



HOUSES OF PARLIAMENT

## Joint Committee on Human Rights

Oral evidence: [The right to family life: adoption of children of unmarried women 1949-1976](#), HC 748

Wednesday 15 December 2021

3 pm

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Members present: Ms Harriet Harman MP (Chair); Lord Brabazon of Tara; Joanna Cherry MP; Lord Dubs; Florence Eshalomi MP; Lord Henley; Baroness Ludford; Dean Russell MP; David Simmonds MP; Lord Singh of Wimbledon.

Questions 1 - 12

### Witnesses

[I](#): Professor Gordon Harold, Professor of the Psychology of Education and Mental Health, University of Cambridge; Dr Michael Lambert, Postdoctoral Fellow, University of Lancaster; Dr Jatinder Sandhu.

## Examination of Witnesses

Professor Gordon Harold, Dr Michael Lambert and Dr Jatinder Sandhu.

**Q1 Chair:** Good afternoon and welcome to this evidence session of the Joint Committee on Human Rights. The Joint Committee on Human Rights is a parliamentary committee consisting of half Members of the House of Commons and half Members of the House of Lords, and as our name suggests our concern is about human rights. One of the most fundamental human rights is the right to family life, and one of the most fundamental parts of family life is the right of a child to be with its mother and the right of the mother to be with her child.

This is our first public evidence session of a new inquiry that we have established to look into the right to family life of unmarried mothers whose babies were placed for adoption in the 1960s and 1970s, and the right of their children.

First, I pay tribute to Sir David Amess, who was one of the first members of Parliament to take up this issue. He was tragically murdered on 15 October this year, and we are thinking about him in the course of this inquiry. First and foremost, I also pay tribute to all the mothers who have got together to challenge the account they have been given and which has prevailed in relation to them, which is that they gave their babies away for adoption. We will be hearing in the new year from them and, indeed, from their children about the effect on their right to family life.

Today, we will hear the academic experts set the scene and the context for our inquiry. We are very grateful that we have giving evidence us today: Professor Gordon Harold, professor of the psychology of education and mental health at the University of Cambridge, and director of the Andrew and Virginia Rudd Centre for Adoption Research and Practice; Dr Jatinder Sandhu, whose doctoral thesis was on the experience of birth mothers of adoption; and Dr Michael Lambert, a fellow in social inequalities in the sociology department at Lancashire University. His research explores the social history of the welfare state in Britain, looking primarily at social policies impacting children and families. We are very grateful to you all for coming to join us, to set the scene for this inquiry, before we hear from the mothers themselves and their children.

Perhaps each of you could start by saying what you understand about the background of this issue in this country. Many of us will have heard the stories of the unmarried mothers in Ireland who were consigned to the Magdalene Laundries. What was the situation for unmarried mothers in this country in the 1960s and 1970s, why did it lead to so many adoptions, and how many are we talking about?

**Dr Jatinder Sandhu:** In the post-war period until the 1970s, the number of adoptions was rising decade upon decade. Essentially, this was due to the higher rates of illegitimacy during that period. During the 1950s, 1960s

and 1970s, adoption was a means of controlling the illegitimate birth rate, while fulfilling the right to family life particularly for adoptive couples who were experiencing infertility issues.

So, essentially, adoption during this period was about dealing with the high illegitimacy rates between the 1950s and the mid-1970s, while providing the right to family life particularly for couples who were experiencing infertility issues. It is really important to say at this point that, for unmarried mothers during this period, it was very much about the social, moral and cultural context that existed then, which drove their desire to relinquish their children to adoption. There are so many factors, which I am sure we will go into further.

**Professor Gordon Harold:** Thank you for the invitation to speak today. It is an incredibly important inquiry. It is estimated that 250,000 unmarried mothers and 500,000 children in the 1950s, 1960s and 1970s experienced circumstances linked to mother and baby homes. I am Irish; I was part of the inquiry in Ireland, so I have a long history of working in this area, particularly in the context of adoption.

It is necessary to look at the language of the inquiry—"relinquishing children", "a mother's right" and "a child's right"—and take that back into the 1950s, 1960s and 1970s, where, in the context of being pregnant out of wedlock, the options we would see in the modern day, and under the present human rights provisions, for a mother, a family, or a father for that matter, were simply not accessible. The starting place was to ask, "How do I keep this secret a secret? Who do I speak to?"—or more correctly—"Who can I not speak to? I may not be able to speak to a parent, a teacher, a priest, a charitable worker or a wider family member, for fear of my secret being released".

Pregnancy in the unmarried context was seen to be a problem that needed to be taken care of. Under the 1926 Adoption of Children Act, where adoption was treated as a private matter and arrangements were put in place to take care of a problem, young women were often forced to attend institutions—mother and baby homes—to give birth and for a child then to be taken away and placed with adoptive parents, under a new name, with a new birth certificate and a new identity. By any standard of human rights, that is an absolutely egregious intrusion. That has to be the starting place to understand the dialogue here. These were not choices. These were forced impositions that deviate from any standard of human rights at the time, through to 1975 and 1976, with the Adoption Act, when legislation changed.

**Dr Michael Lambert:** Without wishing to repeat the evidence of the previous witnesses, I suppose the broader context is the spectrum of policies designed for children and families across the welfare state after 1945. There was an immense push and drive towards reconstruction and the establishment of normal life, after a period of significant disruption, and the creation of a stable and traditional family as it was imagined at the

time, bearing in mind that it was more of an ideal than a realisation of a traditional image. Part of the adoption policy, as it was idealised with the 1949 Act and then implemented subsequently, was about creating normal families where possible. This, as Gordon said a moment ago, was through continuing secret adoptions to maintain that veneer. I suppose these were always exacting family units rather than ones that had been constructed artificially by the state.

It is important to see this in its global context. You mentioned Ireland. There are similar issues at play in the United States, Canada, Australia and New Zealand, not to mention other countries such as Greece and Spain. This is very much a global phenomenon. There was a conscious process by different kinds of political regimes, welfare organisations and apparatus to have an active role in shaping family life. Adoption was part of this spectrum of reconstruction activities that were the heart of the post-war reconstruction project, both here and across most of the rest of the world.

**Chair:** Would you say, then, that we have the state wanting to establish a normal family life, we have the couples wanting to adopt, we have the young women and girls who were having babies out of wedlock, and that what was done between these three was that the babies were passed to the adoptive parents, starting with a private arrangement? How much was the state involved?

**Professor Gordon Harold:** If I can just pick up on the question of the state wanting to establish a normal family life, we have to reflect on the term "normal family life". The starting place here was that an unmarried mother was not capable of providing a normal family life, which is the fundamental error in any platform of decision-making here. The state, and indeed the agencies empowered by the state, were there to interrupt and remove a child from an unmarried mother and place that child with a family and parents deemed to be more socially acceptable. The mother was deemed unable, unfit and incapable of providing care for her child with no evidence whatsoever to back up or evidence that assertion.

The question has to be asked: was the state complicit in empowering agencies to forcibly remove children from their mothers, exposing mothers to extreme treatment, both physical and psychological, and failing to acknowledge that lifelong adversity is a product of those forced interruptions of standard maternal child bonding and opportunity? We need to ask what we mean by "normal" as compared to what the state regarded as socially acceptable, which is not necessarily aligned with the human rights interests of the mothers, children and future families those agencies accommodated for forced adoptions.

Q2 **David Simmonds MP:** I would like to ask about the common factors that may have existed. Were there common factors across the circumstances of the individuals, both women and babies, who feature in these cases?

**Professor Gordon Harold:** I do not want to dominate the conversation, but I am happy to go first. Again, I will be happy for my colleagues to join

here on the common factors. Interestingly, the common factor quite simply is being pregnant outside the context of marriage. Of the approximately 250,000 women in the 1950s, 1960s and 1970s, most were under the age of 24. A significant proportion were very young, teenage women and teenage mothers. The group spanned a broad set of socioeconomic demographics but were predominantly from poorer families. It could be said that the majority of families had close religious affiliations, as well as strong religious affiliations in terms of family links and understanding of family process and engagement.

The adoptions in this period were what we refer to as closed adoptions. The removal of the child was associated with a complete re-engineering of identity, birth records and associated family links. Fundamentally, these mothers were entirely ostracised, not only from their families but from their communities and educational settings. They were literally taken out of the everyday experiences and support structures that we would regard a young person as having access to today, simply and entirely because they were impending mothers, and deemed to be unmarried and thus unfit according to the language of that time.

**David Simmonds MP:** Professor Harold, you mentioned religious links. Can you be a little more specific about that, and about churches, faiths or locations in particular?

**Professor Gordon Harold:** The mother and baby homes were operated by a multitude of relevant agencies. We know that the Roman Catholic Church, the Church of England and the Samaritans<sup>1</sup>, for example, managed proportionately most of these mother and baby homes. Speaking from the experience of other inquiries, where a family was unable to access support, accommodate the pregnancy and support the mother, sending young mothers to mother and baby homes was often an option. Even where parents felt able to support their daughter, the pressure from the community and sometimes the church within which that family was located was an imposition. This led to relinquishing young women into the care, or lack of care, of mother and baby homes.

**Dr Jatinder Sandhu:** I completely agree with the point on the common characteristics of unmarried mothers that Professor Gordon has just spoken about. One thing that is really important and puts into context the amount of potential choice—as we are calling it—that these unmarried women had was their tenure status, where they were residing when they or their parents approached an adoption agency to make arrangements for the forthcoming child. The majority of unmarried women were still residing in the parental home.

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<sup>1</sup> The witness intended to reference The Salvation Army, not the Samaritans

This is really important, because they were still financially dependent on their parents. Even if some of these women were working, they would normally have been in unskilled occupations, which meant low levels of income, that did not provide that option of self-support, not only for the mother herself but for her child. From reviewing adoption case files, I often found that social workers had recorded on the note that parents had said to their daughters, "It's absolutely fine for you to come back home. However, you're not allowed to bring this child back home". Essentially, they were given the choice to come back by themselves and relinquish the child to adoption.

My second point is about the concept of mother and baby homes. I know Professor Gordon has said that, for some women, going to these homes was given as an option. In fact, in a lot of the adoption case files that I reviewed as part of my doctoral thesis, I found that the mother and baby homes were an essential component of the experiences of women giving up their children for adoption. After they had approached the adoption agency to put in the request for the adoption of the forthcoming child, arrangements would automatically be made for the mother to go to a mother and baby home that was not in the local area—often adoption agencies had relationships with mother and baby homes outside the local area.

There is evidence that women were often taken to a mother and baby home in the depth of the night, in darkness, so nobody could see that the young girl was pregnant. The whole premise and reasoning behind taking the woman to a mother and baby home outside the local area was to save the family from the shame and stigma of anybody finding out that the young woman was expecting a child outside marriage.

**Dr Michael Lambert:** In relation to the common identity of the backgrounds, I would not wish to dismiss anything that has been said so far, but there is an emphasis that needs to be placed. If you read Dr Sandhu's thesis, the work of Jenny Keating and my own submission, a key idea that comes across is respectability and the idea that, if there is a common set of characteristics beyond the kinds of sociodemographic information that have just been recounted, it is respectable, working-class people looking to avoid the stigma and shame associated with unmarried birth.

To consider it to be just the poorest is painting it with too broad a brush, because in some areas of Britain there were unmarried families living in numbers who did not have children adopted, even during this time, as they grew during the post-war period. When contrasting those experiences and looking at who was able to keep their children, whatever the material, social and financial circumstances in which they lived, the idea of respectability is very important to understanding how and why certain groups of society were disproportionately represented in forcible adoptions.

**Professor Gordon Harold:** Dr Sandhu, just to clarify, I did not actually say that mother and baby homes were a choice. I said they were not given a choice. To be really clear for the record, and to echo your points and Michael's, I completely agree with your observations, but I would not want that language to be associated with the experience of mothers in mother and baby homes.

**Chair:** To be clear, they were sent away from the family home, where most of them were living, in order to keep secret that they were pregnant, and they were taken off, on their own, to a mother and baby home somewhere away from their local community so they would not be seen out and about.

**Professor Gordon Harold:** That is absolutely correct. Again, from the context of working with the Irish inquiry, many individuals who grew up in my cohort had, as I learned decades later, been taken away from their family and placed in mother and baby homes outside the geographic region, as Dr Sandhu said. They were parents when I met them again in my late 20s. I was in deep shock that that process could happen right under my nose. I was completely oblivious to what was happening to people and families I knew well.

The actual numbers, which have now been evidenced certainly in the Irish inquiry, give you some sense of how systematic and organised this process was. It could not have happened without the contribution from professionals across all levels to accommodate the placing of young mothers in mother and baby homes, through to birth, and then illegal, enforced adoption, in the case of Ireland, given the numbers associated with that over the past number of decades.

Q3 **Joanna Cherry MP:** I am the MP for Edinburgh South West. Thank you very much for coming to give us evidence this afternoon. It is absolutely fascinating, albeit quite distressing.

I wanted to ask about this notion of choice. You have been talking, particularly Dr Sandhu and Professor Harold, about how these young women—I assume they were mainly young women, but I would also like to ask whether there were those who were not so young—did not really have any choice about going to the mother and baby homes.

Can I take you back to the point of discovery of the pregnancy? When these unmarried mothers discovered that they were pregnant, what choices did they have at that stage? Nowadays there are a range of choices and agencies one can go to, with the option of abortion, et cetera. In the period we are talking about, what choice did these women have at the point of discovery of the pregnancy? I am talking about before they get on the pathway of adoption, at the point of discovery of the pregnancy.

**Dr Jatinder Sandhu:** There were a couple of options. The first would have been to marry the birth father. However, he may not have wanted

to marry the birth mother, or vice versa, or his identity may have been unknown. It is evidenced in literature and previous research that, in many cases, it was the first time many mothers had had sexual relationships, so they did not have the full details of who the birth father was.

The second option—whether it was realistic or not is debatable—is to have kept the child. However, in order for the mother to have kept the child, in most cases she would have had to leave the parental home, where she would have been residing, or rent a dwelling. Often, if a mother was in

rented dwellings and the landlord found out about the pregnancy, she would be asked to leave. She would also have to find a job to support herself while pregnant, which in itself would have been difficult to do.

During this period, there was very little state support for single parents. Being able to support the child was really unrealistic in practice, as the levels of welfare support were really restrictive. There is previous research by an author called Wimperis, who found that mothers who lived alone, with the responsibility for rent and household necessities as well as the support of their children, had to manage on the barest of welfare benefits, which often amounted to less than a third of the average weekly wage for men. There was some welfare assistance available at the time, through the National Assistance Act, but that would not have been sufficient to make the option of self-support realistic, particularly for those who did not have the support of the birth father or their families.

The third option would have been abortion. If the unmarried mother opted for abortion and it was before 1967, when abortion was legalised, it would have been essentially a backstreet abortion. Most women who wanted to end their pregnancies prior to this period would have had to resort to a self-induced or backstreet abortion, both of which would have been illegal.

Those are the three main options. As we can see, and as I have tried to convey to you, all three of them were very unrealistic in practice, particularly the one about self-support, given that welfare support for single parents was little to none. Come 1966, with the introduction of supplementary benefits, it would have provided some levels of assistance to unmarried mothers, but it was a means-tested non-contributory benefit, which may have had an impact on whether women would have been able to access that benefit.

**Joanna Cherry MP:** Thanks. That is very interesting. Dr Lambert, would you like to add anything to that?

**Dr Michael Lambert:** I will be very brief, because the key text and point of reference in this whole consideration of choice is Dr Sandhu's thesis, where she very eloquently outlines the potential range of options and alternatives open for unmarried mothers when thinking about children.

I would like to add two things. One is the circumstances of people who were able to keep their children, which is where a lot of my own research comes in. I would largely confirm the enormous material, financial and social difficulties that that created. The benefits of the state were often conditional; I am speaking here about access to local authority housing and temporary accommodation. That was very difficult, because the same forms of stigma, control and conditionality also permeated those decision-making processes. You were often left at the mercy of the worst kinds of landlords, bearing in mind that in south London this is the Rachman era, so the choices open to you were pretty dismal.

This links, in turn, to the more punitive agencies of the state; I am thinking of mental health, children services, probation and offending. Unmarried mothers were more likely to be caught if they kept their children in these dragnets. It was even more difficult than has been conveyed before. It happened in large numbers, and this is where my research comes into it. If you were a respectable, working-class woman, that was where you would go. You had to absolve yourself with your child and become normalised, in the eyes of the state. Professor Harold, I am trying to use the language of the time, because that is the one that is understood and conveyed.

Ultimately, the idea of choice is limiting, because all the agencies and apparatus of the state, in how they spoke with one another, were trying to compel women in that situation to choose the right option, which was adoption, not the wrong option, which was any alternative. The structures of decision-making and how they relate to one another pushed people down that route.

**Joanna Cherry MP:** Professor, would you like to add anything to that?

**Professor Gordon Harold:** Michael and Jatinder have made excellent points. In terms of the words "choice" or "options", the starting place for the vast majority of women in this situation was secrecy and silence, not openness and an opportunity to seek advice and guidance, as we would now recognise. The starting place was secrecy, silence and avoidance of shame at the family and community level. Often, shame at the level of the individual woman was very far down the pecking order of priority. Family was first, and options emanated out of that starting place.

As Michael has said, the starting place for any consultation pre 1967 and the abortion Act was adoption, and the routes through to adoption were typically mother and baby homes and all that went with that. We should not underestimate the volumes of unmarried mothers who had primarily one option opened up to them, and that was adoption through the processes operating during this period.

**Joanna Cherry MP:** Can I ask about the age factor? We are talking about these women predominantly as quite young women who were living at home with their parents, and for many of them it may have been

their first sexual experience. I am sure that for some it was probably not a wanted sexual experience, as has been adverted to in some of the written evidence we have seen.

What percentage of these women were a bit older, maybe women in their late 20s, early 30s or, indeed, possibly a bit older than that, who were already in the workplace, established, or away from their parents? Was there any research about that and whether it made any difference if they were a bit older or no longer financially reliant on their mum and dad?

**Dr Jatinder Sandhu:** Generally speaking, looking at the correlation between unmarried single motherhood and age, my research uncovered that the older women were separated, widowed or divorced. They would

have been more self-sufficient and many of them had other children. However, the circumstances for these women were slightly different, because for many of them it was about being able to financially support an extra child, particularly if the birth father was not in the picture. Alternatively, if the child had resulted from an extramarital affair, it was often a case of the pre-existing partner saying, "It's okay. We can save our marriage. However, the child needs to go up for adoption". The circumstances were very different for that group of women

Q4 **Lord Brabazon of Tara:** My question has been very well covered already. It was about how much choice an unmarried mother had as to whether to keep her baby and who or what might have influenced her. You have covered the first part of the question a good deal already. On the second part, from what you have said it seems to have been largely parents or immediate family of the unmarried mother.

**Dr Michael Lambert:** In understanding divisions of responsibilities within the welfare state, there is a real sense, looking at these issues at a local and granular level, that wherever a case with these features needed some kind of action, even if mothers presented themselves with this issue at the local school, education service, health, housing, or wherever, all the referral networks would push them towards moral welfare agencies and adoption societies. Invariably, they were the ones that held the key and the expertise, because all the people coming to help in any kind of way were channels to those agencies.

**Chair:** Basically, from what we have heard from the three of you, it sounds like framing it as a mother giving up her child for adoption, which implies some sort of agency and that she made an active choice, is quite wrong. There was nothing that we would know as a choice; it was all going in one direction.

Obviously those were very different circumstances. There was much later pregnancy testing, so a woman would be much further along in her pregnancy before she discovered that she was pregnant. Abortion was either not available or available only once it was legalised on a very restrictive basis. Sex education was hardly a thing at all. Contraception was very rudimentary and difficult to access; for the most part, it was

before the pill. I am very struck by the points that Professor Harold and Dr Lambert have made about the issue of shame: that you do not even get to all those particularities because there is the issue of the shame of a young woman having a child out of wedlock. It is very hard for us to understand that in the circumstances we are in now.

Could you say a bit more about the secrecy? To what extent was this kept secret from other members of her family if she was at school, and how long was the idea that she had never had a child kept up for?

**Dr Jatinder Sandhu:** The secrecy would have started from the moment she found out she was pregnant, passed the point when she disclosed it to her parents and kept right up to the point after she had given birth at a

mother and baby home and come back home. During that period, the type of consent was six weeks after the birth. That secrecy would have lasted throughout the duration, from her finding out right up to the point of her signing that final consent order.

Looking at adoption case files and first-hand accounts written by birth mothers to social workers at the moral welfare adoption agencies, just from the words that they had written you could tell that the social worker was the only person, apart from the parents, who knew about the pregnancy of the unmarried mother. There was some really rich evidence in there about what unmarried mothers were feeling at the time, and the secrecy and shame—not her own shame, but that of her parents, as a result of the pregnancy. It was a really isolating experience for her.

Unmarried mothers were told, “Right, okay, the adoption will be arranged. You’re going to go to a mother and baby home. You’ll have the child there. After you’ve had the child, you’re going to stay there for 10 days. You’ll then come back home and it’ll be like nothing ever happened”. This was often kept a secret from relatives and neighbours, hence what I alluded to earlier. There were several accounts of unmarried mothers being taken to a mother and baby home in the depths of the night so nobody could see her in her pregnant state.

Q5 **Lord Dubs:** It must have been an incredibly lonely and bleak experience for these women. Was there no public opinion in support of their position? Were there no voices that said, “We cannot go on like this”, or was it all a hostile environment for them?

**Professor Gordon Harold:** You have encapsulated the experience of an unmarried mother. There was no protest to the infrastructure in place at the time about forced adoptions. The term “shame” has been used. That encapsulates the lifelong lived experience of an unmarried mother from the moment she discovers she is pregnant through to decades later, after the forced adoption of her child.

There was shame linked to family, at least as perceived and communicated to that mother, as well as to the mother being blamed and

held accountable for being pregnant in the first place, criticised and treated almost as a criminal for being pregnant, and, in hundreds of thousands of cases, taken away and placed in a mother and baby home. Dr Sandhu and Dr Lambert have both said it: where do you start? You are a teenage woman. You discover you are pregnant. Who do you talk to? Do you talk to a teacher, a parent, a friend or a relative? Who can you trust?

Ultimately, the entire system is built around you taking care of a problem that might bring shame on the family. The infrastructure was entirely constructed to remediate a problem, and the unmarried mother was seen to be the bearer, source and accountable party for that problem, not just during the period of pregnancy or post birth but life-long.

**Dr Michael Lambert:** I completely agree with Professor Harold's view in the large, except that at national level we cannot ignore the work of the National Council for the Unmarried Mother and her Child, now the campaigning group Gingerbread, which was providing a national voice for unmarried mothers and their issues. Pat Thane and Tanya Evans have written a book about their history and their relationship in managing these issues at a national level.

I completely agree that the adoptions behemoth was impossible to push against at a meaningful policy or structural level, but there were organisations and people involved in campaigning about this. Owing to the sense of shame, stigma and burden, by and large it was not a very popular charity or campaigning group in relation to others. Their voices were largely muted at a policy level.

**Dr Jatinder Sandhu:** The other really important point to note here is the role of social workers and the professionalisation of social work, which did not begin to happen until at least the 1960s. Even then, it took a while to filter down to what were then called moral welfare workers, who essentially arranged the adoptions for religiously affiliated voluntary adoption agencies.

It is really important to put some context around what options would have been offered to unmarried mothers at the time. Essentially, social workers were agents of the church. Their whole way of life was influenced by religious and moral factors—what was deemed to be appropriate and what was deemed not to be appropriate in the eyes of the church. That drove the work that was carried out by the adoption agencies at that time.

With the professionalisation of social work during the 1960s and 1970s, we see a discourse move about what is deemed to be appropriate for social workers. Looking at adoption case files post 1980, we start seeing an exploration of options with birth mothers. There is so much more of a conscious effort to have discussions with unmarried mothers about the choices they may have. Women who were forced to give up their children

to adoption prior to this never had any of that consultation with moral welfare workers at the time. The key point is that adoption was seen as the best course of action.

**Lord Dubs:** I think you have partly covered my next question: what were mother and baby homes? I was going to follow it up with this: was the unmarried mother given any choice other than a mother and baby home? You have partly answered that, but I have a feeling that there was no choice at all. They were told to go to a mother and baby home, in a fairly hostile environment, and they had no choice about that. Is that a fair statement?

**Dr Michael Lambert:** Broadly speaking, that is the case. It is worth bearing in mind the sense of scale; mother and baby homes could not physically accommodate every unmarried mother and their child in Britain

at this time. You have to bear in mind that births also happened in hospitals, at home, and in other institutions. That is not to take away from the fact that the mother and baby home was the preferred site and option, but there were large numbers of so-called illegitimate births taking place at a range of conventional health, social service and welfare institutions as well.

**Chair:** Could you just tell us about these mother and baby homes? What size were they? What sort of buildings were they? We just want to understand where these young women were being taken to.

**Professor Gordon Harold:** I can start by answering and I am sure my colleagues will come in. Picking up on Dr Lambert's point just now about scale, we should not forget that a lot of young women were also forced to travel internationally, not just move around regionally, in order to relocate the problem away from visibility in the community. It was a global theatre through which young women were transported into mother and baby homes.

The structures of mother and baby homes varied hugely, from small-scale buildings to whole convents the size of a full hospital. The scale of how many young women were placed in different structures based on the provider cannot be underestimated. Be they religious orders or charities, they all had one fundamental function: to cloak the presence of young, unmarried women; to facilitate the delivery—in most cases the live birth, but not always—of their children; and to place those children with parents who were deemed reasonable. Typically, those were phenotypically aligned parents who looked like or seemed to be a good fit for the child.

There is no one-size-fits-all account of a mother and baby home. They were embedded in communities, with community members not even being remotely aware of their function until very recent decades.

**Dr Jatinder Sandhu:** In the research I did as part of my doctoral thesis, I looked specifically at voluntary adoption agencies and their role in carrying out adoptions. From the evidence I uncovered, I can say that

every religiously affiliated adoption agency had a mother and baby home affiliated to it. For instance, if there was a Church of England adoption agency, it would have a mother and baby home affiliated to it in the same location, as a Catholic agency et cetera would have done.

Often, religiously affiliated adoption agencies had arrangements with other adoption agencies outside their local area, where they would swap mothers to attend their mother and baby home. That would provide the distance between the unmarried mother's local area and where she would go to give birth, in order to avoid that shame and stigma. That partly explains why, when you look at the adoption case files, unmarried mothers lived in a particular area but the adoption of a child was carried out by a doctor 50 miles away. It was because the adoption there would absorb the unmarried mother's child and offer the child to one of the adopters on its books.

**Q6 Joanna Cherry MP:** I want to move away from mother and baby homes. Dr Lambert, you were talking about large numbers of illegitimate births taking place in hospitals and more conventional medical settings. Professor Harold, you talked earlier about the extreme treatment of these women. Were unmarried women treated differently from married women by maternity and health services between the 1950s and 1970s?

**Dr Michael Lambert:** I can give the conventional politician's answer. It is both yes and no, in my view. There is a clear sense that they were not treated differently. I am thinking here about the way the National Health Service was organised at a structural level, in that all births in theory could have been treated the same.

You have to bear in mind that maternity services were split across the three branches of the National Health Service—primary care and general practitioners; community care, still based in local authorities at that time; and secondary and hospital services. On paper, these births are not treated differently. However, as we have heard through all our evidence so far, at a practical level, because of what the medical profession but also social workers considered the legitimate sphere of responsibility for this issue to be, the moral welfare agencies were invariably the first ports of call in supporting these.

The example that springs to mind in thinking about issues of anonymity, morality and secrecy with adoption is the case of Blackwall, because it is an area that I have studied. It was a persistent complaint of the medical officer of health—the equivalent of the senior director of public health these days—that so many illegitimate births were happening on his patch because people were coming from outside to mother and baby homes. Equally, there was a hospital there that also accommodated, from a medical point of view, additional cases of unmarried mothers. According to these national comparative statistics, Blackwall had a very large number of illegitimate births, and they were very vociferous in their

complaints to the ministry because it made them look very poor. These structural factors were taking place at a larger level.

At a practical level, if you read through the same report from the medical officer of health, you soon find out that, by and large, illegitimate children have a higher morbidity and mortality across all these local authorities, because of associated factors of poverty, deprivation, hardship, and the lack of opportunities and experiences that go along with that. There is also a structural policy dimension and the lived experience of those who are able to keep their children, who suffer as a consequence.

**Joanna Cherry MP:** What about the women themselves? What about their rates of morbidity and mortality? One reads accounts of women who say that they were treated rather brutally during labour, that they were not given any pain relief, and that the process of labour was used to punish them for their perceived misdemeanour. Is there evidence that unmarried women were treated differently from married women while they were

giving birth and whether that made any difference to the outcomes for the women?

**Dr Michael Lambert:** You will learn and understand more about the personal perspective only by having the voices of birth mothers as part of this inquiry. Only they can convey those experiences with a real sense of depth and compassion, in contrast to the often bland administrative reports and quantitative information that we can provide on a larger scale.

**Joanna Cherry MP:** Dr Sandhu, I think for your PhD you interviewed some of these women, or you have looked at this. Is that right? Can you add anything to the question of whether unmarried women were treated differently from married women by the maternity and health services?

**Dr Jatinder Sandhu:** Just to correct you, I was not able to interview any unmarried mothers as part of my research. From the evidence collated through in-depth interviews with retired and current social workers, and through the adoption agency records, there is no evidence I can pinpoint that they were treated differently. However, I do not think that evidence would present itself there.

There were certainly differences between the experiences of unmarried mothers and those who were married after they had given birth. There is some suggestion that unmarried mothers were often told not to spend too much time with their child or get too attached to the child, because they were giving up the child for adoption. I can recall reading a few letters from birth mothers. Being kept away from their child because the child was earmarked for adoption was a very painful process for them.

**Professor Gordon Harold:** Did unmarried mothers experience differences in care? The starting place for a married couple was to ask, "How can we support your pregnancy? How can we help you go through pregnancy with support?" I would suggest that the starting place for unmarried mothers was to say, "We'll withdraw support. You'll be punished across this process".

There are accounts of mothers not being provided with pain relief during labour, being verbally abused during labour and childbirth, and, immediately following birth, the child being extracted instantaneously and the mother told, "You'll never see that child again". The cruelty was not just in the lead-up to birth. Most importantly, it was right in the vicinity of childbirth and the months that follow, with a complete lack of support.

Imagine a young mother presently taking a child home. Straightaway, health services are directed towards support—maternal support, child support and family support. There was zero support. Young mothers typically returned home, as Dr Sandhu said earlier, and were told, "We won't discuss this episode again. We'll put this behind us", as if they had just come back from a school exam. There was a complete and absolute denial, and a promotion of shame and guilt.

We cannot underestimate the cruelty. The starting place in the unmarried context was cruelty and punishment, not support and care. That has to be understood as a lived experience for most.

**Q7 Joanna Cherry MP:** You have conveyed that very powerfully. Thank you. We are looking specifically at England and Wales in this inquiry, but you will gather from my accent and my constituency that I am a Scottish MP. I do not know whether any of you have touched on the position in Scotland at all in your research. If so, can you give us a brief outline of the extent to which it was the same or different? Was there any differentiation from one part of England and Wales to another in the standard of care that these women received?

**Dr Michael Lambert:** At a broader level, there are always significant Scottish differences in how the structures of services are organised. One of the most important elements of this perhaps is faith. Dr Sandhu really brings it out in her thesis, but something that has come across in my own work is a discrepancy between different spectrums of Christianity—in particular the Catholic Church, away from Anglicanism—and the way those homes were differentially organised. It was done largely at a diocesan level, so those are the main points of contact.

In terms of differences across areas, I can only speak to my English and Welsh experience primarily and say that there are clear disparities. As to the national picture, these homes were overwhelmingly concentrated in, and the principal numbers of people came from, the south-east, north and north-west of England, by which I mean Yorkshire and Lancashire, rather than up into Northumberland. There is a clear geographic dimension that you cannot deny is associated with relative deprivation.

**Dr Jatinder Sandhu:** I do not have anything to add. I have not uncovered any evidence on the Scottish picture.

**Professor Gordon Harold:** I echo Dr Lambert and Dr Sandhu's points about the Scottish numbers. We have estimates of the number of mother and baby homes by UK region. According to one report, there were 36 mother and baby homes in Scotland and about 24 in Wales. They are not entirely reliable estimates, but that gives you a sense of the proportion. There were 540 to 550 in England.

In terms of the UK, there has of course been an inquiry and report in Northern Ireland, which it may be useful to bear mind in any UK-aligned reflections.

**Joanna Cherry MP:** Thank you for reminding us of that. That is very helpful.

Q8 **Baroness Ludford:** When and how would adoptions have been arranged? At what point during pregnancy and after the birth might adoption be discussed or raised with the expectant or new mother?

**Dr Jatinder Sandhu:** The wheels were put in motion as soon as it was found out that the unmarried mother was pregnant. Looking at adoption case files, the mother found out she was pregnant and was brought to the adoption agency by her parents, the adoption was requested, and the paperwork was started. Once the paperwork had been started, basic social demographic details were found out about the birth mother, and arrangements were made for her to go to the mother and baby home.

The process then would have been that the mother had the child. Legally, she had to look after the child for 10 days. The legal timeframe for consent was six weeks after. Subsequently, through adoption legislation, that changed to give the birth mother enough time to change her mind. In answer to your question, adoption was arranged from the outset, as soon as it was found out that the unmarried mother was pregnant.

**Baroness Ludford:** Thank you very much. That is very clear. Dr Lambert, do you want to add anything?

**Dr Michael Lambert:** Yes, but only to reinforce that the prime motivation was the shame, stigma and guilt that went along with that. Those were the driving forces in restricting any meaningful dialogue, thought, action or conversation about any other possible outcomes. It is very hard to claw back and move away from that process once it is put into motion.

**Baroness Ludford:** I totally understand that. Professor Harold, do you have any other observations to add? For instance, were there any examples of real effort by the expectant young mother to put up a fight for her own voice to be heard? Were the forces rallied against her just too formidable?

**Professor Gordon Harold:** There are always individual cases and stories. There will be multiple cases of resistance. The word “resistance” is a shocking term to have to use in the context of facilitating childbirth. A young mother might decide to run away from home, for example, and seek support from those she feels she can seek support from. There are stories of success, if that is the right word, in those instances.

You are working against a system that is comprehensive, very well constructed and very fluent in its purpose. It is a very difficult system to try to work against, particularly when it is communicated to you that you are at fault, both for being in the circumstances of being pregnant in the first place and for not being fit to provide care for your child. It is very difficult, particularly for young women, to challenge that and not to accept that the option given to them is the best option for their unborn and soon-to-be-born child. After decades of hindsight, experience and changes in law, the regret that goes with that is simply never-ending.

Yes, there are always cases of resistance and resilience, but there is a risk in using those cases to ask, “Might other mothers have tried the same?” They are the exception, not the rule. The rule was forced adoption.

**Baroness Ludford:** I quite understand that. I am certainly not wishing in any way to question the actions or the falling in with the pressures of the young women who simply were unable to envisage any other route.

**Professor Gordon Harold:** The question is very important. Individuals have to be acknowledged. It would also be remiss to suggest that every instance followed the forced adoption route. There are examples of resilience, strength and individual actions. That should be acknowledged. As Dr Lambert said, the best source of comment is the mothers themselves.

**Baroness Ludford:** Yes, point taken. Thank you very much to all three of you.

**Chair:** We will be hearing from the mothers in the new year.

Q9 **Lord Singh of Wimbledon:** I am a Cross-Bench Member of the House of Lords. We have heard a little about this, but can you clarify what the adoption process was? Was it formal or informal? What role did state or other agencies play?

**Dr Jatinder Sandhu:** It was a very formal process. It is really important to note that there were informal adoptions during this period. It is well evidenced in the literature that informal adoption arrangements may have been an option to some unmarried mothers. Essentially, the child was absorbed into the family as either the brother or the sister of the mother, adopted by a relative or passed off as a natural child of the grandparents.

Informal adoptions certainly happened at the time. However, we are talking about the formal process of adoption. It was a very formal process. The 1958 Adoption Act gave local authorities the power to arrange adoptions without having received a child into care. During that period, you have local authorities arranging adoptions, you have religiously affiliated moral welfare agencies arranging adoptions. The key enabler of this formal process was the adoption legislation at the time. The 1949 Adoption of Children Act and the 1958 Adoption Act are the two pivotal pieces of legislation during this period. They essentially put that legal structure around formal adoptions.

It is also really important to note that adoption practice at a local level may have varied, but it was all within the parameters of what the state defined as appropriate in formalising an adoption arrangement.

**Dr Michael Lambert:** I will not cover the same ground, but I agree that the legislative framework creates the sphere for practice. I would like to make a perhaps more practical point about the reality that local authorities provided very little mother and baby accommodation, even though they were a major actor in this. Their main role was effectively as a financier. They were the ones who were paying for the capital infrastructure for these homes to be bought, run and maintained, but they were also supporting mothers financially on a case-by-case basis, bearing in mind that it was

often at their discretion, to go through with this adoption process. The role of local authority financing was also supported at a national level by the policy structures.

In my written evidence, I included the quote by Eileen Youngusband, an influential figure in social work, saying in effect that the state, by and large, was quite happy to retreat from this sphere and leave it to moral welfare agencies. At a local level, with local authority finance the government legislation created the physical and material resources for it to take place. We will look closely at the religious dimension of this later, but it was not possible without the money provided by the state.

**Lord Singh of Wimbledon:** Professor Harold, would you like to add anything, particularly on how adoption was viewed at the time? Were there better people or better agencies and not so good agencies?

**Professor Gordon Harold:** At the time, as we have discussed, adoption was fundamentally an option that was forced on young women, typically. It was seen to be a solution to a problem. I am not sure that we are necessarily focusing on slightly better or better adoption practices, if I may be permitted to say that.

Let me pick up on Dr Sandhu's points about the legislative framework or guidance on, for example, the adoption process. Dr Sandhu mentioned the social work context. A term here is "street-level bureaucrats", which is often referred to with regard to the implementation of a given policy. What the legislation and policy contain might not necessarily eventuate in

how it is implemented. Ultimately, the brokers are those who mediate implementation. It was left to agencies, religious orders, charities and others to implement the process of adoption. That has to be understood as a key mechanism through which these processes were delivered and experienced.

As for the overall option, the modal experience was one of shame, stigma, cruelty and blame, as we have discussed.

**Q10 Lord Henley:** I am a Conservative member of the committee. Professor Harold, you talked about the system and how difficult it was to kick against it. On two occasions, you have talked about it being, in effect, forced adoption. Dr Sandhu, you also talked about the point of consent being six weeks after birth. At that time, how did legal consent to adoption work? Would it meet the standards that we consider to be appropriate for consent today? Are we talking about something completely different that would not be possible today: the consent which the individual, presumably a very young girl, had to give at six weeks after birth?

**Professor Gordon Harold:** I will defer to Dr Sandhu on the legal framework at the time. The term "parental consent" is a particularly important form of words to reflect on. Pre the 1976 Adoption Act, I would propose that parental consent was removed solely based on the status of being an unmarried mother. The mother did not have a voice as to whether she retained the right to be the mother and carer of that child. That right was removed from the mother.

As of 1976, parental consent could be dispensed with on six primary grounds, primarily to do with the welfare and safeguarding of the child. Of the legal reasons to dispense with parental consent, being an unmarried mother was not one. Prior to 1976 it was, I would suggest, the primary factor for which parental consent was removed from the mother, and indeed the father or wider family members, where they wished to be involved.

**Lord Henley:** Pre 1976, there was no real consent by the mother, as we would understand it.

**Professor Gordon Harold:** There was certainly no option for consent, I would suggest. I would ask my colleagues to comment on that. It was a forced decision, with consent as we would understand it not ordinarily the option.

**Dr Jatinder Sandhu:** It is really important that we unpick what we mean by "consent", as Professor Harold has said. Between the 1950s and the mid-1970s, consent was essentially a signature. The decision had already been made, whether by the parent or through a lack of options for self-support. It was a legally binding signature. In the context of adoption, it was a permanent severance of that mother-child bond. That is what adoptions were during this period.

During the 1950s and 1960s, there were some really high-profile cases discussed in Parliament. One unmarried mother requested the adoption of a child—I do not know the background details as to whether that was a forced request through the parents—and the child was placed with the adopters, but a couple of weeks later she went back and said, “No, I want my child back”. She was able to, because she had not yet signed that consent form. After that case, the consent rules under the 1958 Adoption Act were really tightened up to protect adoptive parents from the scenario where a child has been placed with them but then removed.

What did this mean for consent rules for unmarried mothers during this period? They would have the child. They would be asked to look after the child for 10 days. The 10 days were called a “rooming-in practice” at the time. It was deemed appropriate by Parliament and government to say that 10 days was enough time for the unmarried mother to change her mind. As we have discussed throughout this evidence session, what amounted to choice was very little. The unmarried mother had to look after the child for 10 days, after which she would say goodbye to the child and the child would then go into the foster care for the remainder of the time until the final consent was signed.

There are also certain cases where it has been specified that some unmarried mothers were forced to bring their child to the adoption agency while the adoptive parents were in the next room. She would sign her

consent and hand her child over to the social worker, who would go to the next room and hand over the child to the adoptive parents. It is really important to put this in the context of adoption legislation at the time, which was really about that permanent severance of the mother-child bond.

Professor Harold has said it before: this was closed adoption. Once that adoption consent form had been signed, that was it. It is really important to note that at this point we had not started to discuss access to adoption records. When birth mothers signed over their consent, it was a permanent severance. They never thought they would see that child again.

**Lord Henley:** Can I just get it straight? It was after the 1958 Act that signing the consent became absolute.

**Dr Jatinder Sandhu:** Yes.

**Lord Henley:** Before the 1958 Act, there was not quite such an absolute.

**Dr Jatinder Sandhu:** The principles were there in practice. It was left to adoption agencies to get the consent signed within the six weeks. However, it never transpired like that. As we have discussed, what happened in practice did not necessarily align with policy. It was within the framework, but the high-profile cases that were discussed in Parliament in the 1950s really brought attention to the fact that there

needed to be an absolute cut-off date of six weeks. During those six weeks, if the unmarried mother wanted to claim her child back, she could do so. That was why the child was not placed with the adoptive parents until after the consent had been signed.

**Lord Henley:** Before 1958, she could change her mind for how long—until she signed?

**Dr Jatinder Sandhu:** Yes, until she signed. That is right.

**Lord Henley:** In both cases, once she signed it was final. After 1958—again, we are talking about all the moral pressure and so on—she signed, and had to sign, then.

**Dr Jatinder Sandhu:** Yes, she had to sign by six weeks. There is another really important change in the stipulations to consent. If the unmarried mother refused to give consent because she did not know the identities of the adopters, consent was deemed unnecessary and it would be removed from her. Again, it is about reinforcing that permanent severance of the mother-child bond.

**Lord Henley:** What effect did the act of legal consent then have on the birth mothers, both before and after, and how they felt about the whole process?

**Dr Jatinder Sandhu:** I can talk only about the evidence I have uncovered from my own personal reading on this. It was definitely seen as a period

of grief, mourning and loss for unmarried mothers. It was seen as a final act of relinquishing that child to adopters. It was very hard for the unmarried mothers to do that. However, in other accounts I have read, dealing with the post-traumatic stress immediately after the birth was an ordeal for some unmarried mothers.

They were promised, "Once you sign the consent to give your child up for adoption, that's it. You can get on with your life". As we all know, and as Professor Harold has said previously, that is not the case; it is a lifetime thing. Some unmarried mothers thought, "Okay, signing this consent means that I can get on with the rest of my life". As we all know, that did not transpire due to the effect of signing over that legal consent and the impact it has on unmarried mothers.

Q11 **Dean Russell MP:** Thank you to all our witnesses for such moving testimony. I am interested in the points about the right to family life. What consideration was given to the right to family life, as we would know it today, for all those involved in adoption? In particular, would you mind elaborating on how family life was affected by the adoption of children of unmarried fathers and mothers? What was the wider impact of this on their ability to have the very basic right to family life?

**Professor Gordon Harold:** Thank you for an excellent question. We would fundamentally understand that Article 8 of the Human Rights Act

protects your right to your private life, your family life and your home. Again, we have to frame that question relative to the fundamental right that we would all accept. At that time, were basic human rights accorded to unmarried mothers in terms of choices? No. They were not allowed the right to choose being a mother or not being a mother, their family and their home.

Young women were taken away from homes, not always with the full endorsement of their parents. There was often huge regret that parents were unable to stand up and support their daughter, but the pressures around them were such that they felt it was the best thing or the right thing to do for the young mum or for the family.

The belief was that, once they got through this difficult and tricky time, the baby was placed with a deserving family and everyone could move on. It was hugely disruptive, both to the mother returning to her family, if indeed she did return, and to the life of that family. As Dr Sandhu said, it is understandable that in some instances people believed that these were short-term challenges and that everyone could move on. Of course, that is not the case. The young woman then becomes slightly older, more educated and more informed; the legislation changes. There is then a period of reflection, regret, accountability and blame. It does not end.

There are next-generation impacts. There are mental health impacts for the adoptive mother, the adoptive child, family members and siblings. There are lifelong chaotic and catastrophic outcomes. It is a simple form of words to use, but it needs no more explanation or description than that: there were absolutely chaotic and catastrophic outcomes in many cases for

women and family members.

**Dean Russell MP:** Would you say that they were long term as well?

**Professor Gordon Harold:** Yes, absolutely. Trauma in all forms, and in these particular forms, has long-term repercussions. There cannot be a clearer example of trauma than a child being taken away from a caring mother and that mother being told, "You have engaged in wrong here. You are at fault for the impact this episode will have on you, on the child you never see, hear from or experience, and on your own family". Imagine wearing that, owning that, justifying and living that as a young woman, who then becomes an older woman, a future mother and a grandmother. In the evidence, the impact is lifelong and intergenerational.

**Dean Russell MP:** In terms of the wider family, what percentage of fathers in these situations would also have wanted to keep the child but were not able to? I appreciate that we are looking primarily at unmarried or single mothers.

**Professor Gordon Harold:** That is a really important question. Again, the first thing to say is that systemic, programmatic and long-term

research in these areas is very limited. We have a lot of research on unmarried mothers, and increasing research on adoption presently and historically, et cetera. One of the least-researched groups is birth fathers.

There is the stereotypical breakdown of the father who just does not want to know, but of course there were fathers who did want to know and who were told, "You're not allowed to know. Don't even ask. You're part of the problem. Any further engagement will only add to the problem. You're to go away". We know that a large number of birth fathers are actively keen to identify, understand, locate and have explained the circumstances of their children. They welcome that. They feel better and do better when that has been accommodated.

It is an area of unrepresented need, support, research and knowledge. It is not the case, as is held by the stereotype, that the fathers simply did not want to know. A great deal of fathers did and still do want to know.

**Dean Russell MP:** If I may come to you, Dr Sandhu, what did you find on the right to family life when doing your work and your thesis?

**Dr Jatinder Sandhu:** I want to make a point about the right to family life for both the child and the mother. Adoption practice today, and what is deemed appropriate, is to have a semi-open or open adoption arrangement where it is reasonable to do so. Somehow, the child retains some type of contact with their birth relatives, whether that is through yearly letterbox contact or visits. However, as I have mentioned, that is where it is deemed appropriate.

It is really important to note that the women who gave up their children for adoption during the 1950s, 1960s and 1970s would have done so under the guise of knowing that, once they sign that consent form, that was it; they would never see their child again. We know that changed, with access to adoption records under the 1976 Adoption Act. However, that was a huge thing for somebody to live with at that time. It is well documented, in the literature and the accounts provided by former and current social workers who engaged with adopted children, now adults, and with women who gave up their children for adoption in post-adoption support, that the permanent severance of the mother-child bond has been a painful and ongoing process for the unmarried mother.

Parting with the child has been described as a loss that has similarities with grief in response to events like paternal death, loss of a loved one or separation. There is continued guilt, anger and feelings of loss and grief. There is evidence from previous research done in this area. In a large-scale study of PTSD in birth mothers who gave up their children for adoption, 80% of those mothers indicated that they had suffered from mental health problems, including depression and anxiety as well as difficulties with relationships and trust.

It comes back to the central point that, when these women gave up their children for adoption, it was a permanent severance of the mother-child

bond. That has impacted on their right to family life and their ability to have any potential contact with that child in the future.

**Dr Michael Lambert:** The point I would like to make is somebody else's. Not only was it a transgression of the rights to family life at the time when they pertained; it was also a contemporaneous transgression. The 1948 United Nations Universal Declaration of Human Rights has two articles relating to family life and marriage, Articles 12 and 16, which do not include anything to do with marriage or unmarried motherhood per se. Article 25 relates to the right of a mother and a child to have special social assistance and care provided by the state.

This is a point made by Valerie Andrews, who campaigns on these exact same issues of forced adoption in Canada. She says this as someone who had to give up her own child back in the 1960s. It is part of her drive for doing so. It was a transgression not only by contemporary global standards on human rights but by the standards of the time.

- Q12 **Chair:** Can I ask one final question before we conclude this really important evidence session? It might partly have been answered by Professor Harold. What was the view of the mother-child bond at that time? Was it that the bond was important to identity and belonging, but that these unmarried mothers had forfeited that by committing this transgression? Was it that overall there was less understanding of the importance of the mother-child bond for both the mother and the child, such that you could say, "Put it behind you and get on with your life. It's in the best interests of the child"? What was the prevailing view?

**Professor Gordon Harold:** That is an excellent question. As a developmental psychologist, the emerging theory of the 1950s, 1960s and 1970s is framed as attachment theory, which says that a child is given a

platform for future life success through a secure mother-child attachment. The deterministic principles of that theory have been challenged. Mother-child attachment was and still is recognised as a fundamental platform to typical or healthy child development, yet these processes denied mothers any contact, any positive emotional connection and any affirmation whatsoever as an important figure in the lives of their children.

In the 1950s, 1960s and 1970s, these theories were emerging and becoming established. Attachment processes were recognised in social work, mental health and psychological practice as fundamental to healthy child development, yet they were denied entirely throughout that period.

**Chair:** You have described how this signature was really a charade and not consent as we know it. Was that made worse by it being purportedly their decision? Does that add insult to injury and make the whole process even more egregious? Not only did they not want to do it, because they did not have a choice, but they were told, "You did it. It was your decision". Having suffered the shame and stigma of being an unmarried

mother, did they then had to suffer the shame and stigma of being judged by society as somebody who just gave away her child?

**Professor Gordon Harold:** I will let Dr Sandhu come in, but, yes, absolutely. It was not just shame and stigma by society but a sense of shame and stigma for the child they had abandoned or who it was perceived they had abandoned. This was a forced diktat on many, many mothers. They were left with lifelong questions: "Where is my child? How is my child? Does my child know? Does my child blame me?" These are incredibly difficult issues to contend with.

This inquiry is at least a first step towards communicating to unmarried mothers: "This wasn't a choice. You're not at fault. This was a forced choice and a forced demand on you. We recognise that you're not a bad person".

**Dr Jatinder Sandhu:** You have hit the nail on the head. It does add insult to injury. As we have determined throughout this evidence session, there was very little choice involved, not only in the adoption but in the process around adoption. Unmarried mothers did not have a choice about whether they went to a mother and baby home. They were often left with such isolating experiences.

They did not have a choice, which aggravates the situation. Yes, they were seen as ultimately being responsible for giving away their child for adoption. That was based on the premise that they signed the legal consent, but, as we have discussed previously, there are connotations to that. That was seen as the end process.

**Dr Michael Lambert:** If I may make one final point on this matter, you have to look at the absence of the state, its involvement and its regulation. The only inspections of homes and the whole process to do with children came under the 1936 Public Health Act and were about infant child protection, and under the 1963 Children and Young Persons Act, which was

about mother and baby homes, which often had day nurseries. The state should be looking into the practice that is going on to make sure that there is due process and some kind of enforcement of the law. The state is noticeable by its absence. It adds insult to injury—you are absolutely right to use that expression—but it is also an abnegation of responsibility on the part of the state to spot anything and do anything beyond financing the process from start to end.

**Chair:** Thank you very much indeed for your evidence. I will just explain what the next part of the process of this inquiry will be. We continue to receive written submissions from the mothers whose babies were taken for adoption and their children. We have received many so far, and we are continuing to receive them. We will hear oral evidence, in person, from mothers whose babies were taken for adoption, and have a session of evidence on children who were taken for adoption in this way. We then expect to hear from the Secretary of State with responsibility for

children's services, Nadhim Zahawi MP. I know he is very well aware of this issue and of the inquiry, and he is very concerned about it. After we have heard his evidence, we will draw together all the evidence we have heard and issue a report.

I thank our three witnesses today for this inaugural public evidence session. You have helped us on the path of this very important inquiry.