MD at 21.9% *versus* 7.6% (OR = 3.8, $P = 0.001$); BP while higher had borderline significance; SCZ was 22.4% *versus* 7.9% (OR = 3.8, $P = 0.01$) ^[12]. A meta-analysis review of 41 studies examined the link between childhood adversities and the risk of psychosis, suggesting that childhood adversity, including parental death, is substantially associated with a risk of psychosis ^[13].

International Research into Impacts of Adoption Affecting the Adopted Person

Mental Health of Adopted People

A meta-analysis on 64 empirical studies of mental health referrals of adoptees ^[14] indicates they are referred to mental health services substantially more often than nonadopted controls (d , 0.72; 95% CI, 0.57-0.86). Similarly, studies of adoptees in adulthood suggest they are at higher risk for psychological maladjustment ^[15], less favourable psychological adjustment and higher levels of depression, anxiety, personality and behavioural disorders, and neuroticism than non-adoptees ^[16].

Suicide rates amongst adopted people

A University of Minnesota study found, “The odds of a reported suicide attempt were ~4 times greater in adoptees compared with nonadoptees (odds ratio: 4.23). After adjustment for factors associated with suicidal behavior, the odds of reporting a suicide attempt were reduced but remained significantly elevated (odds ratio: 3.70)” ^[17].

A University of Magdalena, Colombia study predicts “at least two times more cases of suicide attempts among adopted people than in the general population” ^[18].

A 2001 article in *Pediatrics* journal showed “adolescent adopted people were more likely to have attempted suicide (7.6% vs 3.1%) and to have received psychological or emotional counseling in the past year (16.9% vs 8.2%)” ^[19].

A 2002 Swedish study of intercountry adoptees found they were more likely than other children born in Sweden to die from suicide (OR 3.6, 95% CI 2.1-5.9), attempt suicide (3.6, 3.1-4.2), be admitted for a psychiatric disorder (3.2, 2.9-3.6), or drug abuse (5.2, 2.9-9.3) ^[20].

Likewise, a 2006 Swedish study showed “international adoptees had clearly increased risks for suicide attempt (risk ratio 4.5 [95% confidence interval 3.7-5.5]) and suicide death (3.6 [2.6-5.2]) after adjustments for sex, age and socio-economic factors. National adoptees had lower risks than international adoptees, but had increased risks compared to non-adoptees (suicide attempt, 2.8 [2.2-3.5]; suicide death, 2.5 [1.8-3.3])” ^[21]. This was amongst an older adopted population than the 2002 study suggesting that symptoms did not decrease in adulthood.

Australian Research into Impacts of Adoption Affecting the Adopted Person

Although there is the capacity and the records are available to provide data there is no systematic, empirical research into outcomes for Australian adult adoptees, leaving a knowledge gap amongst mental health practitioners about specific issues affecting them at different developmental stages across the lifespan. The impacts of adoption are lifelong and intergenerational with new issues presenting at different stages of an adopted person’s life.

A National Research Study conducted by the Australian Institute of Family Studies (AIFS), found that adopted people “regardless of whether they had a positive or more challenging experience growing up within their adoptive family (roughly equal proportions of each participated in this study), most participants identified issues relating to problems with attachment, identity, abandonment and the parenting of their own children. Compared to Australian population estimates, adoptees responding to our survey had lower levels of wellbeing and higher levels of psychological distress, and almost 70% of adoptee survey respondents agreed that being adopted had resulted in some level of negative effect on their health, behaviours or wellbeing while growing up.” ^[22]

The study was aimed at following up outcomes for mothers, but adoptees made up the majority of the respondents and despite indications of overall negative effects and damage from adoption there have not been any follow up studies done to build further on those findings.

Recommendation

The international research above shows that adopted people are at an increased risk of suicide attempts of between 2 and 3.7 times more likely than a non-adopted person. Death by suicide the risk was between 2.5 and 3.6 times more likely than non-adopted people.

To ascertain the risk of suicide attempts or death to the estimated 250,000 Australian adopted people, it is vital that this information be sourced locally, be reported upon and made publicly available. Only then can an accurate assessment of the mental health support needs of adopted people be made and crucially needed, appropriate support services be implemented.

Many members of ARA have lived experience of suicidal ideation and attempts. ARA welcomes the opportunity to discuss the contents of this letter with the Expert Advisory Group.

Yours Sincerely

Adoptee Rights Australia (ARA) Inc.
Management Committee

Written by Judy Glover for Adoptee Rights Australia Inc.

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Benevolent society poster:

ADOPTION IS TRAUMA – The Ripple Effect

1 in 15 people are affected by adoption in Australia.¹

Adoption Wheel²



The First 1000 Days³

"Children exposed to adverse environments and experiences early are likely to continue to be exposed to such experiences, which has a cumulative effect. In this way, a poor start to life in the first 1000 days may be the start of a cascade of events that reinforce earlier neurological and biological adaptations."

- Adoption:**
- In-utero maternal stress
 - Preverbal loss of mother and father

Adverse Childhood Experiences⁴

- Adoption is an Adverse Childhood Experience:
1. Maternal/paternal separation at birth
 2. Abandonment
 3. Unrecognised and unaddressed emotional needs

10/100 people with 3 ACEs attempt suicide

Adoption Specific Research

- Post Adoption Experiences 2012 – 823 adopted people in Australia
- The Kessler Psychological Distress Scale (K10)**
- Adopted people showed much higher levels of psychological distress than the general population in 2001 National Health Survey.
 - Close to one in five respondents (adopted persons) was likely to have had a severe mental disorder at the time of survey completion.

%	NHS male	NHS Female	Adopted persons
Likely to be well	85.6	79.6	54.1
Likely to have a moderate/severe mental disorder	5.8	9.9	28.2

Suicidal Behaviour in National and International adoptees – A Swedish Cohort Study⁵

- Large scale study (approx. 1.28 million people) using registers of people born 1963-1973 and followed up until 2002.
- Shows higher rates of suicide for adopted people but cannot predict who will attempt suicide.

CONTACT US

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"I had to pretend I was something I wasn't."

"I always finished a relationship first before I could be rejected."

"Adoption robbed me of the knowledge of who I am."

"There were times I wished I had been aborted rather than adopted."

"I felt my life had been a lie."

"I often felt terror and feeling abandoned when left alone."

"I'm not sure I'm properly connected in any of my relationships."

"I didn't really bond at all with my own children."

"I always believed that maybe I would commit suicide one day."

"The fear of not really belonging."

What can you do?

Ask and Listen

- Are you adopted?
- What does your adoption mean for you?

Validate and connect

- Acknowledge lifelong impacts of adoption.
- Connect with peers and specialist services.

Support and respond

- Trauma informed.
- Holistic versus symptom management.

References:
 1. Williams J, Evans G, McLennan M, Blandford A (2013) Child protection in Adoption Psychology Practice: Evidence Based Clinical Program.
 2. Horowitz D, & Shapiro J (2010) Working with adoptees in a clinical setting. In: The 11th Annual E.C. Pfeiffer Day: Working with adoptees in a clinical setting. University of Toronto.
 3. National Health Survey (2001) National Health Survey: 2001. Canberra: Australian Government Printing Service.
 4. Felitti V, Anda D, Spitz N, et al. (2002) Childhood Abuse and Neglect: The Complex Connection to Adult Health and Well-being. *Journal of the American Medical Association*, 287(16), 1651-1662.
 5. Horowitz D, Evans G, McLennan M, Blandford A (2013) Child protection in Adoption Psychology Practice: Evidence Based Clinical Program. *Adoption Psychology Practice: Evidence Based Clinical Program*.
 6. Horowitz D, Evans G, McLennan M, Blandford A (2013) Child protection in Adoption Psychology Practice: Evidence Based Clinical Program. *Adoption Psychology Practice: Evidence Based Clinical Program*.

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 Post Adoption Services

Differences between adoptees and other priority groups

In a submission to the 1998 NSW Inquiry into Adoption Practices, Wendy Jacobs, B.Sc., B.A. states: "In an article in the Melbourne Age in 1993, Louise Bellamy reports that: Brother Alex McDonald, a Jesuit who has worked with homeless young people in St Kilda for 10 years, says of the 147 suicides of young people caused by drugs and abuse in the area over the past decade, 142 came from adoption backgrounds. In 1998 an adoptive mother, whose 23-year-old son had committed suicide, wrote to the Woman's Day asking to hear from parents who had lost an adopted child to suicide. She received 186 letters."⁶

In Australia, because adoption decreased dramatically from the mid-1970s onward, adoptees are now overwhelmingly an ageing population. What has been described as an epidemic of suicides of adoptees is less obvious in Australia, not because the psychological distress and trauma experienced by so many has ceased, and not because the reasons adopted people have suicided have disappeared, but because our cohort does not generally include younger generations. We are not an ongoing population in Australia. While this is at least one positive step, those of us remaining still face the same risk factors, life stressors and vulnerabilities our population group always has.

⁶ Wendy Jacobs, Known consequences of separating mother and child at birth and implications for further study, submission attachment, originally a submission to the Inquiry into Adoption Practices, NSW, 1998, which can be found at: <https://www.originsnsw.com/knownmentalhealthdamageofadoption/id2.html>

Woman's Day magazine clipping, July 13, 1998, p. 41:

– ""Heartfelt thanks. I would like to thank everyone who sent letters, cards, poems and books after my request to hear from parents who had lost an adopted child to suicide. I received 186 letters and have made so many friends through sadness. Kae Bryson, North Hobart, Tas."

Make contact with other *Woman's Day* readers through your special page


your helpline

Good old days
I would love to hear from people I met over the past 40 years, such as Rosina Knight (nee Scarfe), Sandra Green, Hazel King and Lee Finch. I lived in Rhodes until I was about 18, then moved to Rose Bay, Sydney, and worked at the GPO in Martin Place for several years. Please contact: Marg Roach, 13/33 Bruce Road, Logan Central, Qld 4114.

Psoriasis puzzle
Can anyone help with an address for the supplier of a product called Wombalano Psoriasis Cream? Please write to: Gloria Allen, 3/59 Hooker Boulevard, Broadbeach Waters, Qld 4218.

Record care
I would like advice on how to clean and store vinyl long-play records. Please contact: Judy Crichton, 2 Holmes Avenue, Sarina, Qld 4737.

After divorce
I am looking for some extraordinary stories about life after divorce. If you have become a better person in some way, or have experienced a miracle of some kind after divorce, please write to me and include a contact telephone number. I am



Bridal party
I want to identify the people in this wedding picture taken at Hamilton, NSW, on April 16, 1922. The bride is my mother, Alma Bates, and the groom is her first husband, Raynor Gordon Brown. Contact: Nancy Halbesma, Lot 29 Fenech Vale Estate, Alligator Creek via Mackay, Qld 4740.

High and dry
Can anyone tell me how to dry tomatoes? Please write to: Patricia Foley, 485 Morgan Street, Broken Hill, NSW 2880.

Joke's on me
I have some Jokers from playing card packs to give to anyone who is interested in them. Please write to: C. Turner, 1/56 Barbara Boulevard, Seven Hills, NSW 2147.

putting together positive stories to help those going through divorce. Contact: Ms R. Schmid, PO Box 397, Northcote, Vic 3070.

PNG reunion
Ela Beach International School, Port Moresby, Papua New Guinea, celebrates its 50th anniversary from August 2-8. We are seeking class photos, anecdotes and memorabilia from past students and teachers. Please contact: Bruce Mackinlay or Trish Berry, PO Box 282, Port Moresby, Papua New Guinea.

Missing thread
Can anyone help me to obtain some "Gayshen" straw thread? I am in a nursing home and would like to do some craft work. Please contact: Mrs G. Huf, Northridge Salem, 44 Holberton Street, Toowoomba, Qld 4550.


Dinner disaster
A recent accident resulted in the demolition of most of my Villeroy & Boch "Acapulco" dinner set, which was a wedding present 25 years ago. I wish to buy any pieces, especially cups, in good condition. Please write with details to: Christine Murray, c/- Post Office, Glenbrook, NSW 2773.

Movie hunt
Where can I get a copy of the classic movie, *Finian's Rainbow*, starring

Heartfelt thanks
I would like to thank everyone who sent letters, cards, poems and books after my request to hear from parents who had lost an adopted child to suicide. I received 186 letters and have made so many friends through sadness. Kae Bryson, North Hobart, Tas.

Have our expert value your treasure

what's it worth?



Sharon Niehsner, of Blacks Beach, Qld, bought this mug for 50c at a school fete. "This Royal Doulton tankard, decorated with a scene from a Charles Dickens novel, could fetch \$100-\$150 at auction," says Andrew McVinish, decorative arts specialist for Christie's Fine Art Auctioneers.

Send items for this page to *Woman's Day*, GPO Box 5245, Sydney, NSW 1028, addressed to Helpline or What's It Worth? Helpline: Send a photograph where suitable. Include a phone number if possible (not for publication). Reply direct to letter writer. What's It Worth?: Send a clear photograph of your item, including maker's name, details of size and any markings. Not all letters can be used.

Compiled by Sheila Stevens

WOMAN'S DAY 41

This omission must be rectified in the DCP Suicide Prevention Action Plan

Please respond urgently to Adoptee Rights Australia (ARA) Inc. admin@adopterightsaustralia.org.au addressing the issues raised in this feedback submission.

We respectfully request engagement with us as a matter of priority, and ask that we be advised what will be done to rectify this serious oversight/omission. We are concerned that if we don't hear anything from you that this issue will not be addressed, and once the final plan comes out this will be difficult – if not impossible – to change, and so request contact within a reasonable timeframe well prior to the final plan being produced.

This feedback submission was produced by Sharyn White, BPsych(Hons) with the approval of the Adoptee Rights Australia (ARA) Inc. Management Committee. 25th August, 2025