

# Written Evidence submitted to the Joint Committee on Human Rights – The Right to Family Life: Adoption of Children of Unmarried Women 1949-1976

(Submitted by members of the Andrew and Virginia Rudd Research and Professional Practice Programme, University of Cambridge)

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## **CONTEXT OF THE WRITTEN EVIDENCE SUBMISSION**

This report is in response to a request to provide a written evidence submission to The Joint Committee on Human Rights to understand the experiences of unmarried women whose children were adopted between 1949 and 1976 in England and Wales. As summarised, this inquiry will consider whether adoption processes respected the human rights, as we understand them now, of the mothers and children who experienced adoption then, as well as the lasting consequences on their lives. The inquiry's remit will cover a range of practices that led to the adoption of children of unmarried mothers. The scope of the inquiry will specifically cover issues arising from cases that took place during the time period between the Adoption of Children Act 1949 and the Adoption Act 1976. The inquiry will examine the following primary areas of interest:

- Whether the right to family life of unmarried mothers and their children, as we understand it now, was respected at the time
- How the experience of being adopted, or having a child who was adopted between 1949 and 1976 impacted the family life of the unmarried mother, child, and others
- How social practices at the time contributed to unmarried women not being able to keep their babies and what, if any, other reasons contributed to women feeling compelled to have their babies adopted

## **1.0 THE ANDREW AND VIRGINIA RUDD RESEARCH AND PROFESSIONAL PRACTICE PROGRAMME**

The Andrew and Virginia Rudd Research and Professional Practice Programme is a research-intensive initiative located at the University of Cambridge that engages state-of-the-art scientific and practice-based advances to inform knowledge of how family, school and community factors (including adoption, family separation, institutionalisation, foster-care, caring in childhood, maltreatment and other family processes, care system and social care experiences, disadvantage and inequality, as well as educational and school sector experiences) influence children's development, with a core orientation toward improving understanding of how supports may be offered early to those most vulnerable and at-risk. A unique initiative in the UK, the Rudd Programme is directed towards advancing scientific knowledge, practice improvements and policy developments focusing on vulnerable children and families, working with education, social work-social care, medicine, psychological science and education practice specialists and other professionals to set new standards of research-led teaching and training that enhance the life chances of young people. This submission is led by research and professional practice experts linked to the Rudd Programme, directed by Professor Gordon Harold, and located at the University of Cambridge and the University of Sussex.

## **2.0 THE STRUCTURE OF THIS SUBMISSION**

The evidence submission focuses on the following two primary areas of interest as specified by the inquiry focus:

1. How the experience of being adopted, or having a child who was adopted between 1949 and 1976 impacted on the family life of the unmarried mother, child, and others.
2. How the lack of recognition of the impact of adoption practices between 1949 and 1976 has affected those whose child was adopted or who were adopted as a child during this time.

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This submission examines each issue in turn. We are mindful that each of these issues are interrelated, as is the evidence for both. Historically, there has been relatively limited research in this area, particularly within the UK (Clark, 2008). Where UK evidence is not available, we draw on international evidence of experiences of the impact of adoption practices (primarily 'closed adoption', as well as 'Mother and Baby Homes') on mothers, adopted child (adoptee), and others, including international government reports. Thus, in compiling this submission, we have reviewed evidence from a wide range of sources, including official reports from similar inquiries in countries with similar adoption policies/practices (Republic of Ireland, Northern Ireland, Australia, Canada, New Zealand), academic outputs, evidence from individually-reported cases, voices/narratives of people affected, and media reports. We have not ranked the quality of evidence (for example, large surveys – as these are not available). Rather, we have reported the evidence as found, including individual testimonies/narratives alongside academic work, to also give voice to the women, children and families affected. Our synthesis of the evidence provides perspectives from (a) unmarried mothers, (b) children, and (c) others (including fathers where available). **Appendix 1** provides a tabular summary of international reports from Northern Ireland (McCormick et al., 2021), Republic of Ireland (Department of Children, Equality, Disability, Integration & Youth, 2021), Australia (Senate Standing Committee on Community Affairs, 2013), Canada (Standing Senate Committee on Social Affairs, Science & Technology, 2018), and New Zealand (Social Services & Community Committee, 2020).

We first outline the main assumptions and intentions of adoption policy 1949-1976 and later in the submission how adoption policy and priorities have changed to the current day. An analysis of adoption in the 1940s to 1970s requires an understanding of contemporary adoption policy, noting how practices have evolved to the current day, with a change of focus from 'dealing with the problem of unmarried mothers' (Department of Children, Equality, Disability, Integration & Youth, 2021; McCormick et al., 2021) to one of 'children's welfare and rights' (<https://www.legislation.gov.uk/ukpga/2002/38/part/1>). Our analysis also provides an understanding of the social and cultural attitudes of the time, how these influenced adoption policy and professional *practices* during the 1940s to 1970s, and how policy and practice shaped the lived experiences and outcomes of mothers and children, then and now.

### **3.0 ADOPTION POLICY DURING THE PERIOD OF INQUIRY (1949-1976)**

Adoption is a legal process whereby a child or children, who cannot be brought up within their birth family, become permanent and legal members of an adoptive family (<https://www.adoptionuk.org/about-modern-adoption>). Current legislation (Adoption and Children Act 2002) notes that an adopted person 'is the legitimate child of the adopter or adopters' and the adopted person is to be 'treated in law as not being the child of any other person other than the adopter' (<https://www.legislation.gov.uk/ukpga/2002/38/section/67>). Adoptive parents therefore assume the rights and responsibilities of the child. Birth parents sever legal ties with the child (except in the case of partner adoptions: <https://www.cafcass.gov.uk/grown-ups/professionals/adoption-cases/>).

Whilst historically, married couples were the only people likely to be approved to adopt (Palacios et al., 2019), The Adoption and Children Act 2002 provides for adoption orders to be made in England and Wales in favour of single applicants, allows couples who are living together whether they are married or unmarried, and same-sex couples (<https://www.legislation.gov.uk/ukpga/2002/38/notes>). Estimates from England in 2017 suggest that although most children were placed with heterosexual couples (around 3,500), others were placed with single applicants (near 900) or same-sex couples (almost 600) (Department of Education, 2018, from Palacios et al., 2019). Adoption therefore refers to a legal process whereby adoptive parents assume the rights and responsibilities of the child and whilst this has formed the basis for adoption law and policy in the UK, in the period 1949-1976 adoption policy and practice were of a particular nature, with specific assumptions and intentions, as we outline below.

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Melosh (2002) suggests that the history of adoption can be broken down into three periods: 1900 to 1940, 1940 to 1970, and 1970 to the current day. Adoption did not become law in England and Wales until the Adoption Act 1926. Under this Act, and the subsequent 1939 Adoption of Children (Regulation) Act, adoption was regarded and practiced as largely a private matter, where individuals arranged with each other or through an adoption society for the transfer of a child (Cretney, 2005). ‘Mother and Baby Homes’ (as they were referred to) were institutions where many unmarried women went to give birth to their babies, often citing family pressure and a lack of support from their own family or the child’s father, and stigma or shame associated with becoming pregnant outside of marriage (Clark, 2008; Department of Children, Equality, Disability, Integration & Youth, 2021; McCormick et al., 2021). During this time the Roman Catholic Church, Church of England and the Salvation Army predominantly operated and managed many of the Mother and Baby Homes and adoption agencies (Keating, 2009).

During this period, until a change in legislation in 1975, closed adoption was practiced: birth records were sealed and children were often given new identities with new names and new birth certificates. It was common for parents to not tell children that they were adopted (Farr et al., 2014; Grotevant & Lo, 2017) – the adoptee (and adoptive family) would have no contact with the birth family – unless a search was initiated, usually in adulthood (Clark, 2008; Kavanaugh & Fiorini, 2009 in Corder, 2012).

BBC research suggests that around 250,000 women in the 50s, 60s and 70s were affected by these practices, with around 500,000 babies being adopted in Britain, mostly from mothers who were under the age of 24 and unmarried (<https://www.bbc.co.uk/news/uk-57231621>).

Our review of the evidence from international government reports, and wider literature suggests that during the period 1949-1976 there were five key intentions driving adoption policy:

1. Adoption intended to provide a discrete solution to the stigma of illegitimacy and hardship faced by mothers who bore a baby out of wedlock (Baden et al., 2019; Department of Children, Equality, Disability, Integration & Youth, 2021; Fenton-Glynn, 2015; McCormick et al., 2021; Senate Standing Committee on Community Affairs, 2013; McCaughren & Lovett, 2014).
2. Adoption should provide a ‘clean break’ – the removal of a baby from the mother immediately after birth or as soon thereafter, often with no contact taking place between the birth parent and baby, followed by permanent placement of the baby with an adopting family usually within several weeks (Department of Children, Equality, Disability, Integration & Youth, 2021; Senate Standing Committee on Community Affairs, 2013; Standing Senate Committee on Social Affairs, Science & Technology, 2018).
3. Adoption should be a ‘closed’ system (‘closed adoption’) involving the sealing of the record of adoption, amendment of birth certificates, and the matching of children as closely as possible with phenotypically similar adoptive parents (Melosh, 2002; Kenny et al, 2012). Closed adoption was felt to protect privacy of birth parents (see intention 1), as well as protect adoptive parents from stigma of infertility (Bussiere, 1998 in Ge et al., 2008; Passmore et al., 2007: also see intention 5).
4. Adoption should provide an appropriate balance between (minimal) intervention of the State and the protection of parents and the autonomy of the family. Adoption was thus viewed as a predominantly adult-focused institution, concerned more with satisfying the needs and rights of adults rather than children (Bainham and Gilmore, 2013).
5. Whilst adoption during this period was largely intended as a solution to the stigma faced by unmarried mothers, adoption placed children with couples who wanted to become parents (Clark, 2008; Fenton-Glyn, 2015; Senate Standing Committee on Community Affairs, 2013). During this period, adoption was presented as being in the best interest of a child, such that a child would be placed in more stable homes with a couple of ‘better social standing’ (Clark, 2008; Senate Standing Committee on Community Affairs, 2013).

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#### **4.0 HOW THE EXPERIENCE OF BEING ADOPTED, OR HAVING A CHILD WHO WAS ADOPTED BETWEEN 1949 AND 1976 IMPACTED ON THE FAMILY LIFE OF THE UNMARRIED MOTHER, CHILD AND OTHERS – THE EVIDENCE**

##### **4.1 Birth mothers – Impact on family life**

During the 1940s to 1970s, many unmarried pregnant women entered Mother and Baby Homes due to a lack of family support, and familial pressure associated with shame and stigma (Clark, 2008; Department of Children, Equality, Disability, Integration & Youth, 2021; McCormick et al., 2021). Within Mother and Baby Homes, many women were not permitted access to family or supports, with mothers feeling abandoned by families (Higgins, 2011; Senate Standing Committee on Community Affairs, 2013; Standing Senate Committee on Social Affairs, Science & Technology, 2018). Unmarried mothers reported that they were often shunned by family members (McCormick et al., 2021) and that family members were often disapproving, providing little or no support. Some mothers reported that such disappointment and disapproval never dissipated (Senate Standing Committee on Community Affairs, 2013). It has been proposed that the negative and unforgiving attitudes of families, and lack of usual support from within the family and the community, may have influenced women's decisions to place children for adoption (Clark, 2008). Furthermore, many mothers were not informed of any options or supports (where available) that would help to support them and their child(ren) (Department of Children, Equality, Disability, Integration and Youth, 2021; Senate Standing Committee on Community Affairs, 2013; Standing Senate Committee on Social Affairs, Science & Technology, 2018).

For many birth mothers who placed their children for adoption, the impact of secrecy in adoption and associated negative psychological implications impacted on their capacity for trust and security in familial relationships, as well as their capacity to develop healthy relationships (March, 2014; Rosenberg & Groze, 1997; Senate Standing Committee on Community Affairs, 2013; Standing Senate Committee on Social Affairs, Science & Technology, 2018; Wells, 1993). Relationships with subsequent partners, and subsequent children were negatively impacted (March, 2014; Rosenberg & Groze, 1997; Senate Standing Committee on Community Affairs, 2013; Standing Senate Committee on Social Affairs, Science & Technology, 2018). For example, many women reported disruptions in marital relationships, overly high standards of their own parenting, and overprotectiveness of subsequent children (March, 2014; McNamara et al., 2021).

In addition, impacts on family life included impacts in relation to the adopted child. Many women were frustrated with the lack of information available to them (Standing Senate Committee on Social Affairs, Science & Technology, 2018) and experienced high levels of anxiety around the child's placement and outcomes, and wanted assurances that the child was well placed (March, 2014). Mothers expressed sadness at never having met their child (Higgins, 2011; Senate Standing Committee on Community Affairs, 2013). Where women had met their child, many reported difficulties with building relationships (Senate Standing Committee on Community Affairs, 2013). Whilst they reported relief or a sense of connection at a reunion of the child (now an adult), some experienced renewed guilt, grief, and fear of rejection. Others experienced further trauma when the relationship with the adoptee broke down (March, 2014; Senate Standing Committee on Community Affairs, 2013). In a UK study of 93 birth mothers who had engaged in contact with the adopted child, 94% reported that the contact had been positive for them, and no birth mother wished she had not met her child (Triseliotis et al., 2005). One recent study considered the impact of birth mothers becoming 'birth grandmothers' (Battalen et al., 2019) in the context of open adoption (open adoption refers to an adopted child and birth family staying in contact, and encompasses different contact arrangements: <https://frg.org.uk/get-help-and-advice/a-z-of-terms/open-adoption/>). This study highlighted that birth mothers enjoyed their role as grandmother (Battalen et al., 2019). Whilst this study was not in the context of closed adoption, it demonstrates potential ongoing impacts on family life across the life course: those in closed adoption may not have the opportunity to develop relationships with subsequent generations.

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Ongoing research considering both birth and adoptive families is needed, particularly as family structures become increasingly complex.

#### **4.2 Adoptee (child) – Impact on family life**

Closed adoption can be associated with late discovery of adoption status, if at all (Riley, 2013; Ryburn, 1995). Whilst there has been little research of the experiences of 'late discovery' on impacts of family life, evidence does suggest that later disclosure can have negative impacts (Grotevant & Lo, 2017). International government reports highlight that many adoptees report feeling that they do not belong in the adoptive family, and perceive their adoptive parents as less caring and more controlling (Senate Standing Committee on Community Affairs, 2013). Furthermore, some adoptees who were not even yet aware that they had been adopted reported an inability to relate to family members or a feeling of detachment from them (Standing Senate Committee on Social Affairs, Science & Technology, 2018). Adult adoptees who experienced greater secrecy within their adoptive families reported impacts on family life, feeling less emotionally close to their adoptive parents, and also reported loneliness within the adoptive family context (Passmore et al., 2007).

Impacts also extended to the wider family in adulthood. Secrecy within an adoptive family, and late discovery of adoption has been associated with loneliness, perceived risk in intimacy, lack of trust in other adult relationships, and fear of abandonment (Passmore et al., 2007; Senate Standing Committee on Community Affairs, 2013) in addition to negative impacts on subsequent marital relationships and difficulties with any subsequent children (Senate Standing Committee on Community Affairs, 2013). The majority of 'late discoverers' also continue to struggle with issues arising from disclosure (e.g., betrayal, loss of trust, difficulty forgiving; Perl & Markham in Riley, 2008) and report significant impacts and disruptions in close relationships: where adoptees have experienced secrecy within their adoptive families, issues of trust may be transferred to other relationships (Baden et al., 2019; Riley, 2013). Secrecy within the adoptive family has also led some adoptees to keep any searches and/or reunions a secret from their adoptive families (Passmore et al., 2007).

In the absence of other information, adoptees often assume that they were unloved and unwanted, and report that reunion with their birth mother, or some form of information exchange or contact, helped to communicate the mothers' circumstances and the reasons surrounding the adoption (Higgins, 2011; Senate Standing Committee on Community Affairs, 2013). A UK study found that the majority (85%) of adoptees in the study reported contact and reunion experiences to be positive, providing opportunity to develop their identity (Triseliotis et al., 2005). However, other studies suggest that many adoptees reported ongoing difficulties with seeking to meet or build a relationship with their birth parents (Senate Standing Committee on Community Affairs, 2013), with some adoptees experiencing rejection at the discovery of adoption, and again where reunion was not successful (Senate Standing Committee on Community Affairs, 2013). Others report a sense of loss not knowing any siblings or wider family members of birth parents (Senate Standing Committee on Community Affairs, 2013). Recent exploratory studies have examined the experiences of adoptees meeting birth siblings in adulthood (O'Neill et al., 2018, 2016). In these studies, most adoptees reported positive post-reunion relationships with their birth siblings and remained in contact, however, relationships were acknowledged to be fragile and complex (O'Neill et al., 2016, 2018). Some adoptees reported that whilst the reunion had been positive, they chose not to maintain contact with birth siblings, citing lack of openness or secrecy in the relationship, being overwhelmed by the reunion, and lack of motivation to maintain the relationship (O'Neill et al., 2016, 2018). Receiving support (from adoptive parents, spouse, or a known sibling) was considered important to maintain relationships with birth siblings (O'Neill et al., 2016). However, contact that may occur between siblings separated by adoption remains under-represented in research (Henney et al., 2007a; O'Neill et al., 2016, 2018).

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### **4.3 Others – Impact on family life**

#### **4.3.1. Birth Fathers**

There is limited evidence regarding the impact of adoption practices on birth fathers' family life (Clapton, 2019). Recent government reports from Ireland, Canada and Australia highlight that fathers were typically excluded from the process. Fathers who were aware of the pregnancies and wanted to be a part of the mothers' and children's lives report that they were not permitted to support the mother and were not included in any decisions (Senate Standing Committee on Community Affairs, 2013; Standing Senate Committee on Social Affairs, Science & Technology, 2018). Fathers were not permitted to visit the women in the maternity homes, leaving them feeling helpless and unable to support their partners (Standing Senate Committee on Social Affairs, Science & Technology, 2018). Some evidence suggests that birth fathers were affected by their children's adoption, and experienced similar feelings of grief, guilt and shame as birth mothers (Clapton, 2019; Clapton, 2003, in Salvo Agolia & Herrera, 2021).

Evidence contradicts the notion that many birth fathers are disinterested (Clapton, 2019). In one of the first pieces of research on birth fathers, an American study demonstrated that 96% of fathers had considered looking for their children, with 67% actually searching (Deykin et al., 1988; Clapton, 2019). A study of Scottish and English birth fathers found that almost 90% of the men in the study desired contact with their child (Clapton, 2003 in Clapton 2019). Furthermore, around 10-12% of applications of contact registers are birth fathers (e.g., New Zealand, England and Wales, Scotland: see Clapton, 2019). One UK study found that, unlike birth mothers, few birth fathers were aware that the law had changed in 1975 in England and Wales, giving adopted individuals the right to access a copy of their original birth certificate (Triseliotis et al., 2005).

Many UK fathers are trying to track down their adopted children, with over 1,000 birth fathers officially registered with adoption-contact agencies, and hundreds more are believed to be searching for their children independently (Rawles, 2003 in Clapton, 2019). Many fathers are motivated by concerns as to their child's welfare (Passmore & Coles, 2009). However, birth fathers were typically not included on original birth certificates to simplify the adoption processes (Senate Standing Committee on Community Affairs, 2013; Standing Senate Committee on Social Affairs, Science & Technology, 2018), complicating the possibility of tracing their child(ren) today. There is emerging evidence of birth fathers who have made contact with their adopted child: a UK study, including a small sample of fathers who had contact with adopted children, reported that birth fathers were happy to know that their children were well. They also reported that the contact had improved their outlook, with almost half saying it had improved their self-esteem (Triseliotis et al., 2005).

#### **4.3.2. Other children in birth family (& wider family networks)**

A recent report of forced adoption practices in Australia during a similar time period reports that almost one third of mothers reported never having any more children, feeling too traumatized or too ashamed and unworthy (Senate Standing Committee on Community Affairs, 2013). Many women kept the secret, often not sharing with friends, partners or subsequent children until much later, if at all (Senate Standing Committee on Community Affairs, 2013; Wells, 1993) and encountered difficulties explaining their secret to close friends and family members, particularly subsequent children (Triseliotis et al., 2005). Where a mother (who had experienced forced adoption) went on to have subsequent children, these children (now adults) reported negative impacts on family dynamics and relationships (Senate Standing Committee on Community Affairs, 2013; Social Services & Community Committee, 2020). Children also reported sadness of the loss of an unknown sibling (O'Neill et al., 2018; Senate Standing Committee on Community Affairs, 2013; Social Services & Community Committee, 2020), with many reporting that they wanted to find their sibling (O'Neill et al., 2016).

#### **4.3.3. Adoptive parents**

It was very common for adoptive parents to maintain secrecy, and not disclose that the child was adopted: many did not want to be stigmatized for not being able to conceive naturally (Farr et al., 2014; Grotevant & Note: This evidence submission has not been peer reviewed due to requested timelines. Please accept apology for any typographical or grammatical errors or unintended errors of omission.

Lo, 2017). In the international government reports reviewed, many adopted children expressed love and thanks to their adoptive families and acknowledged positive and healthy upbringings (Standing Senate Committee on Social Affairs, Science & Technology, 2018); others reported less positive family environments (Senate Standing Committee on Community Affairs, 2013; Standing Senate Committee on Social Affairs, Science & Technology, 2018).

In a UK study of adoptive families who had engaged in contact with the birth parents, almost all adoptive parents reported that raising the adopted child was rewarding and satisfying (Triseliotis et al., 2005). This satisfaction was not reduced by searching for birth parents, or contact: 84% reported satisfaction with the outcome of contact, 72% described it as positive, with relationships unchanged or good. Adoptive parents did report feelings of anxiety regarding the outcome of the search and contact the adoptee may have with their birth relative(s) (Triseliotis et al., 2005).

## **5.0 HOW THE LACK OF RECOGNITION OF THE IMPACT OF ADOPTION PRACTICES BETWEEN 1949 AND 1976 HAS AFFECTED THOSE WHOSE CHILD WAS ADOPTED OR WHO WERE ADOPTED AS A CHILD DURING THIS TIME – THE EVIDENCE**

### **5.1 Those whose child was adopted (birth mother)**

#### ***5.1.1. Impacts on birth mother mental health & psychological adjustment***

Given the secrecy surrounding the adoption process for the children of unmarried mothers, much of the evidence is retrospective. Across the international government reports (see **Appendix 1**), birth mothers reported that the act of relinquishing their child for adoption was a traumatic experience, with physical and psychological impacts, and with the secrecy likely exacerbating the sense of shame and guilt surrounding the pregnancy (Department of Children, Equality, Disability, Integration & Youth, 2021; Garrett, 2017). A UK study of birth mothers suggested that 79% reported guilt as the primary lasting impact (Triseliotis et al., 2005). Secrecy surrounding the adoption at the time additionally postponed the recognition and treatment of trauma and grief (Department of Children, Equality, Disability, Integration & Youth, 2021; March, 2014; Senate Standing Committee on Community Affairs, 2013).

Trauma and mental health issues have been the outcomes for many birth mothers, with the trauma and associated mental health difficulties being a part of their lives since their babies were placed for adoption (Logan, 1996; McCormick et al., 2021; Senate Standing Committee on Community Affairs, 2013; Social Services & Community Committee, 2020; Triseliotis et al., 2005). In a survey of 300 mothers who placed their children for adoption, approximately 50% reported that the ‘trauma of surrendering’ their baby affected their physical and mental health (Wells, 1993). Birth mothers have reported a range of ongoing negative psychological impacts including guilt and grief about relinquishing their child, sadness, regret, anger, anxiety, depression, symptoms of post-traumatic stress, poor self-esteem, as well as ongoing concern for the child and the adoptive parents (Demick & Warner, 1988; Henney et al., 2007b; Higgins, 2011; Logan, 1996; McCormick et al., 2021; McNamara et al., 2021; Rosenberg & Groze, 1997; Senate Standing Committee on Community Affairs, 2013; Townsend, 2003). A government report on impacts of forced adoption in Canada found that 82% of birth mothers suffered from major depression during their lifetimes, and 21% had attempted suicide at least once (Senate Standing Committee on Community Affairs, 2013). Furthermore, the majority of birth mothers report no diminution of sadness, anger and guilt over the years since placing their child (Henney et al., 2007b; Senate Standing Committee on Community Affairs, 2013). They continue to be traumatised by the thought that their child grew up thinking they were not wanted – particularly where there has been no contact with the adopted child (Senate Standing Committee on Community Affairs, 2013).

Factors linked to poorer outcomes include lack of support from the agency involved in the adoption; the extent to which birth parents had been able to express their feelings of loss, guilt and shame; and the ongoing impact (Logan, 1996). Additional factors include lack of family support, difficult relationships with

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their own parents at the time of the adoption and since, as well as marital relationship supports (Logan, 1996; Brodzinsky & Smith, 2014; McNamara et al., 2021). The quality and amount of contact between a birth mother and her adult adopted child several decades later may also be significant (Ge et al., 2008; McRoy, et al., 2007 in McNamara et al., 2021). Contact with the adopted child has been associated with more positive outcomes for birth mothers. In a UK study of 93 birth mothers who had engaged in contact with the adopted child, the majority reported benefits including no more guilt, sadness or grief, as well as improvements in self-esteem. Birth mothers who had experienced intense loss due to adoption placement appeared to benefit the most (Triseliotis et al., 2005).

## **5.2 Adoptee (child)**

### **5.2.1. Impacts of closed adoption & disclosure on mental health & adjustment**

Evidence indicates that whilst there is substantial variation in outcomes, adoptees are more vulnerable to mental health difficulties (such as emotional or behavioural difficulties) and academic problems compared to their non-adopted peers (Brodzinsky, 1993; Rushton et al., 2020; Sehmi et al., 2020). Adoptees experiencing closed adoption may be particularly vulnerable. Indeed, much of the evidence suggests negative consequences of closed adoption, with adoptees reporting difficulties with self-esteem, mental and physical health, academic adjustment, as well as a much higher incidence and wider variety of severe psychopathology in comparison with non-adoptees (Demick & Warner, 1988; Rosenberg & Groze, 1997; Senate Standing Committee on Community Affairs, 2013). Those who lack understanding of events surrounding their adoption (typical in closed adoption), also report poor outcomes such as lower self-esteem and depression, whereas those with a better understanding of their adoption reported higher self-esteem and lower levels of depression (Brodzinsky, 1993).

Whilst it is difficult to estimate given the secrecy inherent in the experiences of late discovery/disclosure, a substantial group of adoptees continue to report learning of their adoption status in adulthood and older age (Kenny et al., 2012; Baden et al., 2019). Some adoptees report learning of their adoption by third parties, or upon the deaths of their adoptive parents (Baden et al., 2019).

Few studies exist examining the impacts of delaying adoption disclosure. Those that have addressed this issue indicate that earlier disclosure or discovery of adoption is associated with (a) greater psychological health, (b) reduced likelihood of severe mental disorders, and (c) greater life satisfaction (Kenny et al., 2012). Conversely, late discovery of adoption is associated with psychological distress, depression and anxiety as well as feelings of anger and betrayal (Baden et al., 2019; Corder, 2012; Kenny et al., 2012; Riley, 2008; Senate Standing Committee on Community Affairs, 2013). Indeed, taking into account the recency of the adoption disclosure, and accounting for coping strategies used, Baden and colleagues (2019) found that adoptee psychological distress increased as age of discovery of adoption increased: psychological distress levels did not reduce when learning of their adoption later in life.

The lack of recognition concerning closed adoption practices and late discovery of adoption has resulted in late discoverers reporting significant disruptions in close relationships, diminished self-worth, and feeling unable to regain sense of personal control (Riley, 2013). Supportive relationships, and seeking contact with birth relatives and other adoptees were reported to be beneficial, in addition to communicative openness (Baden et al., 2019; Triseliotis et al., 2005).

### **5.2.2. Closed birth records: Impact on identity**

Difficulties in identity development has been proposed to be a risk inherent to all adoption (Grotevant, Dunbar, Kohler, & Lash Esau, 2000; McCaughren & Lovett, 2014; Passmore et al., 2007), exacerbated by a lack of information about birth parents (e.g., Groze & Rosenberg, 2001 in McCaughren & Lovett, 2014). In the closed system of adoption, children were placed with families who gave them a new name and birth certificate (McCormick et al., 2021; Rosenberg & Groze, 1997; Department of Children, Equality, Disability,

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Integration & Youth, 2021). From 1975, adoptees were entitled to obtain their original birth certificates on reaching their 18<sup>th</sup> birthday. Prior to this date however, adoptees had no automatic right to this information. Those in closed adoption during the period of inquiry (1949-1976) therefore do not have information regarding their family of origin, and experience more difficulties with identity formation (Demick & Wapner, 1988; McCaughren & Lovett, 2014; Rosenberg & Groze, 1997).

Late discovery of adoption can further exacerbate difficulties with sense of identity: many adoptees report ongoing difficulties with identity due to not knowing their origins, not knowing who they are, or where they belong (Baden et al., 2019; Senate Standing Committee on Community Affairs, 2013). It has been proposed that contact with birth family members can help adult adoptees to develop their sense of identity and familial history (Passmore & Feeney, 2009; O'Neill et al., 2018; Triseliotis et al., 2005). However, it has also been proposed that adoptees' searches (for birth parents) may be linked to their own mental health difficulties (Tieman et al., 2008; Storsbergen et al., 2010; Dekker et al., 2016). For example, Storsbergen et al. (2010) found that 'non-searchers' reported fewer mental health problems, higher self-esteem and a higher level of well-being.

### **5.2.3. Closed birth records: Genetic/biological factors**

The practice of closed adoption means that any history of health or mental health pertaining to that child or their immediate family members is not shared (Baptista et al., 2016; May et al., 2015; Senate Standing Committee on Community Affairs, 2013; Standing Senate Committee on Social Affairs, Science & Technology, 2018). Lack of family health history (from the biological family) reduces the capacity to identify diseases or health issues that are biological in nature, and thus reduces the likelihood of appropriate screening for health conditions for which the adoptee may be at risk (May et al., 2015).

Many adoptees perceived unnecessary difficulties placed in their way by the institutions that hold their birth records, and thus lack knowledge of their family medical history (McCormick et al., 2021; Senate Standing Committee on Community Affairs, 2013; Social Services & Community Committee, 2020). In addition, in many cases the children were falsely registered in the name of their adoptive parents. This has made it very difficult, if not impossible, for those children (now adults) to trace their birth parents, or have a better understanding of their genetic/familial history (McCaughren & Lovett, 2014).

Recent advances in science have begun to examine whether genetic testing can offer useful health information to adoptees who may have no biological family history. Indeed, with limited information about their biological families, some adoptees use 'direct-to-consumer' personal genomic testing (PGT) to gain genealogical and medical information, citing limited knowledge of family history and the opportunity to learn about genetic disease risks as strong motivators for accessing PGT, in addition to understanding their biological 'background' (Baptista et al., 2016). Some adoptees also reported wanting to use the information to find and contact biological family members (Baptista et al., 2016). Preliminary research suggests that carefully targeted genomic information that is properly interpreted, may have the potential to provide useful information regarding health risks when no information regarding family history exists (May et al., 2015). Genetic testing can provide adoptees with information about biological history/genetic markers, and aspects of health – which are core concerns for adoptees (Grotevant et al., 2017). However, future research is needed to explore the utility of these newly emerging technologies. Indeed, one criticism of direct-to-consumer provision of PGT for those without family history is that, without family history to contextualise the findings, and without clinical interpretation, consumers may be provided with reports suggesting false low or high disease risk (Baptista et al 2016).

## **6.0 CONTEXTUALISING ADOPTION POLICY AND PRACTICE IN THE PERIOD 1949-1976**

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A further primary interest for the current inquiry is: “How social practices at the time contributed to unmarried women not being able to keep their babies and what, if any, other reasons contributed to women feeling compelled to have their babies adopted?”. In this section, we provide a review and analysis of available evidence to contextualise adoption policy during the 1940s to 1970s and the impacts/outcomes that unmarried mothers and adoptees experienced on family life, health and well-being, then and now (as reviewed in Sections 4-5 above). In particular, we draw on academic literature from Social Policy, and the field of Policy Analysis, to provide an understanding of (a) the dominant social, cultural, moral and political climate of that time and how this influenced adoption policy and practice; (b) how the practices of key adoption professionals were ‘received’ and experienced by unmarried mothers, children and families; and (c) why adoption law and priorities have changed since that period, with a contemporary focus on the welfare and rights of children. These changes to adoption law, policy and practice reflect a significant change in societal and cultural attitudes to unmarried mothers, illegitimacy, parents’ versus children’s rights, and the role of the State in safeguarding children.

### **6.1 The social, cultural, moral and political climate and adoption practices 1949-1976**

The social and moral stigma historically associated with the status of unmarried mothers and children, the absence of state financial support for unmarried mothers, combined with multiple other factors fuelled a dominant social, cultural, moral, economic and political attitude during this period that placing the babies of unmarried mothers for adoption was considered to be in the best interests of society, parents and children. Thus, as we have described, many babies born out of marriage were placed with married couples who would bring up the child as their own. Of the estimated 250,000 women who placed their children for adoption, “half of those women faced sustained pressure to give up their babies from professionals, including doctors, midwives, workers in Mother and Baby Homes and adoption staff in religious and council-run homes” (<https://www.bbc.co.uk/news/uk-57274323>). The families of unmarried mothers could also exert strong pressure on women to place their children for adoption, due to feelings of stigma and shame (Logan, 1996; Brodzinsky & Smith, 2014; McNamara et al., 2021).

Evidence, especially first-hand testimonies and retrospective narratives, indicate that for many mothers their experience was characterised by secrecy and punishment. Ryburn (1995), for example, argues that, “Secrecy, it is claimed, developed as a consequence of a collusion between professionals and the judiciary which disregarded the legal rights of birth parents and failed to respect their entitlement to a proper say in the decisions about the future of their children”. There is evidence that some professionals at that time considered punishment as part of their adoption practice. It is reported, for example, that a medical professional based at the Women's College Hospital in Canada (with similar practices to the UK) was quoted in 1956 as saying, “The father plays absolutely no part in this. That is part of her rehabilitation. When she renounces her child for its own good, the unwed mother has learned a lot. She has learned an important human value. She has learned to pay the price of her misdemeanour, and this alone, if punishment is needed, is punishment enough...We must go back to a primary set of values and the discipline that starts with the very small child” (quoted in Howarth, 1956). The experience of English MP Ann Keen, who as an unmarried mother gave her baby up for adoption, reinforces the notion of punishment: “When Ann Keen gave birth, the midwives refused to give her anything for the pain. That way, they told her, she would remember it and learn not to be so wicked again. To be treated like an animal in labour, denied the most basic compassion and respect, was simply part of the punishment she had supposedly earned for getting pregnant out of wedlock aged 17. The hospital discharged her without any follow-up care, as if the birth had never happened. But the most grievous part of the story is that she also went home without her baby” (Hinsliff, 2021). Ann Keen MP has recently described her own experiences, calling for a State apology for how unmarried mothers were treated (Keen, 2021). There are multiple other personal accounts/narratives recorded by the BBC and others of the punishing treatment of mothers and babies (for example: <https://www.bbc.co.uk/news/uk-58667268>; and Ruth’s story at <https://www.pac-uk.org/about/casestudies/overcoming-trauma-forced-adoption-rebuilding-life-pac-uk/>).

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## 6.2 The changing nature of adoption policy and priorities post-1976 to the current day

By the time of the Hurst Report of 1954 (Report of the Departmental Committee on the Adoption of Children, 1954) views on adoption were already changing. Some private arrangements were being discouraged and local authorities were able to take a greater role in placing children. Nonetheless, until the late 1960s, typical adoption was of an illegitimate child born to a single mother. In 1968, for example, 25,000 adoption orders were made of which 16,000 were of babies born to unmarried mothers.

The Abortion Act of 1967 came into effect in April 1968 in Great Britain. This offered new legal choices to all mothers. After 1968, there was a decline in the number of children placed for adoption as abortion and birth control (contraception) became more available and as social attitudes to unmarried mothers were changing quickly and dramatically. It was not until the Houghton Committee of 1972 and the ensuing 1976 Adoption Act that adoption began to be seen more as part of a wider child protection system, catering also for children who had been abused or neglected in their biological family and had been taken into public care. In light of this, the 1976 Adoption Act introduced a stronger recognition of the power of courts to dispense with parental consent to adoption where there had been harm suffered by the child. Under the Adoption Act 1976, parental consent could be dispensed with for adoption on one of six grounds: (a) the parent cannot be found or is incapable of giving agreement; (b) is withholding his agreement unreasonably; (c) has persistently failed without reasonable cause to discharge his parental responsibility for the child; (d) has abandoned or neglected the child; (e) has persistently ill-treated the child; (f) has seriously ill-treated the child. The most common reason was the parent “withholding consent unreasonably”. It should be noted that there was, and is now, no legal reason to dispense with parental consent on the grounds simply that the ‘mother is unmarried’. In addition, in 1976, the main responsibility for handling adoptions was moved from voluntary and religious organisations to local authorities. Since then, adopted children have had the legal right to obtain their birth and adoption records.

Through the 1980s, a greater awareness and recognition of children’s rights developed, culminating in the UN Convention on the Rights of the Child. In the UK, the 1987 Family Law Reform Act (<https://www.legislation.gov.uk/ukpga/1987/42>) removed the legal distinction between illegitimate and legitimate. The UK Parliament passed the Children Act 1989 (<https://www.legislation.gov.uk/ukpga/1989/41/contents>), which made every child’s welfare the paramount consideration in all decisions concerning them. The 1989 Children Act was a landmark instrument, bringing together both public and the private law on children into one codified piece of legislation. However, the ruling did not include adoption, which remained at that time under the 1976 Act.

The 1989 Children Act moved away from the concept of parental (adult) rights, focusing instead on parental *responsibility* and *children’s interests*. The system of child protection under the Children Act is underpinned by three key principles: the welfare principle, making the child’s ‘best interests’ the paramount consideration in any decision concerning him or her; the ‘no delay’ principle, recognising that delay in decision-making can be detrimental to the child’s welfare; and finally, the philosophy of ‘non-intervention’ of the State in family life (Fenton-Glynn, 2015). Child protection measures, and the removal of a child from their family, are governed by the Children Act 1989. However, if after the child has been removed under the Children Act, the local authority wishes to place the child for adoption, the procedures to be followed fall under the Adoption and Children Act 2002.

The Adoption and Children Act 2002 was introduced with the primary aim of bringing the principles of adoption law in line with the Children Act 1989, and as such to establish continuity between the different areas of child law. The Act also aimed to promote the greater use of adoption. The Act changed the process of adoption itself, by making the welfare of the child the *paramount* consideration for courts and adoption agencies in all decisions relating to adoption, including in deciding whether to dispense with the birth

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parents' consent to adoption (Fenton-Glynn, 2015). This change also brought the practice of adoption in England and Wales in line with the UN Convention on the Rights of the Child. Article 21 of the Convention states that "Parties shall ensure that the best interests of the child shall be the paramount consideration in making decisions concerning adoption" (Fenton-Glynn, 2015). Legislation and ethical standards on adoption are now based on the UN Convention on the Rights of the Child (United Nations General Assembly, 1989 in Palacios et al., 2019), which states that the 'best interests of the child' is the principal consideration in adoption, above other legitimate interests of the birth or adoptive families. Children should not be separated from their parents unless separation is in the child's best interest (Palacios et al., 2019).

Where children are removed from their birth parents, they often spend some time in care whilst a longer-term placement plan can be put in place. The number of children in care continues to rise (Children's Rights Alliance England, 2016), with estimates that there were 80,080 children in the English care system in 2020 compared to 50,900 in 1997 (Department for Education, 2020 in Stabler et al., 2021). Children who enter the adoption/care system have often experienced adversity, with statistics suggesting that 71% have experienced neglect or abuse (Department for Education, 2016), and many children have had multiple family placements in a year (Children's Rights Alliance England, 2016). Children coming into care can wait a long time to be placed in an adoptive home, with an average wait between entering care and placement being 21 months in 2012-2013 (Department for Education, 2016). Research demonstrates that delay and instability in care can have negative impacts on child outcomes including behavioural, emotional, academic and social difficulties (Children's Rights Alliance England, 2016; Department for Education, 2016; Palacios et al., 2019). Conversely, evidence suggests that adoption rates are decreasing.

Recent estimates of looked after children in England suggest that children looked after who were adopted decreased by 4% in 2020 compared to the previous year (3,440 compared to 3,590), reflecting a continuing fall in numbers of children placed from adoption (since a peak of 5,360 in 2015: <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2020>). The placement of adoption rarely involves new-borns: in England in 2016/7, it was estimated that 7% of children were under the age of 1 year (71% of children adopted were between the age 1 to 4 years, 21% aged 5 to 9 years; 1% aged 10 and over; <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2016-to-2017>).

Historically, married couples were the only people likely to be approved to adopt (Palacios et al., 2019). However, evidence highlights that family structure is less important for child outcomes than family processes (e.g., sensitivity to child's needs, open communication; supportive parenting/co-parenting; Children's Rights Alliance England, 2016; Department for Education, 2016; Palacios et al., 2019). There is now greater emphasis on the quality of care and parenting capacity, rather than marital status, gender, or sexual orientation (Palacios et al., 2019). The Adoption and Children Act 2002 allows unmarried people and same-sex couples to adopt in England and Wales. Estimates from England 2017 suggest that although most children were placed in 2017 with heterosexual couples (around 3,500), others were placed with single applicants (near 900) or same-sex couples (almost 600) (Department of Education, 2018, from Palacios et al., 2019).

Clearly, adoption legislation, policy and practice have moved a long way since the 1940s to 1970s. As Fenton-Glynn (2015) observes, the European Court of Human Rights has found that England and Wales' legislation on adoption, and in particular the mechanism for dispensing with parental consent if it is in the best interests of the child, is now in conformity with the requirements of Article 8 of the European Charter of Human Rights.

## **7.0 SUMMARY OF RELEVANT INTERNATIONAL REVIEWS AND RECOMMENDATIONS**

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We provide a summary of international government reports and inquiries (see **Appendix 1**). From these, we identified a number of common areas for recommendation that may be of relevance to this specific inquiry. Areas common across reports were: (a) acknowledgement of the past, with an apology; (b) counselling or other mental health supports where needed; (c) adoptee access to medical records and/or birth certificates. Based on our review of the literature, and the international government reports, we provide further details and evidence specific to these recommendations that may be of interest to the inquiry.

## **7.1. Birth mother – Summary of Reviews and Recommendations**

### **7.1.1. Acknowledgement of past and apology**

International government reports (**Appendix 1**) highlighted that many birth mothers wanted an acknowledgement of the past and a formal apology, with action following any apology. Actions proposed in the international government reports included financial remuneration and/or services and supports as outlined in the further recommendations (Department of Children, Equality, Disability, Integration & Youth, 2021; Kenny et al., 2012; Social Services & Community Committee, 2020; Standing Senate Committee on Social Affairs, Science & Technology, 2018).

### **7.1.2. Dedicated specialised mental health supports**

Many of the international reports provided the recommendation of mental health supports for former residents of Mother and Baby Homes, or mothers who placed children for adoption, where supports were needed (Department of Children, Equality, Disability, Integration & Youth, 2021; Senate Standing Committee on Community Affairs, 2013; Standing Senate Committee on Social Affairs, Science & Technology, 2018). Evidence suggests that mental health supports can also be beneficial to support reunification: as previously noted, the process of reunification with their children plays a significant role in birth mother psychological adjustment (McNamara et al., 2021; Triseliotis et al., 2005) but supports may be needed as contact can trigger traumatic memories (March, 2014; Senate Standing Committee on Community Affairs, 2013). Birth mothers would need to be made aware of services, with supports to facilitate access. There also needs to be recognition that some birth mothers are doing well and may not need/want mental health supports (Department of Children, Equality, Disability, Integration & Youth, 2021).

### **7.1.3. Access to services to support searches**

Many birth mothers identified a need for greater information, with supports for search and contact (Kenny et al., 2012; Senate Standing Committee on Community Affairs, 2013). There is also a need for further research regarding the choice of reunion and associated impacts (Senate Standing Committee on Community Affairs, 2013).

## **7.2 Adoptee (child) – Summary of Reviews and Recommendations**

### **7.2.1. Acknowledgement and recognition of impacts**

Despite adoption being a life-long experience, most resources and interventions to-date have been oriented towards children, adolescents, and adoptive parents – evidence suggests that a greater awareness of support needs for adoptees in adulthood would be beneficial to target appropriate supports (Sanchez-Sandoval et al., 2020). Adult adoptees have also reported a need to acknowledge and recognise the impact of the effects of the adoption process on adoptees, and recognise their expertise as “living examples of past policies and practices” (Kenny et al., 2012).

### **7.2.2. Specialist mental health supports and counselling**

Support services for mental health as well as specific issues relating to closed adoption for adoptees (e.g., guilt for initiating search processes; identity, abandonment fears, reunification efforts) may be beneficial (Kenney et al., 2012; Standing Senate Committee on Social Affairs, Science & Technology, 2018). Adoptees often want an opportunity to tell their stories. Counsellors could support adoptees in telling their narratives, recognising that telling their stories will require support to work through and process difficult experiences

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and histories (Nydam, 1999 in Corder 2012). There is also recognition that adoptees who have experienced secrecy within their adoptive families may require further supports to deal with issues of trust and betrayal not only with adoptive families but also with other significant relationships (e.g., relationship counselling or couples therapy: Feeney et al., 2007; Passmore et al., 2007). Some adoptees highlighted the importance of professional support and counselling during the time leading up to their reunion, as well as post-reunion counselling and support (O'Neill et al., 2018), and therefore recommend specialist supports for reunion with any siblings.

### ***7.2.3. Support accessing information about families of origin***

There are a number of barriers to accessing information about birth families. Adoptees may require support (and financial assistance) to navigate complex systems that hold identifying information and for search and contact services (Kenny et al., 2012). This may include identical processes and systems across the country through a national, centralised system (Kenny et al., 2012), with free access to link-up services (Standing Senate Committee on Social Affairs, Science & Technology, 2018).

### ***7.2.4. Adoptees identify a need for access to original birth certificates***

In addition, adoptees require medical/genetic history (irrespective of whether specific contact information remains confidential; Department of Children, Equality, Disability, Integration & Youth, 2021; Kenny et al., 2012; Social Services & Community Committee, 2020; Standing Senate Committee on Social Affairs, Science & Technology, 2018).

## **7.3. Others – Summary of Reviews and Recommendations**

### ***7.3.1. Adoptive family***

Recognition that most families adopting the child believed it to be in the best interest of the child, and great care needs to be taken that such families (or their adopted children) are not disrupted where positive relationship dynamics are present (Department of Children, Equality, Disability, Integration & Youth, 2021).

### ***7.3.2. Greater education and public awareness***

There is a need for public awareness and education regarding the effects of adoption practices amongst health professionals and the broader community (Kenny et al., 2012; Senate Standing Committee on Community Affairs, 2013). Physical spaces (such as a memorial/statue, or a museum) can support education and awareness, as well as providing opportunity for a therapeutic space for those affected by the adoption practices of the period (1949-1976).

### ***7.3.3. Further research***

Research is needed on past adoption practices (McCormick et al., 2021; Social Services & Community Committee, 2020), including greater focus on and understanding of the experiences of birth mothers, fathers, adoptees and adoptive families and how supports where needed can be effectively targeted. Contact that may occur between siblings separated by adoption and intergenerational patterns of family process specific to adoptive families also remains under-represented in research (Henney et al., 2007a; O'Neill et al., 2016, 2018).

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## APPENDIX 1: IMPACTS OF MOTHER AND BABY HOMES AND CLOSED ADOPTIONS – INTERNATIONAL GOVERNMENT REPORT SUMMARIES

### A1. Republic of Ireland

The Commission's Terms of Reference covered the period 1922 - 1998, a span of 76 years. It was estimated that there were about 56,000 unmarried mothers and about 57,000 children in the mother and baby homes and county homes investigated by the Commission. The greatest number of admissions was in the 1960s and early 1970s. It is likely that there were a further 25,000 unmarried mothers and a larger number of children in the county homes which were not investigated; admissions to county homes were largely pre-1960. The commission report notes that whilst it is not aware of any comprehensive international study that is comparable, 'it is probable that the proportion of Irish unmarried mothers who were in mother and baby homes was the highest in the world.' The report highlights that 'The women and children should not have been in the institutions.' Many experienced emotional abuse, humiliation and denigration, and many found childbirth to be a traumatic experience.

		Department of Children, Equality, Disability, Integration and Youth, 2021. Final Report of the Commission of Investigation into Mother and Baby Homes ( <a href="http://gov.ie">gov.ie</a> - <a href="http://www.gov.ie">Final Report of the Commission of Investigation into Mother and Baby Homes (www.gov.ie)</a> )	
		<b>Then</b>	<b>now</b>
Family	Mother	<ul style="list-style-type: none"> <li>Enter mother &amp; baby homes due to lack of support from family and father of child. They were forced to leave home (&amp; social support).</li> </ul>	
	Adoptee		
	Other		
IMPACT OF LACK OF RECOGNITION OF ADOPTION PRACTICE			
Trauma	Mother	<ul style="list-style-type: none"> <li>Pressure to keep their pregnancy a secret added to a woman's trauma</li> </ul>	
	Adoptee		
	Other		
Identity	Mother		
	Adoptee		
	Other		
Recommendations	Mother	<ul style="list-style-type: none"> <li>Redress, be it financial or other (e.g., counselling)</li> <li>Counselling supports to former residents of mother &amp; baby homes</li> <li>Recognition that some are doing well and may not need/want supports</li> <li>Apology</li> </ul>	
	Adoptee	<ul style="list-style-type: none"> <li>Allow access to adoption &amp; medical records, birth certificates</li> <li>Central repository of records of institutions</li> <li>Redress, be it financial or other (e.g., counselling)</li> </ul>	
	Other	<ul style="list-style-type: none"> <li>Most families adopted the child believing it to be in the best interest of the child and great care needs to be taken that such families (or their adoptive children) are not denigrated in any way</li> </ul>	

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## A2. Northern Ireland

The report covers the period 1922-1990. Based on the available data for the major homes, it was estimated that around 10,500 women entered mother and baby homes. However, records relating to the mother and baby homes were not complete for all of the institutions and the actual number of women and babies who spent time in these institutions was therefore above this figure. The peak period of number of women entering mother and baby homes was in the late 1960s and early 1970s. The majority of women were aged between 20 and 29 (58%), with another 33% aged under 19. Testimonies from women who lived in these mother and baby homes highlight that many experienced shame and trauma due to their experiences. They reported little, if any preparation for childbirth and childbirth was often a traumatic experience with moral judgement from medical staff.

		McCormick, L., O'Connell, S., Dee, O., and Privilege, J., 2021. Mother and Baby Homes and Magdalene Laundries in Northern Ireland, 1922-1990. Research Report on Mother and Baby Homes and Magdalene Laundries in Northern Ireland   Department of Health ( <a href="https://www.health-ni.gov.uk">Research Report on Mother and Baby Homes and Magdalene Laundries in Northern Ireland   Department of Health (health-ni.gov.uk)</a> )	
		<b>Then</b>	<b>Now</b>
Family	Mother	<ul style="list-style-type: none"> <li>Overwhelming factor in admission to mother &amp; baby home was familial pressure: lack of family support (largely due to shame &amp; stigma)</li> <li>Mother often shunned by her family</li> </ul>	
	Adoptee		
	Other		
<b>IMPACT OF LACK OF RECOGNITION OF ADOPTION PRACTICE</b>			
Trauma/mental health	Mother		<ul style="list-style-type: none"> <li>Trauma &amp; mental health issues have been an outcome of birth mothers' experiences around their pregnancy. This appears most acute in cases where adoption was the outcome</li> </ul>
	Adoptee		
	Other		
Identity	Mother		
	Adoptee		<ul style="list-style-type: none"> <li>Perceived unnecessary difficulties placed in their way by the institutions that hold their birth records</li> </ul>
	Other		
Recommendations	Mother		
	Adoptee		
	Other	Need for further research on adoption	

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### A3. Australia

There are no precise figures of the number of adoptions that took place in Australia but estimates of around 250,000 have been proposed as feasible. In 2012 the Australian Senate Inquiry Report into Forced Adoption Practices found that babies were taken illegally by doctors, nurses, social workers and religious figures, sometimes with the assistance of adoption agencies or other authorities, and adopted to married couples. Some mothers were coerced, drugged and illegally had their consent taken. In response to the Senate Inquiry, the Premiers of each Australian region made public apologies. In March 2013 Julia Gillard, the Prime Minister of Australia offered a national apology to those affected by forced adoptions and she outlined a range of government responses. Ashley (2013) reports that “Gillard acknowledged that the policies and practices that forced the separation of mothers from their babies had denied mothers their fundamental right to love and care for their children, affected fathers and hurt siblings and their wider families. She talked of the importance of a child’s right to know and be cared for by its parents. She spoke of adoptees’ struggle with their ‘identity, uncertainty and loss’ and feelings of a ‘persistent tension between loyalty to one family and yearning for another’” (Ashley, 2013). Julia Gillard pointed out that the history of forced adoption in Australia has “created a lifelong legacy of pain and suffering”. The National Archives of Australia was commissioned to develop a website and exhibition to increase understanding of forced adoption practices in Australia, as recommended in the 2013 Senate report.

		Senate Standing Committee on Community Affairs, 2013. Commonwealth Contribution to Former Forced Adoption Policies and Practices. <a href="https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2010-13/commcontribformerforcedadoption/index">https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2010-13/commcontribformerforcedadoption/index</a>	
		Then	Now
Impacts on Family life	Mother	<ul style="list-style-type: none"> <li>Family members disapproving &amp; provided little/ no support, fearing a loss of their reputation. Some reported disappointment &amp; disapproval never dissipated</li> <li>Many were not permitted access to family /support</li> <li>Secrecy surrounding adoption at the time had the effect of postponing the recognition &amp; treatment of trauma</li> </ul>	<ul style="list-style-type: none"> <li>Many kept secret, often not sharing with friends, partners or subsequent children until much later—if at all</li> <li>Negative impact on relationships with others, including husbands/partners, subsequent children</li> <li>Some expressed sorrow of never having met their children</li> <li>Those who met their children recounted difficulties of building a relationship with them. Many reported relief or sense of connection at reunion but some felt renewed guilt for the past “relinquishment” &amp; fear of rejection. Some recounted distress of seeing their adult children suffering from the effects of adoption; some experienced further trauma when the relationship with adoptee disintegrated</li> <li>Other children (now adults) of mothers who had experienced forced adoption also affected – sorrow of lost sibling, impacts of family dynamics &amp; relationships</li> </ul>
	Adoptee	<ul style="list-style-type: none"> <li>Many reported feeling that they did not belong in the family</li> <li>Some reported experiences of abuse</li> <li>In the absence of other information, many adoptees assume that they were unloved and unwanted</li> </ul>	<ul style="list-style-type: none"> <li>In the absence of other information, many adoptees assume that they were unloved and unwanted. Reunion, or some form of information exchange or contact, reported to help with communicating the mothers’ circumstances and the reasons surrounding the adoption</li> <li>Some stated that they have no wish to maintain a relationship with their birth parents. Many adoptees recounted damaging and painful experiences of their childhoods, and/or ongoing struggles with self-identity as well as seeking to meet or build a relationship with their birth parents</li> <li>Some experienced pain of rejection at discovering adoption, and pain at rejection if reunion was not successful</li> <li>Sense of loss at not knowing any siblings, as well as wider family member of birth parents</li> <li>Many expressed difficulties connecting emotionally with adoptive family, as well as wider relationships, concerns with subsequent children, and lived with fear of abandonment</li> </ul>
	Other	<ul style="list-style-type: none"> <li>Some birth fathers included in report: reported being excluded (not permitted to support mother; not included in decisions, not included on birth certificates to simplify processes)</li> </ul>	<ul style="list-style-type: none"> <li>Some adoptees indicated that their adoptive parents cared for them very well but most adopted people who submitted to this inquiry did not have positive experiences with their adoptive parents, or at school</li> <li>Birth fathers reported that not being included on birth certificates complicated possibility of finding child(ren)</li> </ul>
IMPACT OF LACK OF RECOGNITION OF ADOPTION PRACTICE			
Trauma & Mental health	Mother	<ul style="list-style-type: none"> <li>Traumatising experience(s), seen as unresolved as secrecy surrounding closed adoption, preventing mother from mourning loss</li> </ul>	<ul style="list-style-type: none"> <li>Majority reported no diminution of sadness, anger &amp; guilt over the considerable number of years which had elapsed since their relinquishment</li> <li>Mothers—particularly those who have not had any contact—continue to be traumatised by the thought that their child grew up thinking that they were not wanted</li> <li>Many reported continuing effects of mental health difficulties including depression, post-traumatic stress disorder (PTSD)</li> </ul>
	Adoptee		<ul style="list-style-type: none"> <li>Many adoptees recounted ongoing negative effects of their adoption, including mental &amp; physical health</li> <li>Difficulties with late discovery: psychological distress, sense of rejection</li> </ul>
	Other		
Identity	Mother		

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	Adoptee		<ul style="list-style-type: none"> <li>• Many adoptees recounted ongoing struggles with identity</li> <li>• Difficulties with late discovery on sense of identity</li> <li>• Difficulties faced with known hereditary illness</li> </ul>
	Other		
Recommendations	Mother	<ul style="list-style-type: none"> <li>• Ongoing counselling with highly skilled psychologist &amp; other mental health supports</li> <li>• Provision of trauma counselling</li> <li>• Further research around choice of reunion &amp; impacts</li> <li>• Support for mothers relationships with other where needed</li> </ul>	
	Adoptee		
	Other	<ul style="list-style-type: none"> <li>• Education &amp; training for GPS to support those experiencing trauma</li> </ul>	

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## A4. Canada

Canada's 'Baby Scoop Era' (Wilson-Buterbaugh, 2017) refers to the postwar period from 1945 to 1988, when over 400,000 unmarried pregnant girls, mostly aged 15–19, were targeted for their yet-to-be-born infants. A large number of these young women were housed in maternity group homes, which were managed by religious orders, such as the Salvation Army, the Catholic Church, the United Church and the Anglican Church. These maternity 'homes' were heavily funded by the Canadian government. In Canadian maternity homes and hospitals, up to all newborns were removed from their legal mothers after birth and given up for adoption purposes. Native children in Canada (and Aboriginal children in Australia) were especially vulnerable to being removed from mothers.

		Standing Senate Committee on Social Affairs, Science & Technology, 2018. The Shame is Ours Forced Adoptions of the Babies of Unmarried Mothers in Post-war Canada ( <a href="#">SOCl. 27th e.pdf (sencanada.ca)</a> )	
		Then	Now
Impacts on Family life	Mother	<ul style="list-style-type: none"> <li>Reported being abandoned by family</li> <li>Not permitted contact with the outside world, including families and the babies' fathers</li> <li>Not informed of any options or supports that would help them if they wanted to keep their child(ren)</li> </ul>	<ul style="list-style-type: none"> <li>Mothers' frustration with the lack of available information</li> <li>impact on developing trusting relationships</li> <li>Almost 1/3 of women included in the report never had any more children, reporting feeling too traumatized or too ashamed and unworthy</li> </ul>
	Adoptee	<ul style="list-style-type: none"> <li>some adoptees expressed love and thanks to their adoptive families and acknowledged healthy upbringings, while others described much less desirable family lives</li> </ul>	<ul style="list-style-type: none"> <li>Some adoptees who were not even yet aware that they had been adopted reported an inability to relate to family members or a feeling of detachment from them</li> </ul>
	Other	<ul style="list-style-type: none"> <li>Fathers who were aware of the pregnancies &amp; wanted to be a part of the mothers' and children's lives were not permitted to visit the women in the maternity homes, leaving them feeling helpless and unable to support their partners</li> <li>The names of father often not included on birth certificates</li> </ul>	
IMPACT OF LACK OF RECOGNITION OF ADOPTION PRACTICE			
Trauma & Mental health	Mother	<ul style="list-style-type: none"> <li>Many reported shame, humiliation, verbal abuse, pain and longing</li> </ul>	<ul style="list-style-type: none"> <li>Trauma was still evident. They experienced mental health difficulties that have been a part of their lives ever since losing their babies to adoption</li> <li>82% suffered from major depression during their lifetimes, and 21% had attempted suicide at least once</li> <li>Other conditions that are common among these women include anxiety disorders, pathological grief, post-traumatic stress disorder, and other mental health issues preventing them from trusting others and developing healthy relationships</li> </ul>
	Adoptee		
	Other		
Identity	Mother		
	Adoptee		<ul style="list-style-type: none"> <li>Some reported loss of identity because of not knowing their ethnic origins, and to their lack of knowing their family medical history</li> <li>Not knowing who they are, where they come from or where they belong</li> <li>Difficulty accessing information, often without success. Further difficulties accessing information on birth fathers</li> <li>questioned why rights of equality were not extended to them and why their plight had not been acknowledged as it has been for other vulnerable groups</li> </ul>
	Other		
Recommendations	Mother	<ul style="list-style-type: none"> <li>Urgent need for appropriate specialist counselling services</li> <li>Acknowledgement &amp; apology</li> </ul>	
	Adoptee	<ul style="list-style-type: none"> <li>Apology</li> <li>Urgent need for appropriate specialist support services for mental health as well as specific issues relating to closed adoption (identity, abandonment fears, reunification efforts)</li> <li>Access to birth and medical records</li> </ul>	

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	<ul style="list-style-type: none"><li>• Access to link-up services with DNA testing</li></ul>
Other	<ul style="list-style-type: none"><li>• Public awareness</li></ul>

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## A5. New Zealand

A full commissioned report focusing on forced adoptions (1950s to 1980s) is due January 2022. The briefing note demonstrates that due to the stigma of being an unwed mother, many women took support and residential services by Church-based institutions. Many mothers 'did not receive appropriate support and were often mistreated. Their babies were put up for adoption and the mothers were told that this was best for them and their child'. Practices included 'removing babies from their mothers directly after delivery, mothers receiving little support and no legal representation, and heavily medicating mothers during and after birth'.

		Social Services and Community Committee, 2020. Briefing on matters related to forced adoptions <a href="https://www.parliament.nz/briefing-on-matters-related-to-forced-adoptions">Briefing on matters related to forced adoptions - New Zealand Parliament (www.parliament.nz)</a> : 1950s to 1980s [note: briefing available, with full report not yet available]	
		Then	Now
Impacts on Family life	Mother		<ul style="list-style-type: none"> <li>Negative impacts on subsequent children and grandchildren</li> </ul>
	Adoptee		
	Other		
IMPACT OF LACK OF RECOGNITION OF ADOPTION PRACTICE			
Trauma & Mental health	Mother	<ul style="list-style-type: none"> <li>Trauma of child being removed for adoption</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing trauma</li> </ul>
	Adoptee		
	Other		
Identity	Mother		<ul style="list-style-type: none"> <li>Difficulty access adoption records leading to hopelessness</li> </ul>
	Adoptee		
	Other		
Recommendations (requested as part of briefing prior to report)	Mother	<ul style="list-style-type: none"> <li>Apology that details and acknowledges all aspects of forced adoption</li> </ul>	
	Adoptee	<ul style="list-style-type: none"> <li>Apology that details and acknowledges all aspects of forced adoption</li> <li>Adoptee access to original birth certificate</li> </ul>	
	Other	<ul style="list-style-type: none"> <li>New legislation that reflects the current attitudes and values of society</li> <li>Government to collect statistics and undertake research on past adoption practices</li> </ul>	

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